



**Monthly Insurance Rates For Classified**  
**Effective January 1, 2025 - June 30, 2025**  
**Hired Before 7/1/10**

<u>HEALTH</u>	<u>BOCES</u>	<u>EMPLOYEE</u>	<u>TOTAL</u>	<u>HSA AMOUNT</u>
<b>Blue Point 2 Select (BS)</b>				
Single	\$927.43	\$345.47	\$1,272.90	
Employee & Spouse/Domestic Partner	\$2,225.87	\$829.13	\$3,055.00	
Single Parent w/ Dependent(s)	\$2,133.12	\$794.58	\$2,927.70	
Family	\$2,457.84	\$917.06	\$3,374.90	
<b>Blue Point 2 Value (BY)</b>				
Single	\$927.43	\$126.47	\$1,053.90	
Employee & Spouse/Domestic Partner	\$2,225.87	\$303.53	\$2,529.40	
Single Parent w/ Dependent(s)	\$2,133.12	\$290.88	\$2,424.00	
Family	\$2,457.84	\$335.16	\$2,793.00	
<b>SB High Deductible Plan</b>				
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
<b><u>DENTAL</u></b>				
Single	\$25.81	\$4.56	\$30.37	
Family	\$72.67	\$12.82	\$85.49	
<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.**