



coverage tiers

2024 dental premiums

imputed income

Delta Dental	2024 dental premiums		imputed income
	bi-weekly	monthly	bi-weekly
Associate only	\$15.82	\$31.64	n/a
Associate & Child(ren)	\$34.36	\$68.71	n/a
Associate & Spouse/Domestic Partner	\$31.63	\$63.26	\$15.87
Family	\$51.26	\$102.51	\$15.87

Notes:

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