

Syracuse City



School District

Syracuse City School District

INSURANCE PREMIUM RATE CHART

Effective 9/1/2023

Unit 12

10 Month Employee Health Insurance Rates (per Paycheck)

Salary Level & Percentage of Premium	POS Plan*		HDHP*	
	Individual	Family	Individual	Family
Level I = 10% (\$ 0.00 - \$42,052)	\$42.60	\$112.67	\$34.72	\$91.82
Level II = 15% (\$42,053 - \$59,999)	\$63.91	\$169.00	\$52.08	\$137.73
Level III = 18% (\$60,000 - \$79,999)	\$76.69	\$202.80	\$62.50	\$165.28
Level IV = 20% (\$80,000 - \$99,000)	\$85.21	\$225.33	\$69.45	\$183.64
Level V = 25% (\$100,000 + ABOVE)	\$106.51	\$281.66	\$86.81	\$229.55

*POS Plan = PPO Point of Service Plan for Enrollees hired prior to July 1, 2016

*HDHP Plan = High Deductible Plan for Enrollees hired on or after July 1, 2016

10 Month Employee Dental & Vision Insurance Rates (per Paycheck)

DENTAL	Individual	Family
Flat Rate	\$12.60	\$25.20

VISION	Individual	Family
Flat Rate	\$0.00	\$3.20