



**Monthly Insurance Rates for Part-Time Employees (Teachers)**

**Effective January 1, 2024 - December 31, 2024**

<u>HEALTH</u>	<u>BOCES</u>	<u>EMPLOYEE</u>	<u>TOTAL</u>	<u>HSA AMOUNT</u>
<b>Blue Point 2 Select (BS)</b>				
Single	\$556.35	\$556.35	\$1,112.70	
Employee & Spouse/Domestic Partner	\$1,335.25	\$1,335.25	\$2,670.50	
Single Parent w/ Dependent(s)	\$1,279.60	\$1,279.60	\$2,559.20	
Family	\$1,475.05	\$1,475.05	\$2,950.10	
<b>Blue Point 2 Value (BY)</b>				
Single	\$460.60	\$460.60	\$921.20	
Employee & Spouse/Domestic Partner	\$1,105.45	\$1,105.45	\$2,210.90	
Single Parent w/ Dependent(s)	\$1,059.40	\$1,059.40	\$2,118.80	
Family	\$1,220.70	\$1,220.70	\$2,441.40	
<b>SB High Deductible Plan</b>				
Single	\$331.55	\$331.55	\$663.10	\$25.00
Employee & Spouse/Domestic Partner	\$795.70	\$795.70	\$1,591.40	\$50.00
Single Parent w/ Dependent(s)	\$762.55	\$762.55	\$1,525.10	\$50.00
Family	\$878.85	\$878.85	\$1,757.70	\$50.00
<b><u>DENTAL</u></b>				
Single	\$14.60	\$14.60	\$29.20	
Family	\$41.10	\$41.10	\$82.20	
<b><u>VISION</u></b>				
Single	\$1.54	\$1.54	\$3.08	
Two Person	\$2.93	\$2.92	\$5.85	
Family	\$4.31	\$4.30	\$8.61	

Part-time is defined as .5 FTE or more, but less than full time (1.0 FTE)

These rates do not apply to part-time Adult Education Staff

**Dental deductions are taken from the first pay of the month**

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