



2021 Dental Plan Bi-Weekly Premiums

	Full Time		Part Time		
Dental Plan 1 "Buy-Up"	Employee Cost	TCH Cost	Employee Cost	TCH Cost	Imputed Income
Employee Only	\$6.57	\$8.03	\$8.22	\$6.39	
Employee + 1	\$13.15	\$16.07	\$16.44	\$12.78	\$14.61
Employee + 2 or More	\$21.69	\$26.51	\$27.12	\$21.09	\$14.61
Dental Plan 2 "Core"	Employee Cost	TCH Cost	Employee Cost	TCH Cost	Imputed Income
Employee Only	\$4.14	\$5.06	\$5.17	\$4.03	
Employee + 1	\$8.28	\$10.12	\$10.35	\$8.04	\$9.19
Employee + 2 or More	\$13.66	\$16.69	\$17.08	\$13.28	\$9.19

Imputed Income: if your Domestic Partner (DP) is covered under your dental plan provided by The Christ Hospital, the value of the benefit (including the portion TCH pays on behalf of your DP) must be included in your taxable income known as Imputed Income. To determine your imputed income amount that is taxable, please refer to Imputed Income for DP.