



Syracuse City School District

INSURANCE PREMIUM RATE CHART

Effective 9/1/2025

Units 2, 3A, 3C, 6, 9, 11

12 Month Employee Health Insurance Rates (per paycheck)

	Individual	Family
Salary Level & Percentage of Premium		
Level I = \$ 0.00 - \$29,999 10% APR	\$38.96	\$101.84
Level II = \$30,000 - \$48,499 12% APR	\$46.75	\$122.21
Level III = \$48,500 - \$59,999 17% APR	\$66.23	\$173.12
Level IV = \$60,000 - \$79,999 20% APR	\$77.92	\$203.68
Level V = \$80,000 + \$99,999 22% APR	\$85.71	\$224.04
Level VI = \$100,000 + ABOVE 27% APR	\$105.19	\$274.96

Dental Rates (per paycheck)

	Individual	Family
Flat Rate	\$11.00	\$22.00

Vision Rates (per paycheck)

	Individual	Family
Flat Rate	\$0.00	\$0.00