

Syracuse City



School District

# Syracuse City School District

## INSURANCE PREMIUM RATE CHART - 10 month Employees

Effective 9/1/2022

### Unit 2 Health Insurance Rates (per Paycheck)

Salary Level & Percentage of Premium	POS Plan*		HDHP1*	
	Individual	Family	Individual	Family
Level I = 20% (\$0 - \$89,999)	\$86.26	\$228.40	\$72.68	\$192.44
Level II = 22% (\$90,000 - \$99,999)	\$94.89	\$251.24	\$79.95	\$211.68
Level III = 24% (\$100,000 - \$109,999)	\$103.52	\$274.08	\$87.22	\$230.92
Level IV = 26% (\$110,000 - \$119,999)	\$112.14	\$296.92	\$94.49	\$250.17
Level V = 28% (\$120,000 + \$129,999)	\$120.77	\$319.76	\$101.75	\$269.41
Level VI = 30% (\$130,000 + ABOVE)	\$129.40	\$342.60	\$109.02	\$288.65

\*POS Plan = PPO Point of Service Plan for Enrollees hired prior to September 1, 2015

\*HDHP1 Plan = High Deductible Plan 1 for Enrollees hired on or after September 1, 2015

### Unit 2 Dental Rates (per Paycheck)

	Individual	Family
Flat Rate	\$12.60	\$25.20

### Unit 2 Vision Rates (per Paycheck)

	Individual	Family
Flat Rate	\$0.00	\$3.20