



## 2022 Dental Plan Bi-Weekly Premiums

	Full Time		Part Time		
	Employee Cost	TCHHN Cost	Employee Cost	TCHHN Cost	Imputed Income
<b>Dental Plan 1 "Buy-Up"</b>					
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
<b>Dental Plan 2 "Core"</b>					
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

Part Time: Total FTE 0.50 < 0.75 / Full Time: Total FTE 0.75 +

**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 TCHHN pays on behalf of your DP) must be included in your taxable income known as Imputed Income.