Office of Human Capital
Employee Benefits Team
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2027 BI-WEEKLY-DEDUCTED COSTS FOR HEALTH AND DENTAL INSURANCE FOR SEG EMPLOYEES

Insurance Plan	Single	Two-Person	Family; No Spouse	Family
Enhanced Plan	$89.15	$207.04	$224.73	$238.05
Core Plan	$82.91	$192.55	$209.00	$221.38
Excellus Dental	$4.06	Not Available	Not Available	$8.82

Above rates are payroll deducted twenty-six times per year.

For more information, contact Employee Benefits at 585-262-8206.

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