

## Monthly Insurance Rates for Teachers Effective January 1, 2025 - June 30, 2025 Hired After 1/1/09

| <u>HEALTH</u>                      | BOCES      | <u>EMPLOYEE</u> | <u>TOTAL</u> | HSA AMOUNT |
|------------------------------------|------------|-----------------|--------------|------------|
| Blue Point 2 Select (BS)           |            |                 |              |            |
| Single                             | \$843.12   | \$429.78        | \$1,272.90   |            |
| Employee & Spouse/Domestic Partner | \$2,023.52 | \$1,031.48      | \$3,055.00   |            |
| Single Parent w/ Dependent(s)      | \$1,939.20 | \$988.50        | \$2,927.70   |            |
| Family                             | \$2,234.40 | \$1,140.50      | \$3,374.90   |            |
| Blue Point 2 Value (BY)            |            |                 |              |            |
| Single                             | \$843.12   | \$210.78        | \$1,053.90   |            |
| Employee & Spouse/Domestic Partner | \$2,023.52 | \$505.88        | \$2,529.40   |            |
| Single Parent w/ Dependent(s)      | \$1,939.20 | \$484.80        | \$2,424.00   |            |
| Family                             | \$2,234.40 | \$558.60        | \$2,793.00   |            |
| SB High Deductible Plan            |            |                 |              |            |
| Single                             | \$720.67   | \$37.93         | \$758.60     | \$50.00    |
| Employee & Spouse/Domestic Partner | \$1,729.57 | \$91.03         | \$1,820.60   | \$100.00   |
| Single Parent w/ Dependent(s)      | \$1,657.56 | \$87.24         | \$1,744.80   | \$100.00   |
| Family                             | \$1,910.26 | \$100.54        | \$2,010.80   | \$100.00   |
| DENTAL                             |            |                 |              |            |
| Single                             | \$27.33    | \$3.04          | \$30.37      |            |
| Family                             | \$76.94    | \$8.55          | \$85.49      |            |
|                                    |            |                 |              |            |
| VISION                             |            |                 |              |            |
| Single                             | \$2.77     | \$0.31          | \$3.08       |            |
| Two person                         | \$5.27     | \$0.58          | \$5.85       |            |
| Family                             | \$7.75     | \$0.86          | \$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