



Syracuse City School District

INSURANCE PREMIUM RATE CHART

Effective 9/1/2024

Units 2, 3A, 3C, 6, 11

12 Month Employee Health Insurance Rates (per paycheck)

Salary Level & Percentage of Premium	PPO		HDHP	
	Individual	Family	Individual	Family
Level I = \$ 0.00 - \$29,999 10% APR	\$36.07	\$94.29	\$31.25	\$81.69
Level II = \$30,000 - \$48,499 12% APR	\$43.29	\$113.15	\$37.50	\$98.03
Level III = \$48,500 - \$59,999 17% APR	\$61.32	\$160.30	\$53.13	\$138.87
Level IV = \$60,000 - \$79,999 20% APR	\$72.15	\$188.59	\$62.50	\$163.38
Level V = \$80,000 - \$99,999 22% APR	\$79.36	\$207.45	\$68.75	\$179.72
Level VI = \$100,000 + ABOVE 27% APR	\$97.40	\$254.60	\$84.38	\$220.57

Dental Rates (per paycheck)

	Individual	Family
Flat Rate	\$11.00	\$22.00

Vision Rates (per paycheck)

	Individual	Family
Flat Rate	\$0.00	\$0.00