



**Monthly Insurance Rates
 for Paraprofessionals
 Effective January 1, 2025- June 30, 2025
 Hired Prior to 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	\$953.78	\$319.12	\$1,272.90	
Employee & Spouse/Domestic Partner	\$2,289.11	\$765.89	\$3,055.00	
Single Parent w/ Dependent(s)	\$2,193.72	\$733.98	\$2,927.70	
Family	\$2,527.67	\$847.23	\$3,374.90	
Blue Point 2 Value (BY)				
Single	\$953.78	\$100.12	\$1,053.90	
Employee & Spouse/Domestic Partner	\$2,289.11	\$240.29	\$2,529.40	
Single Parent w/ Dependent(s)	\$2,193.72	\$230.28	\$2,424.00	
Family	\$2,527.67	\$265.33	\$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**