

2026-27 Rates
Williamson Central School District

Health Insurance Plans & Costs for: Williamson Faculty Association Unit Members
Appointed On Or Before June 30, 2022, and full time Williamson CSEA members

The District will pay 80% and the unit member will pay 20% of the base plan for WFA unit members appointed on or before June 30, 2022 and for all full time CSEA unit members. The base plan will be Healthy Blue 30. Any unit member who enrolls or is enrolled in one of the group health care plans offered by the District may apply the value of the unit member's base plan, as determined by hire date, toward any of the District's health plans except for the Blue Point 2 plans which are only available to unit members currently enrolled in those plans. Healthy Blue \$15 available only to WFA Members.

BluePoint 2: \$5/\$10 Copay - \$10/\$25/\$40RX

Type of Plan	Monthly Cost of Plan	Total Annual Cost of Plan	Annual Cost to District	Annual Cost to Employee	Estimate of a Typical Payroll Deduction (20 pays)
Single	\$ 1,378.94	\$ 16,547.28	\$ 12,448.70	\$ 4,098.58	\$ 204.93
Subscriber & Spouse	\$ 2,976.15	\$ 35,713.80	\$ 27,902.69	\$ 7,811.11	\$ 390.56
Family/No Spouse	\$ 3,194.45	\$ 38,333.40	\$ 26,766.53	\$ 11,566.87	\$ 578.34
Family	\$ 3,412.68	\$ 40,952.16	\$ 30,778.85	\$ 10,173.31	\$ 508.67

BluePoint 2: \$20/\$20 Copay - \$10/\$25/\$40RX

Type of Plan	Monthly Cost of Plan	Total Annual Cost of Plan	Annual Cost to District	Annual Cost to Employee	Estimate of a Typical Payroll Deduction (20 pays)
Single	\$ 1,322.44	\$ 15,869.28	\$ 12,448.70	\$ 3,420.58	\$ 171.03
Subscriber & Spouse	\$ 2,852.67	\$ 34,232.04	\$ 27,902.69	\$ 6,329.35	\$ 316.47
Family/No Spouse	\$ 3,059.68	\$ 36,716.16	\$ 26,766.53	\$ 9,949.63	\$ 497.48
Family	\$ 3,266.58	\$ 39,198.96	\$ 30,778.85	\$ 8,420.11	\$ 421.01

HealthyBlue - \$15 PCP \$0 Ded. \$150 IP - \$5/\$25/\$50RX

Type of Plan	Monthly Cost of Plan	Total Annual Cost of Plan	Annual Cost to District	Annual Cost to Employee	Estimate of a Typical Payroll Deduction (20 pays)
Single	\$ 1,409.70	\$ 16,916.40	\$ 12,448.70	\$ 4,467.70	\$ 223.38
Subscriber & Spouse	\$ 3,119.64	\$ 37,435.68	\$ 27,902.69	\$ 9,532.99	\$ 476.65
Family/No Spouse	\$ 3,030.87	\$ 36,370.44	\$ 26,766.53	\$ 9,603.91	\$ 480.20
Family	\$ 3,479.85	\$ 41,758.20	\$ 30,778.85	\$ 10,979.35	\$ 548.97

HealthyBlue - \$25 PCP \$0 Ded. \$250 IP - \$5/\$25/\$50RX

Type of Plan	Monthly Cost of Plan	Total Annual Cost of Plan	Annual Cost to District	Annual Cost to Employee	Estimate of a Typical Payroll Deduction (20 pays)
Single	\$ 1,355.91	\$ 16,270.92	\$ 12,448.70	\$ 3,822.22	\$ 191.11
Subscriber & Spouse	\$ 3,008.70	\$ 36,104.40	\$ 27,902.69	\$ 8,201.71	\$ 410.09
Family/No Spouse	\$ 2,915.07	\$ 34,980.84	\$ 26,766.53	\$ 8,214.31	\$ 410.72
Family	\$ 3,339.90	\$ 40,078.80	\$ 30,778.85	\$ 9,299.95	\$ 465.00

HealthyBlue - \$30 PCP \$0 Ded. \$500 IP - \$5/\$35/\$70RX

Type of Plan	Monthly Cost of Plan	Total Annual Cost of Plan	Annual Cost to District	Annual Cost to Employee	Estimate of a Typical Payroll Deduction (20 pays)
Single	\$ 1,296.74	\$ 15,560.88	\$ 12,448.70	\$ 3,112.18	\$ 155.61
Subscriber & Spouse	\$ 2,906.53	\$ 34,878.36	\$ 27,902.69	\$ 6,975.67	\$ 348.78
Family/No Spouse	\$ 2,788.18	\$ 33,458.16	\$ 26,766.53	\$ 6,691.63	\$ 334.58
Family	\$ 3,206.13	\$ 38,473.56	\$ 30,778.85	\$ 7,694.71	\$ 384.74

HealthyBlue - \$40 PCP \$0 Ded. \$500 IP - \$5/\$35/\$70RX

Type of Plan	Monthly Cost of Plan	Total Premium Cost of Plan	Annual Cost to District	Annual Cost to Employee	Estimate of a Typical Payroll Deduction (20 pays)
Single	\$ 1,276.64	\$ 15,319.68	\$ 12,448.70	\$ 2,870.98	\$ 143.55
Subscriber & Spouse	\$ 2,861.37	\$ 34,336.44	\$ 27,902.69	\$ 6,433.75	\$ 321.69
Family/No Spouse	\$ 2,744.80	\$ 32,937.60	\$ 26,766.53	\$ 6,171.07	\$ 308.55
Family	\$ 3,156.33	\$ 37,875.96	\$ 30,778.85	\$ 7,097.11	\$ 354.86

Signature High Option HDHP \$1,800/\$3,600

Type of Plan	Monthly Cost of Plan	Total Premium Cost of Plan plus HSA	Maximum District Contribution*	Annual Cost to Employee	Estimate of a Typical Payroll Deduction (20 pays)
Single	\$ 986.38	\$ 13,636.56	\$ 12,448.70	\$ 1,187.86	\$ 59.39
Subscriber & Spouse	\$ 2,182.81	\$ 29,793.72	\$ 27,902.69	\$ 1,891.03	\$ 94.55
Family/No Spouse	\$ 2,120.77	\$ 29,049.24	\$ 26,766.53	\$ 2,282.71	\$ 114.14
Family	\$ 2,434.95	\$ 32,819.40	\$ 30,778.85	\$ 2,040.55	\$ 102.03

PLEASE NOTE:

The above rates are effective July 1, 2026 through June 30, 2027. Payroll deductions begin the 2nd payroll of the year and continue for 20 pays to the last payroll in June.

*Maximum District contribution can not exceed the district contribution to base plan
Health Blue Co-pay \$15 - WFA Contract Only