Office of Human Capital
Employee Benefits Team
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2027 BI-WEEKLY PAYROLL-DEDUCTED COSTS FOR HEALTH AND DENTAL INSURANCE FOR 10- MONTH (RTA) HIRED AFTER JANUARY 1, 1991 22 PAY PERIODS

Insurance Plan	Single	Two-Person	Family; No Spouse	Family
Enhanced Plan	$106.77	$247.91	$269.10	$285.05
Core Plan	$33.09	$76.85	$83.42	$88.36
Excellus Dental	$4.79	Not Available	Not Available	$10.43

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

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

rev. 10/26