

Syracuse City



School District

Syracuse City School District

INSURANCE PREMIUM RATE CHART

Effective 9/1/2022

Unit 3A & 3C Health Insurance Rates (per Paycheck)

Salary Level & Percentage of Premium	POS Plan*		HDHP1*	
	Individual	Family	Individual	Family
Level I = 20% (\$0 - \$89,999)	\$71.89	\$190.33	\$60.57	\$160.36
Level II = 22% (\$90,000 - \$99,999)	\$79.08	\$209.37	\$66.62	\$176.40
Level III = 24% (\$100,000 - \$109,999)	\$86.26	\$228.40	\$72.68	\$192.44
Level IV = 26% (\$110,000 - \$119,999)	\$93.45	\$247.43	\$78.74	\$208.47
Level V = 28% (\$120,000 + \$129,999)	\$100.64	\$266.47	\$84.80	\$224.51
Level VI = 30% (\$130,000 + ABOVE)	\$107.83	\$285.50	\$90.85	\$240.54

*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 3A & 3C Dental Rates (per Paycheck)

	Individual	Family
Flat Rate	\$10.50	\$21.00

Unit 3A & 3C Vision Rates (per Paycheck)

	Individual	Family
Flat Rate	\$0.00	\$2.67