



Monthly Insurance Rates for Teacher Aides
Effective January 1, 2024- June 30, 2024
Hired before 5/1/08

<u>HEALTH</u>	<u>BOCES</u>	<u>EMPLOYEE</u>	<u>TOTAL HSA AMOUNT</u>	
Blue Point 2 Select (BS)				
Single	\$842.90	\$269.80	\$1,112.70	
Employee & Spouse/Domestic Partner	\$2,022.97	\$647.53	\$2,670.50	
Single Parent w/ Dependent(s)	\$1,938.70	\$620.50	\$2,559.20	
Family	\$2,233.88	\$716.22	\$2,950.10	
Blue Point 2 Value (BY)				
Single	\$842.90	\$78.30	\$921.20	
Employee & Spouse/Domestic Partner	\$2,022.97	\$187.93	\$2,210.90	
Single Parent w/ Dependent(s)	\$1,938.70	\$180.10	\$2,118.80	
Family	\$2,233.88	\$207.52	\$2,441.40	
SB High Deductible Plan				
Single	\$643.21	\$19.89	\$663.10	\$75.00
Employee & Spouse/Domestic Partner	\$1,543.66	\$47.74	\$1,591.40	\$150.00
Single Parent w/ Dependent(s)	\$1,479.35	\$45.75	\$1,525.10	\$150.00
Family	\$1,704.97	\$52.73	\$1,757.70	\$150.00
<u>DENTAL</u>				
Single	\$23.36	\$5.84	\$29.20	
Family	\$65.76	\$16.44	\$82.20	
<u>VISION</u>				
Single	\$2.46	\$0.62	\$3.08	
Two person	\$4.68	\$1.17	\$5.85	
Family	\$6.89	\$1.72	\$8.61	

Dental deductions are taken from the first pay of the month
Health and vision deductions are taken from the second pay of the month