



**2023 BI-WEEKLY PAYROLL-DEDUCTED COSTS  
FOR HEALTH AND DENTAL INSURANCE  
FOR 10- MONTH (RTA) HIRED AFTER JANUARY 1, 1991  
22 PAY PERIODS**

<b>Insurance Plan</b>	<b>Single</b>	<b>Two- Person</b>	<b>Family; No Spouse</b>	<b>Family</b>
Enhanced Plan	\$68.01	\$157.95	\$171.44	\$181.60
Core Plan	\$21.08	\$48.96	\$53.15	\$56.29
Excellus Dental	\$3.84	Not Available	Not Available	\$8.34

Above rates are payroll deducted twenty two times per year.

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

rev. 10/22