



coverage tiers

2025 dental premiums

imputed income

| Delta Dental | 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.