

**2023 BI-WEEKLY-DEDUCTED COSTS  
FOR HEALTH AND DENTAL INSURANCE FOR 12-MONTH EMPLOYEES (ASAR  
HIRED AFTER JULY 1, 1992; BENTE HIRED AFTER JANUARY 1, 1991**

**26 Pay Periods**

<b>Insurance Plan</b>	<b>Single</b>	<b>Two-Person</b>	<b>Family; No Spouse</b>	<b>Family</b>
Enhanced Plan – No Rally	\$56.80	\$131.91	\$143.18	\$151.66
Core Plan – No Rally	\$17.61	\$40.89	\$44.39	\$47.02
Excellus Dental	\$3.24	Not Available	Not Available	\$7.05

<b>ASAR HYBRID PLANS</b>	<b>Single</b>	<b>Two-Person</b>	<b>Family; No Spouse</b>	<b>Family</b>
Simply Blue Plus HD EPO	\$48.24	\$112.02	\$121.58	\$128.79

Above rates are payroll deducted twenty six times per year.

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