



# Syracuse City School District

## INSURANCE PREMIUM RATE CHART

Effective 9/1/2024

### Unit 10 - Health Insurance Rates (per paycheck)

Salary Level & Percentage of Premium	POS Plan*		HDHP*	
	Individual	Family	Individual	Family
Level I = \$ 0.00 - \$29,999 10% APR	\$46.62	\$121.87	\$37.50	\$98.03
Level II = \$30,000 - \$48,499 12% APR	\$55.95	\$146.24	\$45.00	\$117.64
Level III = \$48,500 - \$59,999 17% APR	\$79.26	\$207.18	\$63.75	\$166.65
Level IV = \$60,000 - \$79,999 20% APR	\$93.24	\$243.74	\$75.00	\$196.06
Level V = \$80,000 + \$99,999 22% APR	\$102.57	\$268.12	\$82.50	\$215.66
Level VI = \$100,000 + ABOVE 27% APR	\$125.88	\$329.05	\$101.25	\$264.68

\*POS Plan = PPO Point of Service Plan for Enrollees hired prior to July 1, 2015

\*HDHP Plan = High Deductible Plan for Enrollees hired on or after July 1, 2015

### Unit 10 Dental Rates (per paycheck)

	Individual	Family
Flat Rate	\$12.60	\$25.20

### Unit 10 Vision Rates (per paycheck)

	Individual	Family
Flat Rate	\$0.00	\$0.00