

Syracuse City



School District

Syracuse City School District

INSURANCE PREMIUM RATE CHART

Effective 9/1/2023

Unit 11

10 Month Health Insurance Rates (per Paycheck)

Salary Level & Percentage of Premium	POS Plan*		HDHP*	
	Individual	Family	Individual	Family
Level I = 20% (\$0 - \$89,999)	\$85.21	\$225.33	\$69.45	\$183.64
Level II = 22% (\$90,000 - \$99,999)	\$93.73	\$247.86	\$76.39	\$202.01
Level III = 24% (\$100,000 - \$109,999)	\$102.25	\$270.40	\$83.33	\$220.37
Level IV = 26% (\$110,000 - \$119,999)	\$110.77	\$292.93	\$90.28	\$238.74
Level V = 28% (\$120,000 + \$129,999)	\$119.29	\$315.46	\$97.22	\$257.10
Level VI = 30% (\$130,000 + ABOVE)	\$127.81	\$338.00	\$104.17	\$275.46

*POS Plan = PPO Point of Service Plan for Enrollees hired prior to September 10, 2015

*HDHP Plan = High Deductible Plan for Enrollees hired on or after September 10, 2015

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