## XL America Imputed Income Amounts for Domestic Partners and their children <\$120,000 Rates effective 1/1/2023

	Covered non-tax Dependents		l	
			Adult and	İ
Option	One Adult	Child(ren) Only	Child(ren)	
Medical - OAP	\$462.38	\$346.80	\$1,155.90	
Medical - HSA 1	\$384.13	\$280.35	\$1,006.79	
Medical - HSA 2	\$360.33	\$264.48	\$935.44	
Premium Dental	\$20.65	\$25.63	\$51.77	
Basic Dental	\$14.13	\$16.02	\$33.16	
Premium Vision	\$3.41	\$4.09	\$10.22	
Basic Vision	\$1.81	\$2.17	\$5.42	
Per Paycheck Premiums	Employee Only	EE + Sp/DP	EE + Child(ren)	Family
(excluding HSA Funding)		-		-
Medical - OAP	\$462.31	\$924.69	\$809.11	\$1,618.21
Medical - HSA 1	\$384.13	\$768.25	\$664.47	\$1,390.92
Medical - HSA 2	\$360.35	\$720.68	\$624.83	\$1,295.79
Premium Dental	\$27.53	\$48.18	\$53.16	\$79.30
Basic Dental	\$18.85	\$32.98	\$34.87	\$52.01

PER PAYCHECK IMPUTED INCOME

\$9.59

\$5.09

\$10.27

\$5.45

\$16.40

\$8.70

Per Paycheck Employee Contributions	Employee Only	EE + Sp/DP	EE + Child(ren)	Family
Medical - OAP	\$62.00	\$177.00	\$161.00	\$312.00
Medical - HSA 1	\$29.00	\$114.00	\$101.00	\$196.00
Medical - HSA 2	\$18.00	\$70.00	\$60.00	\$118.00
Premium Dental	\$11.00	\$26.00	\$29.00	\$43.00
Basic Dental	\$9.00	\$20.00	\$21.00	\$31.00
Premium Vision	\$5.00	\$8.00	\$8.00	\$13.00
Basic Vision	\$1.00	\$2.00	\$2.00	\$4.00

\$6.18

\$3.28

## Notes

Premium Vision

**Basic Vision** 

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 1/1/2023

Option	PER PAY	PER PAYCHECK IMPUTED INCOME		
	Cove	Covered non-tax Dependents		
	One Adult	Child(ren) Only	Adult and Child(ren)	
Medical - OAP	\$462.38	\$346.80	\$1,155.90	
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Premium Vision	\$6.18	\$9.59	\$10.27	\$16.40
Basic Vision	\$3.28	\$5.09	\$5.45	\$8.70

Per Paycheck Employee Contributions	Employee Only	EE + Sp/DP	EE + Child(ren)	Family
Medical - OAP	\$88.00	\$232.00	\$207.00	\$409.00
Medical - HSA 1	\$48.00	\$148.00	\$132.00	\$254.00
Medical - HSA 2	\$34.00	\$103.00	\$90.00	\$180.00
Premium Dental	\$11.00	\$26.00	\$29.00	\$43.00
Basic Dental	\$9.00	\$20.00	\$21.00	\$31.00
Premium Vision	\$5.00	\$8.00	\$8.00	\$13.00
Basic Vision	\$1.00	\$2.00	\$2.00	\$4.00

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