Office of Human Capital
Employee Benefits Team
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2026 BI-WEEKLY-DEDUCTED COSTS FOR HEALTH AND DENTAL INSURANCE FOR SEG EMPLOYEES

Insurance Plan	Single	Two-Person	Family; No Spouse	Family
Enhanced Plan	$76.72	$178.18	$193.40	$204.86
Core Plan	$71.35	$165.70	$179.86	$190.52
Excellus Dental	$3.49	Not Available	Not Available	7.59

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

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

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