



Syracuse City School District

INSURANCE PREMIUM RATE CHART

Effective 9/1/2025

Unit 5 Health Insurance Rates (per Paycheck)

	POS Plan*		HDHP*	
	Individual	Family	Individual	Family
Salary Level & Percentage of Premium				
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