



Syracuse City School District

INSURANCE PREMIUM RATE CHART

Effective 9/1/2025

Units 1, 2, 3I, 6, 7, 8, 9, 10, 11, 12

10 Month Employee Health Insurance Rates (per paycheck)

	PPO	
	Individual	Family
Salary Level & Percentage of Premium		
Level I = \$ 0.00 - \$29,999 10% APR	\$46.75	\$122.21
Level II = \$30,000 - \$48,499 12% APR	\$56.10	\$146.65
Level III = \$48,500 - \$59,999 17% APR	\$79.48	\$207.75
Level IV = \$60,000 - \$79,999 20% APR	\$93.50	\$244.41
Level V = \$80,000 + \$99,999 22% APR	\$102.85	\$268.85
Level VI = \$100,000 + ABOVE 27% APR	\$126.23	\$329.96

Dental Rates (per paycheck)

	Individual	Family
Flat Rate	\$13.20	\$26.40

Vision Rates (per paycheck)

	Individual	Family
Flat Rate	\$0.00	\$0.00

