

Syracuse City



School District

Syracuse City School District

INSURANCE PREMIUM RATE CHART

Effective 9/1/2023

Unit 3C

12 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)	\$35.50	\$93.89	\$28.94	\$76.52
Level II = 15% (\$42,053 - \$59,999)	\$53.26	\$140.83	\$43.40	\$114.78
Level III = 18% (\$60,000 - \$79,999)	\$63.91	\$169.00	\$52.08	\$137.73
Level IV = 20% (\$80,000 - \$99,000)	\$71.01	\$187.78	\$57.87	\$153.04
Level V = 25% (\$100,000 + ABOVE)	\$88.76	\$234.72	\$72.34	\$191.30

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

*HDHP Plan = High Deductible Plan for Enrollees hired on or after July 1, 2015

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

DENTAL	Individual	Family
Flat Rate	\$10.50	\$21.00

VISION	Individual	Family
Flat Rate	\$0.00	\$2.67