

Syracuse City



School District

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INSURANCE PREMIUM RATE CHART

Effective 9/1/2022

Unit 5 Health Insurance Rates (per Paycheck)

Salary Level & Percentage of Premium	POS Plan*		HDHP1*	
	Individual	Family	Individual	Family
Level I = \$ 0.00 - \$29,999 10% APR	\$33.27	\$87.81	\$31.68	\$83.63
Level II = \$30,000 - \$42,052 12% APR	\$39.92	\$105.38	\$38.02	\$100.36
Level III = \$42,053 - \$59,999 17% APR	\$56.55	\$149.28	\$53.86	\$142.18
Level IV = \$60,000 - \$79,999 20% APR	\$66.53	\$175.63	\$63.37	\$167.27
Level V = \$80,000 + \$99,999 22% APR	\$73.19	\$193.19	\$69.70	\$183.99
Level VI = \$100,000 + ABOVE 27% APR	\$89.82	\$237.09	\$85.54	\$225.81

*POS Plan = PPO Point of Service Plan for Enrollees hired prior to September 10, 2015

*HDHP1 Plan = High Deductible Plan 1 for Enrollees hired on or after September 10, 2015

Unit 5 Dental Rates (per Paycheck)

	Individual	Family
Flat Rate	\$10.50	\$21.00

Unit 5 Vision Rates (per Paycheck)

	Individual	Family
Flat Rate	\$0.00	\$1.31