

ITHACA CITY SCHOOL DISTRICT

ACTIVE EMPLOYEES HEALTH AND DENTAL INSURANCE RATES

EFFECTIVE JULY 1, 2022 - JUNE 30, 2023



HEALTH

GROUPS	COVERAGES	Full Cost/Month (Unpaid Leave)	Employee %	Employee Cost/Month	Employee Cost/Pay* (Sept-June (20 Pays))
ITA (ITHACA TEACHERS' ASSOCIATION)	Individual	\$876.20	22%	\$192.76	\$115.66
	Family	\$2,041.59		\$449.15	\$269.49
IP&D (ITHACA PRINCIPALS AND DIRECTORS), ADMIN (Platinum)	Individual	\$825.78	22%	\$181.67	\$109.00
	Family	\$1,924.01		\$423.28	\$253.97
ICSD IEA (ITHACA CSD EMPLOYEES ASSOCIATION)	Individual	\$876.20	20%	\$175.24	\$105.14
	Family	\$2,041.59		\$408.32	\$244.99
ESPI (EDUCATION SUPPORT PROFESSIONALS ITHACA)	Individual	\$1,035.62	20%	\$207.12	\$124.27
	Family	\$2,413.05		\$482.61	\$289.57
M&C (MANAGERS AND CONFIDENTIAL) (Platinum)	Individual	\$825.78	20%	\$165.16	\$99.10
	Family	\$1,924.01		\$384.80	\$230.88

OTHER BENEFITS

Available to ALL BENEFIT ELIGIBLE Employees

DENTAL - LOW	Individual	\$7.16	FLAT RATE	\$0.00	\$0.00
	Family	\$20.60		\$13.44	\$8.06
DENTAL - MIDDLE	Individual	\$23.68	FLAT RATE	\$16.52	\$9.91
	Family	\$80.24		\$73.08	\$43.85
DENTAL - HIGH	Individual	\$36.56	FLAT RATE	\$29.40	\$17.64
	Family	\$120.96		\$113.80	\$68.28
VISION	Individual	\$8.24	FLAT RATE	\$0.00	\$0.00
	Family	\$19.92		\$11.68	\$7.01

* Employee cost per pay assumes July - June enrollment

Payroll Deductions will begin 9/17/22 and continue for 20 consecutive pays.

(Please note: We will no longer skip deductions on three payroll months.)