



Discover the Excellence

Rochester City School District
 131 West Broad Street
 Rochester, New York 14614

**2018 BI-WEEKLY PAYROLL-DEDUCTED COSTS
 FOR HEALTH AND DENTAL INSURANCE
 FOR 10- MONTH (BENTE) HIRED AFTER JANUARY 1, 1991
 AND PARAPROFESSIONALS/TEACHING ASSISTANTS HIRED AFTER JULY 1,
 1991**

21 Pay Periods

Insurance Plan	Single	Two-Person	Family; No Spouse	Family
Enhanced Plan	\$57.91	\$134.50	\$145.99	\$154.64
Core Plan	\$17.95	\$41.70	\$45.26	\$47.94
Excellus Dental	\$3.29	Not Available	Not Available	\$7.15

Above rates are payroll deducted twenty one times per year.

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

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