

Syracuse City



School District

Syracuse City School District

INSURANCE PREMIUM RATE CHART

Effective 9/1/2024

Unit 9

10 Month Employee Health Insurance Rates (per Paycheck)

	PPO		HDHP	
	Individual	Family	Individual	Family
Salary Level & Percentage of Premium				
Level I = 10% (\$ 0.00 - \$42,052)	\$43.29	\$113.15	\$37.50	\$98.03
Level II = 15% (\$42,053 - \$59,999)	\$64.93	\$169.73	\$56.25	\$147.04
Level III = 18% (\$60,000 - \$79,999)	\$77.92	\$203.68	\$67.50	\$176.45
Level IV = 20% (\$80,000 - \$99,000)	\$86.58	\$226.31	\$75.00	\$196.06
Level V = 25% (\$100,000 + ABOVE)	\$108.22	\$282.88	\$93.75	\$245.07

10 Month Employee Dental & Vision Insurance Rates (per Paycheck)

DENTAL	Individual	Family
Flat Rate	\$13.20	\$26.40

VISION	Individual	Family
Flat Rate	\$0.00	\$0.00