

# XL America

Imputed Income Amounts for Domestic Partners and their children

<\$125,000 Rates effective 1/1/2026

| Option          | PER PAYCHECK IMPUTED INCOME |                 |                      |
|-----------------|-----------------------------|-----------------|----------------------|
|                 | Covered non-tax Dependents  |                 |                      |
|                 | One Adult                   | Child(ren) Only | Adult and Child(ren) |
| Medical - OAP   | \$511.11                    | \$383.35        | \$1,277.71           |
| Medical - HSA 1 | \$426.80                    | \$312.09        | \$1,115.09           |
| Medical - HSA 2 | \$400.50                    | \$294.55        | \$1,036.22           |
| Premium Dental  | \$25.80                     | \$32.02         | \$64.68              |
| Basic Dental    | \$17.66                     | \$20.01         | \$41.42              |
| Premium Vision  | \$3.41                      | \$4.09          | \$10.22              |
| Basic Vision    | \$1.81                      | \$2.17          | \$5.42               |

| Per Paycheck Premiums<br>(excluding HSA Funding) | Employee Only | EE + Sp/DP | EE + Child(ren) | Family     |
|--------------------------------------------------|---------------|------------|-----------------|------------|
| Medical - OAP                                    | \$511.03      | \$1,022.14 | \$894.38        | \$1,788.74 |
| Medical - HSA 1                                  | \$426.80      | \$853.60   | \$738.89        | \$1,541.89 |
| Medical - HSA 2                                  | \$400.52      | \$801.02   | \$695.07        | \$1,436.74 |
| Premium Dental                                   | \$34.39       | \$60.19    | \$66.41         | \$99.07    |
| Basic Dental                                     | \$23.55       | \$41.20    | \$43.55         | \$64.97    |
| 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                       | \$77.00       | \$215.00   | \$188.00        | \$376.00 |
| Medical - HSA 1                     | \$34.00       | \$135.00   | \$119.00        | \$232.00 |
| Medical - HSA 2                     | \$22.00       | \$85.00    | \$73.00         | \$143.00 |
| Premium Dental                      | \$15.00       | \$34.00    | \$37.00         | \$56.00  |
| Basic Dental                        | \$10.00       | \$23.00    | \$24.00         | \$36.00  |
| Premium Vision                      | \$6.00        | \$9.00     | \$10.00         | \$15.00  |
| Basic Vision                        | \$2.00        | \$3.00     | \$3.00          | \$4.00   |

## 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

\$125,000-\$210,000 Rates effective 1/1/2026

| Option          | PER PAYCHECK IMPUTED INCOME |                 |                      |
|-----------------|-----------------------------|-----------------|----------------------|
|                 | Covered non-tax Dependents  |                 |                      |
|                 | One Adult                   | Child(ren) Only | Adult and Child(ren) |
| Medical - OAP   | \$511.11                    | \$383.35        | \$1,277.71           |
| Medical - HSA 1 | \$426.80                    | \$312.09        | \$1,115.09           |
| Medical - HSA 2 | \$400.50                    | \$294.55        | \$1,036.22           |
| Premium Dental  | \$25.80                     | \$32.02         | \$64.68              |
| Basic Dental    | \$17.66                     | \$20.01         | \$41.42              |
| Premium Vision  | \$3.41                      | \$4.09          | \$10.22              |
| Basic Vision    | \$1.81                      | \$2.17          | \$5.42               |

| Per Paycheck Premiums<br>(excluding HSA Funding) | Employee Only | EE + Sp/DP | EE + Child(ren) | Family     |
|--------------------------------------------------|---------------|------------|-----------------|------------|
| Medical - OAP                                    | \$511.03      | \$1,022.14 | \$894.38        | \$1,788.74 |
| Medical - HSA 1                                  | \$426.80      | \$853.60   | \$738.89        | \$1,541.89 |
| Medical - HSA 2                                  | \$400.52      | \$801.02   | \$695.07        | \$1,436.74 |
| Premium Dental                                   | \$34.39       | \$60.19    | \$66.41         | \$99.07    |
| Basic Dental                                     | \$23.55       | \$41.20    | \$43.55         | \$64.97    |
| 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                       | \$104.00      | \$273.00   | \$245.00        | \$483.00 |
| Medical - HSA 1                     | \$55.00       | \$170.00   | \$151.00        | \$291.00 |
| Medical - HSA 2                     | \$40.00       | \$121.00   | \$106.00        | \$213.00 |
| Premium Dental                      | \$15.00       | \$34.00    | \$37.00         | \$56.00  |
| Basic Dental                        | \$10.00       | \$23.00    | \$24.00         | \$36.00  |
| Premium Vision                      | \$6.00        | \$9.00     | \$10.00         | \$15.00  |
| Basic Vision                        | \$2.00        | \$3.00     | \$3.00          | \$4.00   |

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Imputed Income Amounts for Domestic Partners and their children

≥ \$210,000 Rates effective 1/1/2026

| Option          | PER PAYCHECK IMPUTED INCOME |                 |                      |
|-----------------|-----------------------------|-----------------|----------------------|
|                 | Covered non-tax Dependents  |                 |                      |
|                 | One Adult                   | Child(ren) Only | Adult and Child(ren) |
| Medical - OAP   | \$511.11                    | \$383.35        | \$1,277.71           |
| Medical - HSA 1 | \$426.80                    | \$312.09        | \$1,115.09           |
| Medical - HSA 2 | \$400.50                    | \$294.55        | \$1,036.22           |
| Premium Dental  | \$25.80                     | \$32.02         | \$64.68              |
| Basic Dental    | \$17.66                     | \$20.01         | \$41.42              |
| Premium Vision  | \$3.41                      | \$4.09          | \$10.22              |
| Basic Vision    | \$1.81                      | \$2.17          | \$5.42               |

| Per Paycheck Premiums<br>(excluding HSA Funding) | Employee Only | EE + Sp/DP | EE + Child(ren) | Family     |
|--------------------------------------------------|---------------|------------|-----------------|------------|
| Medical - OAP                                    | \$511.03      | \$1,022.14 | \$894.38        | \$1,788.74 |
| Medical - HSA 1                                  | \$426.80      | \$853.60   | \$738.89        | \$1,541.89 |
| Medical - HSA 2                                  | \$400.52      | \$801.02   | \$695.07        | \$1,436.74 |
| Premium Dental                                   | \$34.39       | \$60.19    | \$66.41         | \$99.07    |
| Basic Dental                                     | \$23.55       | \$41.20    | \$43.55         | \$64.97    |
| 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                       | \$111.00      | \$292.00   | \$261.00        | \$515.00 |
| Medical - HSA 1                     | \$63.00       | \$196.00   | \$174.00        | \$335.00 |
| Medical - HSA 2                     | \$51.00       | \$143.00   | \$125.00        | \$251.00 |
| Premium Dental                      | \$15.00       | \$34.00    | \$37.00         | \$56.00  |
| Basic Dental                        | \$10.00       | \$23.00    | \$24.00         | \$36.00  |
| Premium Vision                      | \$6.00        | \$9.00     | \$10.00         | \$15.00  |
| Basic Vision                        | \$2.00        | \$3.00     | \$3.00          | \$4.00   |

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