

Syracuse City



School District

Syracuse City School District

INSURANCE PREMIUM RATE CHART

Effective 9/1/2022

Unit 11

10 Month Health Insurance Rates (per Paycheck)

Salary Level & Percentage of Premium	POS Plan*		HDHP1*	
	Individual	Family	Individual	Family
Level I = 20% (\$0 - \$89,999)	\$79.84	\$210.75	\$76.04	\$200.72
Level II = 22% (\$90,000 - \$99,999)	\$87.82	\$231.83	\$83.64	\$220.79
Level III = 24% (\$100,000 - \$109,999)	\$95.81	\$252.90	\$91.25	\$240.86
Level IV = 26% (\$110,000 - \$119,999)	\$103.79	\$273.98	\$98.85	\$260.93
Level V = 28% (\$120,000 + \$129,999)	\$111.78	\$295.05	\$106.45	\$281.01
Level VI = 30% (\$130,000 + ABOVE)	\$119.76	\$316.13	\$114.06	\$301.08

10 Month Dental & Vision Rates (per Paycheck)

DENTAL	Individual	Family
Flat Rate	\$12.60	\$25.20

VISION	Individual	Family
Flat Rate	\$0.00	\$3.20