

Adjunct Employees All Pay Levels

----- PER PAY PERIOD EMPLOYEE CONTRIBUTION -----

Plan	Coverage Level	Semi-Monthly Payroll ⁽¹⁾		Bi-Weekly Payroll ⁽²⁾	
		Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec
Blue Point2 POS A	● Individual	\$238.20	\$256.88	\$219.87	\$237.12
	● 2 Person	\$527.11	\$569.27	\$486.56	\$525.48
	● Family	\$645.10	\$696.36	\$595.48	\$642.79
	● One Parent Family	\$566.11	\$613.52	\$522.56	\$566.32
Blue Point2 POS B	● Individual	\$214.37	\$230.58	\$197.88	\$212.84
	● 2 Person	\$472.91	\$509.43	\$436.53	\$470.24
	● Family	\$579.41	\$623.88	\$534.84	\$575.88
	● One Parent Family	\$493.23	\$533.21	\$455.28	\$492.19
Blue Point2 POS B No Drug	● Individual	\$137.82	\$151.68	\$127.21	\$140.01
	● 2 Person	\$314.30	\$345.97	\$290.12	\$319.36
	● Family	\$384.06	\$422.51	\$354.51	\$390.00
	● One Parent Family	\$344.08	\$378.89	\$317.61	\$349.74
Blue Point2 POS D	● Individual	\$147.42	\$160.84	\$136.08	\$148.47
	● 2 Person	\$333.92	\$364.54	\$308.23	\$336.49
	● Family	\$407.47	\$444.67	\$376.13	\$410.46
	● One Parent Family	\$360.83	\$394.37	\$333.07	\$364.03
Blue PPO <i>(for those who live outside the Rochester area)</i>	● Individual	\$204.51	\$219.24	\$188.77	\$202.37
	● 2 Person	\$450.40	\$483.56	\$415.75	\$446.36
	● Family	\$553.88	\$594.52	\$511.27	\$548.78
	● One Parent Family	\$468.15	\$504.41	\$432.13	\$465.60
Dental Coverage - Standard Plan	● Individual	\$10.73	\$10.73	\$9.90	\$9.90
	● 2 Person	\$25.10	\$25.10	\$23.17	\$23.17
	● Family	\$38.20	\$38.20	\$35.26	\$35.26
Dental Coverage - Enhanced Plan	● Individual	\$15.25	\$15.25	\$14.07	\$14.07
	● 2 Person	\$36.36	\$36.36	\$33.56	\$33.56
	● Family	\$55.58	\$55.58	\$51.30	\$51.30
Vision Care	● Individual	\$4.82	\$4.82	\$4.45	\$4.45
	● 2 Person	\$9.63	\$9.63	\$8.89	\$8.89
	● Family	\$15.51	\$15.51	\$14.31	\$14.31

(1) The higher contribution amount will begin with the payroll of July 14, 2023.

(2) The higher contribution amount will begin with the payroll of July 7, 2023.