



Syracuse City School District

INSURANCE PREMIUM RATE CHART

Effective 9/1/2024

Units 1, 2, 3I, 6, 7, 8, 11, 12

10 Month Employee Health Insurance Rates (per paycheck)

Salary Level & Percentage of Premium	PPO		HDHP	
	Individual	Family	Individual	Family
Level I = \$ 0.00 - \$29,999 10% APR	\$43.29	\$113.15	\$37.50	\$98.03
Level II = \$30,000 - \$48,499 12% APR	\$51.95	\$135.78	\$45.00	\$117.64
Level III = \$48,500 - \$59,999 17% APR	\$73.59	\$192.36	\$63.75	\$166.65
Level IV = \$60,000 - \$79,999 20% APR	\$86.58	\$226.31	\$75.00	\$196.06
Level V = \$80,000 + \$99,999 22% APR	\$95.23	\$248.94	\$82.50	\$215.66
Level VI = \$100,000 + ABOVE 27% APR	\$116.88	\$305.51	\$101.25	\$264.68

Dental Rates (per paycheck)

	Individual	Family
Flat Rate	\$13.20	\$26.40

Vision Rates (per paycheck)

	Individual	Family
Flat Rate	\$0.00	\$0.00