

SENECA FALLS CENTRAL SCHOOLS

HEALTH/DENTAL INSURANCE PAYROLL DEDUCTIONS

ACTIVE EMPLOYEE RATES PER PAY

INSTRUCTIONAL AND SUPPORT STAFF

PLEASE NOTE THESE RATES REFLECT SUPPORT STAFF 4+ YEARS OF SERVICE

TYPE OF COVERAGE	SINGLE	2 PERSON	FAMILY NO SPOUSE	FAMILY
BP2 \$15 SELECT				
EMPLOYEE PER PAY SEPT – JUNE	\$ 85.59	\$ 153.37	\$ 247.68	\$ 202.63
EMPLOYEE ANNUAL COST	\$ 1,711.81	\$ 3,067.44	\$ 4,953.64	\$ 4,052.65
DISTRICT ANNUAL COST	\$ 6,738.59	\$ 15,103.44	\$ 14,488.28	\$ 16,660.43
POLICY ANNUAL COST	\$ 8,450.40	\$ 18,170.88	\$ 19,441.92	\$ 20,713.08

BP2 \$20 VALUE

EMPLOYEE PER PAY SEPT – JUNE	\$ 61.12	\$ 103.42	\$ 196.45	\$ 150.16
EMPLOYEE ANNUAL COST	\$ 1,222.33	\$ 2,068.44	\$ 3,929.08	\$ 3,003.13
DISTRICT ANNUAL COST	\$ 6,738.59	\$ 15,103.44	\$ 14,488.28	\$ 16,660.43
POLICY ANNUAL COST	\$ 7,960.92	\$ 17,171.88	\$ 18,417.36	\$ 19,663.56

HEALTHY BLUE \$15

EMPLOYEE PER PAY SEPT – JUNE	\$ 66.09	\$ 136.70	\$ 142.08	\$ 161.85
EMPLOYEE ANNUAL COST	\$ 1,321.81	\$ 2,734.08	\$ 2,841.64	\$ 3,236.89
DISTRICT ANNUAL COST	\$ 6,738.59	\$ 15,103.44	\$ 14,488.28	\$ 16,660.43
POLICY ANNUAL COST	\$ 8,060.40	\$ 17,837.52	\$ 17,329.92	\$ 19,897.32

HEALTHY BLUE \$30

BASE PLAN - DISTRICT CONTRIBUTES 92.5%

EMPLOYEE PER PAY SEPT – JUNE	\$ 27.32	\$ 61.23	\$ 58.74	\$ 67.54
EMPLOYEE ANNUAL COST	\$ 546.37	\$ 1,224.60	\$ 1,174.72	\$ 1,350.85
DISTRICT ANNUAL COST	\$ 6,738.59	\$ 15,103.44	\$ 14,488.28	\$ 16,660.43
POLICY ANNUAL COST	\$ 7,284.96	\$ 16,328.04	\$ 15,663.00	\$ 18,011.28

**HEALTHY BLUE
HIGH DEDUCTIBLE**

EMPLOYEE ANNUAL COST	← ADDITIONAL OPTION BASE PLAN NO CHARGE →			
POLICY ANNUAL COST	\$ 4,805.76	\$ 10,812.84	\$ 10,332.24	\$ 12,494.52
HSA CONTRIBUTION	\$ 1,500.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00
DISTRICT ANNUAL COST	\$ 6,305.76	\$ 13,812.84	\$ 13,332.24	\$ 15,494.52

DENTAL RATES

ACTIVE EMPLOYEE RATES PER PAY

INSTRUCTIONAL AND SUPPORT STAFF

INSTRUCTIONAL

TYPE OF COVERAGE	SINGLE	2 PERSON	FAMILY NO SPOUSE	FAMILY
DENTAL BLUE 3				
EMPLOYEE PER PAY SEPT – JUNE	NO CHARGE	\$ 20.29	\$ 27.01	\$ 35.78
EMPLOYEE ANNUAL COST	NO CHARGE	\$ 405.84	\$ 540.12	\$ 715.68
DISTRICT ANNUAL COST	\$ 377.88	\$ 377.88	\$ 377.88	\$ 377.88
POLICY ANNUAL COST	\$ 377.88	\$ 783.72	\$ 918.00	\$ 1,093.56

SUPPORT STAFF

TYPE OF COVERAGE	SINGLE	2 PERSON	FAMILY NO SPOUSE	FAMILY
DENTAL BLUE 1 MODIFIED				
EMPLOYEE PER PAY SEPT – JUNE	NO CHARGE	\$ 19.60	\$ 25.93	\$ 34.19
EMPLOYEE ANNUAL COST	NO CHARGE	\$ 392.04	\$ 518.52	\$ 683.76
DISTRICT ANNUAL COST	\$ 345.96	\$ 345.96	\$ 345.96	\$ 345.96
POLICY ANNUAL COST	\$ 345.96	\$ 738.00	\$ 864.48	\$1,029.72