



Monthly Insurance Rates for Teachers
Effective January 1, 2024 - June 30, 2024
Hired Prior to 1/1/09
Includes Nurses

<u>HEALTH</u>	<u>BOCES</u>	<u>EMPLOYEE</u>	<u>TOTAL</u>	<u>HSA AMOUNT</u>
Blue Point 2 Select (BS)				
Single	\$810.66	\$302.04	\$1,112.70	
Employee & Spouse/Domestic Partner	\$1,945.59	\$724.91	\$2,670.50	
Single Parent w/ Dependent(s)	\$1,864.54	\$694.66	\$2,559.20	
Family	\$2,148.43	\$801.67	\$2,950.10	
Blue Point 2 Value (BY)				
Single	\$810.66	\$110.54	\$921.20	
Employee & Spouse/Domestic Partner	\$1,945.59	\$265.31	\$2,210.90	
Single Parent w/ Dependent(s)	\$1,864.54	\$254.26	\$2,118.80	
Family	\$2,148.43	\$292.97	\$2,441.40	
SB High Deductible Plan				
Single	\$629.95	\$33.15	\$663.10	\$50.00
Employee & Spouse/Domestic Partner	\$1,511.83	\$79.57	\$1,591.40	\$100.00
Single Parent w/ Dependent(s)	\$1,448.85	\$76.25	\$1,525.10	\$100.00
Family	\$1,669.82	\$87.88	\$1,757.70	\$100.00
<u>DENTAL</u>				
Single	\$26.28	\$2.92	\$29.20	
Family	\$73.98	\$8.22	\$82.20	
<u>VISION</u>				
Single	\$2.77	\$0.31	\$3.08	
Two person	\$5.27	\$0.58	\$5.85	
Family	\$7.75	\$0.86	\$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