



**Office of Human Capital
Employee Benefits Team**

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**2026 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	\$91.87	\$213.35	\$231.57	\$245.30
Core Plan	\$28.48	\$66.14	\$71.79	\$76.04
Excellus Dental	\$4.13	Not Available	Not Available	\$8.97

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

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

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