



**Monthly Insurance Rates For Teacher Aides**  
**Effective July 1, 2024- December 31, 2024**  
**Hired After 5/1/08**

<u>HEALTH</u>	<u>BOCES</u>	<u>EMPLOYEE</u>	<u>TOTAL</u>	<u>HSA AMOUNT</u>
<b>Blue Point 2 Select (BS)</b>				
Single	\$806.05	\$306.65	\$1,112.70	
Employee & Spouse/Domestic	\$1,934.54	\$735.96	\$2,670.50	
Single Parent w/ Dependent(s)	\$1,853.95	\$705.25	\$2,559.20	
Family	\$2,136.23	\$813.87	\$2,950.10	
<b>Blue Point 2 Value (BY)</b>				
Single	\$806.05	\$115.15	\$921.20	
Employee & Spouse/Domestic	\$1,934.54	\$276.36	\$2,210.90	
Single Parent w/ Dependent(s)	\$1,853.95	\$264.85	\$2,118.80	
Family	\$2,136.23	\$305.17	\$2,441.40	
<b>SB High Deductible Plan</b>				
Single	\$643.21	\$19.89	\$663.10	\$75.00
Employee & Spouse/Domestic	\$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
<b><u>DENTAL</u></b>				
Single	\$23.36	\$5.84	\$29.20	
Family	\$65.76	\$16.44	\$82.20	
<b><u>VISION</u></b>				
Single	\$2.46	\$0.62	\$3.08	
Two person	\$4.68	\$1.17	\$5.85	
Family	\$6.89	\$1.72	\$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