



**Monthly Insurance Rates for Classified**  
**Effective July 1, 2024 - December 31, 2024**  
**Hired After 7/1/10**  
**Includes Adult Ed**

<u>HEALTH</u>	<u>BOCES</u>	<u>EMPLOYEE</u>	<u>TOTAL</u>	<u>HSA AMOUNT</u>
<b>Blue Point 2 Value (BY)</b>				
Single	\$755.38	\$165.82	\$921.20	
Employee & Spouse/Domestic Partner	\$1,812.94	\$397.96	\$2,210.90	
Single Parent w/ Dependent(s)	\$1,737.42	\$381.38	\$2,118.80	
Family	\$2,001.95	\$439.45	\$2,441.40	
<b>SB High Deductible Plan</b>				
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
<b><u>DENTAL</u></b>				
Single	\$24.82	\$4.38	\$29.20	
Family	\$69.87	\$12.33	\$82.20	
<b><u>VISION</u></b>				
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**