



**2023 BI-WEEKLY-DEDUCTED COSTS
FOR HEALTH AND DENTAL INSURANCE FOR SEG EMPLOYEES**

Insurance Plan	Single	Two- Person	Family; No Spouse	Family
Enhanced Plan	\$56.80	\$131.91	\$143.18	\$151.66
Core Plan	\$52.82	\$122.68	\$133.16	\$141.05
Excellus Dental	\$3.24	Not Available	Not Available	\$7.05

Above rates are payroll deducted twenty six times per year.

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