

Syracuse City



School District

Syracuse City School District

INSURANCE PREMIUM RATE CHART

Effective 9/1/2024

Unit 9

12 Month Employee Health Insurance Rates (per Paycheck)

Salary Level & Percentage of Premium	PPO		HDHP	
	Individual	Family	Individual	Family
Level I = 10% (\$ 0.00 - \$42,052)	\$36.07	\$94.29	\$31.25	\$81.69
Level II = 15% (\$42,053 - \$59,999)	\$54.11	\$141.44	\$46.88	\$122.54
Level III = 18% (\$60,000 - \$79,999)	\$64.93	\$169.73	\$56.25	\$147.04
Level IV = 20% (\$80,000 - \$99,000)	\$72.15	\$188.59	\$62.50	\$163.38
Level V = 25% (\$100,000 + ABOVE)	\$90.18	\$235.74	\$78.13	\$204.23

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

DENTAL	Individual	Family
Flat Rate	\$11.00	\$22.00

VISION	Individual	Family
Flat Rate	\$0.00	\$0.00