



**Monthly Insurance Rates for Classified
Effective January 1, 2025 - June 30, 2025**

Hired After 7/1/10
Includes Adult Ed

<u>HEALTH</u>	<u>BOCES</u>	<u>EMPLOYEE</u>	<u>TOTAL</u>	<u>HSA AMOUNT</u>
Blue Point 2 Value (BY)				
Single	\$864.20	\$189.70	\$1,053.90	
Employee & Spouse/Domestic Partner	\$2,074.11	\$455.29	\$2,529.40	
Single Parent w/ Dependent(s)	\$1,987.68	\$436.32	\$2,424.00	
Family	\$2,290.26	\$502.74	\$2,793.00	
SB High Deductible Plan				
Single	\$735.84	\$22.76	\$758.60	\$75.00
Employee & Spouse/Domestic Partner	\$1,765.98	\$54.62	\$1,820.60	\$150.00
Single Parent w/ Dependent(s)	\$1,692.46	\$52.34	\$1,744.80	\$150.00
Family	\$1,950.48	\$60.32	\$2,010.80	\$150.00
<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