



**Office of Human Capital
Employee Benefits Team**

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**2025 BI-WEEKLY-DEDUCTED COSTS
FOR HEALTH AND DENTAL INSURANCE FOR SEG EMPLOYEES**

Insurance Plan	Single	Two-Person	Family; No Spouse	Family
Enhanced Plan	\$66.72	\$154.94	\$168.18	\$178.14
Core Plan	\$62.04	\$144.09	\$156.40	\$165.67
Excellus Dental	\$3.39	Not Available	Not Available	7.38

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

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

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