

RIT

Benefits Contribution Rate Summary Sheet

Calendar Year 2026

Below are per pay period amounts for your benefit options. Refer to the detailed plan information to determine which plan is right for you.

MEDICAL, VISION & DENTAL RATES

PLAN	LEVEL OF COVERAGE	ADJUNCT <u>All Salaries</u>	
		Semi-Mo Payroll (24 Deductions)	Bi-Wkly Payroll (26 Deductions)
Blue Point2 POS A	• Individual	\$343.08	\$316.69
	• 2 Person	\$759.02	\$700.63
	• Family	\$929.58	\$858.07
	• One Parent Family	\$815.07	\$752.37
Blue Point2 POS B	• Individual	\$308.51	\$284.77
	• 2 Person	\$680.36	\$628.02
	• Family	\$834.24	\$770.07
	• One Parent Family	\$709.24	\$654.68
Blue Point2 POS D	• Individual	\$211.21	\$194.96
	• 2 Person	\$478.40	\$441.60
	• Family	\$584.36	\$539.40
	• One Parent Family	\$516.90	\$477.13
HDHP	• Individual	\$192.14	\$177.36
	• 2 Person	\$438.21	\$404.50
	• Family	\$536.08	\$494.84
	• One Parent Family	\$479.74	\$442.84
Vision Care Plan	• Individual	\$4.82	\$4.45
	• 2 Person	\$9.63	\$8.89
	• Family	\$15.51	\$14.31
Dental Plan-Standard	• Individual	\$11.28	\$10.41
	• 2 Person	\$26.39	\$24.36
	• Family	\$40.16	\$37.07
Dental Plan-Enhanced	• Individual	\$16.03	\$14.80
	• 2 Person	\$38.24	\$35.29
	• Family	\$58.46	\$53.96