



Monthly Insurance Rates for Teachers
Effective January 1, 2025 - June 30, 2025
Hired Prior to 1/1/09
Includes Nurses

<u>HEALTH</u>	<u>BOCES</u>	<u>EMPLOYEE</u>	<u>TOTAL</u>	<u>HSA AMOUNT</u>
Blue Point 2 Select (BS)				
Single	\$927.43	\$345.47	\$1,272.90	
Employee & Spouse/Domestic Partner	\$2,225.87	\$829.13	\$3,055.00	
Single Parent w/ Dependent(s)	\$2,133.12	\$794.58	\$2,927.70	
Family	\$2,457.84	\$917.06	\$3,374.90	
Blue Point 2 Value (BY)				
Single	\$927.43	\$126.47	\$1,053.90	
Employee & Spouse/Domestic Partner	\$2,225.87	\$303.53	\$2,529.40	
Single Parent w/ Dependent(s)	\$2,133.12	\$290.88	\$2,424.00	
Family	\$2,457.84	\$335.16	\$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
<u>DENTAL</u>				
Single	\$27.33	\$3.04	\$30.37	
Family	\$76.94	\$8.55	\$85.49	
<u>VISION</u>				
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