



Syracuse City School District

INSURANCE PREMIUM RATE CHART

Effective 9/1/2024

Unit 5 Health Insurance Rates (per Paycheck)

| Salary Level & Percentage of Premium | POS Plan* | | HDHP* | |
|---|------------|----------|------------|----------|
| | Individual | Family | Individual | Family |
| Level I = \$ 0.00 - \$29,999 10% APR | \$38.85 | \$101.56 | \$31.25 | \$81.69 |
| Level II = \$30,000 - \$42,052 12% APR | \$46.62 | \$121.87 | \$37.50 | \$98.03 |
| Level III = \$42,053 - \$59,999 17% APR | \$66.05 | \$172.65 | \$53.13 | \$138.87 |
| Level IV = \$60,000 - \$79,999 20% APR | \$77.70 | \$203.12 | \$62.50 | \$163.38 |
| Level V = \$80,000 + \$99,999 22% APR | \$85.47 | \$223.43 | \$68.75 | \$179.72 |
| Level VI = \$100,000 + ABOVE 27% APR | \$104.90 | \$274.21 | \$84.38 | \$220.57 |

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

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

Unit 5 Dental Rates (per Paycheck)

| | Individual | Family |
|-----------|------------|---------|
| Flat Rate | \$11.00 | \$22.00 |

Unit 5 Vision Rates (per Paycheck)

| | Individual | Family |
|-----------|------------|--------|
| Flat Rate | \$1.03 | \$1.03 |