



Monthly Insurance Rates for Part-Time Employees Classified
Effective January 1, 2025- December 31, 2025 Hired After 7/1/09

<u>HEALTH</u>	<u>BOCES</u>	<u>EMPLOYEE</u>	<u>TOTAL</u>	<u>HSA AMOUNT</u>
Blue Point 2 Value (BY)				
Single	\$526.95	\$526.95	\$1,053.90	
Employee & Spouse/Domestic Partner	\$1,264.70	\$1,264.70	\$2,529.40	
Single Parent w/ Dependent(s)	\$1,212.00	\$1,212.00	\$2,424.00	
Family	\$1,396.50	\$1,396.50	\$2,793.00	
SB High Deductible Plan				
Single	\$379.30	\$379.30	\$758.60	\$37.50
Employee & Spouse/Domestic Partner	\$910.30	\$910.30	\$1,820.60	\$75.00
Single Parent w/ Dependent(s)	\$872.40	\$872.40	\$1,744.80	\$75.00
Family	\$1,005.40	\$1,005.40	\$2,010.80	\$75.00
<u>DENTAL</u>				
Single	\$15.19	\$15.18	\$30.37	
Family	\$42.75	\$42.74	\$85.49	
<u>VISION</u>				
Single	\$1.54	\$1.54	\$3.08	
Two Person	\$2.93	\$2.92	\$5.85	
Family	\$4.31	\$4.30	\$8.61	

*Part-time is defined as .5 FTE or more, but less than full time (1.0 FTE)

*These rates do not apply to part-time Adult Education Staff

Dental deductions are taken from the first pay of the month
Health and vision deductions are taken from the second pay of the month