



Monthly Insurance Rates For Classified
Effective July 1, 2024 - December 31, 2024
 Hired Before 7/1/10

<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	\$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
<u>DENTAL</u>				
Single	\$24.82	\$4.38	\$29.20	
Family	\$69.87	\$12.33	\$82.20	
<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.