



**CARPENTERS
SOUTHWEST
ADMINISTRATIVE
CORPORATION**

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**DOMESTIC PARTNER (DP) HEALTH COVERAGE
UNDER THE SOUTHWEST CARPENTERS HEALTH & WELFARE PLAN
(Available Only to Participants Residing in CA)**

Imputed Income and Tax Rates Sheet – Plan Year 2022

| WHO IS ENROLLED? | ENROLLING DOMESTIC PARTNER ONLY | | ENROLLING DOMESTIC PARTNER AND CHILD OF DOMESTIC PARTNER* | | ENROLLING DOMESTIC PARTNER AND CHILDREN OF DOMESTIC PARTNER* | |
|--|----------------------------------|--------------------------------|---|--------------------------------|--|--------------------------------|
| | MONTHLY IMPUTED (TAXABLE) INCOME | MONTHLY FEDERAL TAX AMOUNT DUE | MONTHLY IMPUTED (TAXABLE) INCOME | MONTHLY FEDERAL TAX AMOUNT DUE | MONTHLY IMPUTED (TAXABLE) INCOME | MONTHLY FEDERAL TAX AMOUNT DUE |
| Anthem PPO Medical & Vision | 579.32 | 173.80 | 1,108.65 | 332.60 | 1,510.36 | 453.11 |
| Kaiser HMO Medical & Vision | 482.32 | 144.70 | 1,009.35 | 302.81 | 1,444.14 | 433.24 |
| Anthem PPO Medical & Vision Paired with UHC PPO Dental | 603.82 | 181.15 | 1,157.97 | 347.39 | 1,607.68 | 482.30 |
| Anthem PPO Medical & Vision Paired with UHC DC Dental | 598.05 | 179.42 | 1,141.39 | 342.42 | 1,556.21 | 466.86 |
| Kaiser HMO Medical & Vision Paired with UHC PPO Dental | 506.82 | 152.05 | 1,058.67 | 317.60 | 1,541.46 | 462.44 |
| Kaiser HMO Medical & Vision Paired with UHC DC Dental | 501.05 | 150.32 | 1,042.09 | 312.63 | 1,489.99 | 447.00 |

**If the plan participant (employee) is already covering their own dependent child(ren) on the medical plan, and he/she wishes to enroll a DP and their child(ren), the plan participant must only pay taxes for the DP (first two columns above).*