



Monthly Insurance Rates For Administrators
Effective January 1, 2025 - June 30, 2025
Hired After 7/1/08

<u>HEALTH</u>	<u>BOCES</u>	<u>EMPLOYEE</u>	<u>TOTAL</u>	<u>HSA AMOUNT</u>
Blue Point 2 Select (BS)				
Single	\$843.12	\$429.78	\$1,272.90	
Employee & Spouse/Domestic Partner	\$2,023.52	\$1,031.48	\$3,055.00	
Single Parent w/ Dependent(s)	\$1,939.20	\$988.50	\$2,927.70	
Family	\$2,234.40	\$1,140.50	\$3,374.90	
Blue Point 2 Value (BY)				
Single	\$843.12	\$210.78	\$1,053.90	
Employee & Spouse/Domestic Partner	\$2,023.52	\$505.88	\$2,529.40	
Single Parent w/ Dependent(s)	\$1,939.20	\$484.80	\$2,424.00	
Family	\$2,234.40	\$558.60	\$2,793.00	
SB High Deductible Plan				
Single	\$720.67	\$37.93	\$758.60	\$50.00
Employee & Spouse/Domestic Partner	\$1,729.57	\$91.03	\$1,820.60	\$100.00
Single Parent w/ Dependent(s)	\$1,657.56	\$87.24	\$1,744.80	\$100.00
Family	\$1,910.26	\$100.54	\$2,010.80	\$100.00
<u>DENTAL</u>				
Single	\$25.81	\$4.56	\$30.37	
Family	\$72.67	\$12.82	\$85.49	
<u>VISION</u>				
Single	\$2.62	\$0.46	\$3.08	
Two person	\$4.97	\$0.88	\$5.85	
Family	\$7.32	\$1.29	\$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.**