



Discover the Excellence

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

**2018 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

Insurance Plan	Single	Two-Person	Family; No Spouse	Family
Enhanced Plan	\$46.78	\$108.63	\$117.91	\$124.90
Core Plan	\$14.50	\$33.68	\$36.55	\$38.72
Excellus Dental	\$2.66	Not Available	Not Available	\$5.78
Cafeteria Dental (ASAR only) (hired before 7/1/92)	\$8.28	Not Available	Not Available	\$29.52
Cafeteria Dental (ASAR only) (hired after 7/1/92)	\$10.93	Not Available	Not Available	\$35.30

Above rates are payroll deducted twenty six times per year.

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

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