

Syracuse City



School District

Syracuse City School District

INSURANCE PREMIUM RATE CHART

Effective 9/1/2022

Unit 9

10 Month Employee Health Insurance Rates (per Paycheck)

Salary Level & Percentage of Premium	POS Plan*		HDHP1*	
	Individual	Family	Individual	Family
Level I = 10% (\$ 0.00 - \$42,052)	\$43.13	\$114.20	\$36.34	\$96.22
Level II = 15% (\$42,053 - \$59,999)	\$64.70	\$171.30	\$54.51	\$144.33
Level III = 18% (\$60,000 - \$79,999)	\$77.64	\$205.56	\$65.41	\$173.19
Level IV = 20% (\$80,000 - \$99,000)	\$86.26	\$228.40	\$72.68	\$192.44
Level V = 25% (\$100,000 + ABOVE)	\$107.83	\$285.50	\$90.85	\$240.54

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

DENTAL	Individual	Family
Flat Rate	\$12.60	\$25.20

VISION	Individual	Family
Flat Rate	\$0.00	\$0.95