

Syracuse City



School District

Syracuse City School District

INSURANCE PREMIUM RATE CHART

Effective 9/1/2022

Unit 11

12 Month Health Insurance Rates (per Paycheck)

Salary Level & Percentage of Premium	POS Plan*		HDHP1*	
	Individual	Family	Individual	Family
Level I = 20% (\$0 - \$89,999)	\$66.53	\$175.63	\$63.37	\$167.27
Level II = 22% (\$90,000 - \$99,999)	\$73.19	\$193.19	\$69.70	\$183.99
Level III = 24% (\$100,000 - \$109,999)	\$79.84	\$210.75	\$76.04	\$200.72
Level IV = 26% (\$110,000 - \$119,999)	\$86.49	\$228.31	\$82.38	\$217.45
Level V = 28% (\$120,000 + \$129,999)	\$93.15	\$245.88	\$88.71	\$234.17
Level VI = 30% (\$130,000 + ABOVE)	\$99.80	\$263.44	\$95.05	\$250.90

12 Month Dental & Vision Rates (per Paycheck)

DENTAL	Individual	Family
Flat Rate	\$10.50	\$21.00

VISION	Individual	Family
Flat Rate	\$0.00	\$2.67