AXA XL Imputed Income Amounts for Domestic Partners and their children <\$120,000 Rates effective 1/1/2020

	PER PAY	PER PAYCHECK IMPUTED INCOME Covered non-tax Dependents		
	Cove			
Option	One Adult	Child(ren) Only	Adult and Child(ren)	
Medical - OAP	\$378.60	\$283.96	\$946.46	
Medical - HSA 1	\$310.75	\$225.77	\$820.59	
Medical - HSA 2	\$291.27	\$212.78	\$762.17	
Basic Dental	\$12.82	\$14.53	\$30.08	
Premium Dental	\$18.73	\$23.25	\$46.96	
Basic Vision	\$1.81	\$2.17	\$5.42	
Premium Vision	\$3.10	\$3.72	\$9.29	

Per Paycheck Employee Premium 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

AXA XL
Imputed Income Amounts for Domestic Partners and their children
≥ \$120,000 Rates effective 1/1/2020

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	Covered non-tax Dependents			
			Adult and	
Option	One Adult	Child(ren) Only	Child(ren)	
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Per Paycheck Employee Premium 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
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