



**Monthly Insurance Rates
for Paraprofessionals
Effective January 1, 2025- June 30, 2025
Hired after 5/1/08**

| <u>HEALTH</u> | <u>BOCES</u> | <u>EMPLOYEE</u> | <u>TOTAL</u> | <u>HSA AMOUNT</u> |
|------------------------------------|--------------|-----------------|--------------|-------------------|
| Blue Point 2 Select (BS) | | | | |
| Single | \$922.16 | \$350.74 | \$1,272.90 | |
| Employee & Spouse/Domestic Partner | \$2,213.23 | \$841.77 | \$3,055.00 | |
| Single Parent w/ Dependent(s) | \$2,121.00 | \$806.70 | \$2,927.70 | |
| Family | \$2,443.88 | \$931.02 | \$3,374.90 | |
| Blue Point 2 Value (BY) | | | | |
| Single | \$922.16 | \$131.74 | \$1,053.90 | |
| Employee & Spouse/Domestic Partner | \$2,213.23 | \$316.17 | \$2,529.40 | |
| Single Parent w/ Dependent(s) | \$2,121.00 | \$303.00 | \$2,424.00 | |
| Family | \$2,443.88 | \$349.12 | \$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**