XL America
Imputed Income Amounts for Domestic Partners and their children <\$120,000 Rates effective 1/1/2021

	PER PAYCHECK IMPUTED INCOME			
	Covered non-tax Dependents			
			Adult and	
Option	One Adult	Child(ren) Only	Child(ren)	
Medical - OAP	\$398.44	\$298.85	\$996.06	
Medical - HSA 1	\$328.13	\$238.70	\$864.69	
Medical - HSA 2	\$307.62	\$225.03	\$803.20	
Basic Dental	\$12.82 \$18.73 \$1.81	\$14.53 \$23.25 \$2.17	\$30.08 \$46.96 \$5.42	
Premium Dental				
Basic Vision				
Premium Vision	\$3.10	\$3.72	\$9.29	
Per Paycheck Premiums	Employee Only	EE + Sp/DP	EE + Child(ren)	Family
(excluding HSA Funding)		-		-
Medical - OAP	\$398.38	\$796.82	\$697.22	\$1,394.43
Medical - HSA 1	\$328.13	\$656.25	\$566.82	\$1,192.82
Medical - HSA 2	\$307.64	\$615.26	\$532.66	\$1,110.84
Basic Dental	\$17.10	\$29.92	\$31.63	\$47.17
Premium Dental	\$24.97	\$43.70	\$48.22	\$71.93
Basic Vision	\$3.28	\$5.09	\$5.45	\$8.70
Premium Vision	\$5.62	\$8.72	\$9.33	\$14.91

Per Paycheck Employee Contributions	Employee Only	EE + Sp/DP	EE + Child(ren)	Family
Medical - OAP	\$61.00	\$169.00	\$153.00	\$297.00
Medical - HSA 1	\$28.00	\$109.00	\$96.00	\$187.00
Medical - HSA 2	\$17.00	\$66.00	\$57.00	\$111.00
Basic Dental	\$9.00	\$19.00	\$20.00	\$31.00
Premium Dental	\$10.00	\$22.00	\$24.00	\$36.00
Basic Vision	\$1.00	\$2.00	\$2.00	\$4.00
Premium Vision	\$4.00	\$6.00	\$7.00	\$11.00

## Notes

Assumes all contributions are taken pre-tax, regardless of tax status
Imputed income may not be subject to state income tax in certain circumstances
Imputed income is independent of coverage tier and depends only on the number and type of non-tax dependents covered
HSA distributions to a non-tax dependent are taxable and subject to penalty
Based on 24 pay periods per year

XL America
Imputed Income Amounts for Domestic Partners and their children
≥ \$120,000 Rates effective 1/1/2021

	PER PAY	PER PAYCHECK IMPUTED INCOME  Covered non-tax Dependents		
Oution	Cove			
	One Adult	Child(ran) Only	Adult and	
Option	Offe Addit	Child(ren) Only	Child(ren)	
Medical - OAP	\$398.44	\$298.85	\$996.06	
Medical - HSA 1	\$328.13	\$238.70	\$864.69	
Medical - HSA 2 Basic Dental Premium Dental Basic Vision Premium Vision	\$307.62	\$225.03 \$14.53	·	
	\$12.82			
	\$18.73	\$23.25		
	\$1.81	\$2.17		
	\$3.10	\$3.72		
Per Paycheck Premiums	Employee Only	EE + Sp/DP	EE + Child(ren)	Family
(excluding HSA Funding)				
Medical - OAP	\$398.38	\$796.82	\$697.22	\$1,394.43
Medical - HSA 1	\$328.13	\$656.25	\$566.82	\$1,192.82
Medical - HSA 2	\$307.64	\$615.26	\$532.66	\$1,110.84
Basic Dental	\$17.10	\$29.92	\$31.63	\$47.17
Premium Dental	\$24.97	\$43.70	\$48.22	\$71.93
Basic Vision	\$3.28	\$5.09	\$5.45	\$8.70
Premium Vision	\$5.62	\$8.72	\$9.33	\$14.91

Per Paycheck Employee Contributions	Employee Only	EE + Sp/DP	EE + Child(ren)	Family
Medical - OAP	\$82.00	\$216.00	\$193.00	\$381.00
Medical - HSA 1	\$45.00	\$138.00	\$123.00	\$237.00
Medical - HSA 2	\$32.00	\$96.00	\$84.00	\$168.00
Basic Dental	\$9.00	\$19.00	\$20.00	\$31.00
Premium Dental	\$10.00	\$22.00	\$24.00	\$36.00
Basic Vision	\$1.00	\$2.00	\$2.00	\$4.00
Premium Vision	\$4.00	\$6.00	\$7.00	\$11.00

## Notes

Assumes all contributions are taken pre-tax, regardless of tax status
Imputed income may not be subject to state income tax in certain circumstances
Imputed income is independent of coverage tier and depends only on the number and type of non-tax dependents covered

HSA distributions to a non-tax dependent are taxable and subject to penalty

Based on 24 pay periods per year