

Syracuse City



School District

# Syracuse City School District

## INSURANCE PREMIUM RATE CHART

Effective 9/1/2023

### Unit 11

### 12 Month Health Insurance Rates (per Paycheck)

Salary Level & Percentage of Premium	POS Plan*		HDHP*	
	Individual	Family	Individual	Family
Level I = 20% (\$0 - \$89,999)	\$71.01	\$187.78	\$57.87	\$153.04
Level II = 22% (\$90,000 - \$99,999)	\$78.11	\$206.55	\$63.66	\$168.34
Level III = 24% (\$100,000 - \$109,999)	\$85.21	\$225.33	\$69.45	\$183.64
Level IV = 26% (\$110,000 - \$119,999)	\$92.31	\$244.11	\$75.23	\$198.95
Level V = 28% (\$120,000 + \$129,999)	\$99.41	\$262.89	\$81.02	\$214.25
Level VI = 30% (\$130,000 + ABOVE)	\$106.51	\$281.66	\$86.81	\$229.55

\*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

### 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