



coverage tiers

2024 dental premiums

imputed income

Delta Dental	2024 dental premiums		imputed income
	bi-weekly	monthly	bi-weekly
Associate only	\$14.50	\$29.00	n/a
Associate & Child(ren)	\$31.50	\$63.00	n/a
Associate & Spouse/Domestic Partner	\$29.00	\$58.00	\$14.55
Family	\$47.00	\$94.00	\$14.55

Notes:

- Premiums deducted from 24/26 payrolls
- Imputed income applied if Domestic Partner is enrolled on a Paycor dental plan.