



Syracuse City School District

INSURANCE PREMIUM RATE CHART

Effective 9/1/2023

STA Health Insurance Rates (per Paycheck) - Units 1, 8, & 10

Salary Level & Percentage of Premium	POS Plan*		HDHP*	
	Individual	Family	Individual	Family
Level I = \$ 0.00 - \$29,999 10% APR	\$42.60	\$112.67	\$34.72	\$91.82
Level II = \$30,000 - \$48,499 12% APR	\$51.13	\$135.20	\$41.67	\$110.19
Level III = \$48,500 - \$59,999 17% APR	\$72.43	\$191.53	\$59.03	\$156.10
Level IV = \$60,000 - \$79,999 20% APR	\$85.21	\$225.33	\$69.45	\$183.64
Level V = \$80,000 + \$99,999 22% APR	\$93.73	\$247.86	\$76.39	\$202.01
Level VI = \$100,000 + ABOVE 27% APR	\$115.03	\$304.20	\$93.75	\$247.92

*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

STA Health Insurance Rates (per Paycheck) - Units 7

Salary Level & Percentage of Premium	POS Plan	
	Individual	Family
Level I = \$ 0.00 - \$29,999 10% APR	\$42.60	\$112.67
Level II = \$30,000 - \$48,499 12% APR	\$51.13	\$135.20
Level III = \$48,500 - \$59,999 17% APR	\$72.43	\$191.53
Level IV = \$60,000 - \$79,999 20% APR	\$85.21	\$225.33
Level V = \$80,000 + \$99,999 22% APR	\$93.73	\$247.86
Level VI = \$100,000 + ABOVE 27% APR	\$115.03	\$304.20

STA Dental Rates (per Paycheck) - ALL UNITS

	Individual	Family
Flat Rate	\$12.60	\$25.20