

ITHACA CITY SCHOOL DISTRICT

ACTIVE EMPLOYEES HEALTH AND DENTAL INSURANCE RATES

Effective July 1, 2020 - June 30, 2021

HEALTH

GROUPS	COVERAGES	Full Cost/Month (Cobra, Unpaid Leave)	Employee %	Employee Cost/Month	Employee Cost/Pay* (Sept-June) (20 pays)
ITA (ITHACA TEACHERS' ASSOCIATION)	Individual	\$761.75	22%	\$167.59	\$100.56
	Family	\$1,774.91		\$390.48	\$234.29
IP & D (ITHACA PRINCIPALS AND DIRECTORS), ADMIN (Platinum)	Individual	\$717.91	22%	\$157.94	\$94.77
	Family	\$1,672.69		\$367.99	\$220.80
ICSD IEA (ITHACA CSD EMPLOYEES ASSOCIATION)	Individual	\$761.75	20%	\$152.35	\$91.41
	Family	\$1,774.91		\$354.98	\$212.99
ESPI (EDUCATION SUPPORT PROFESSIONALS ITHACA)	Individual	\$900.34	20%	\$180.07	\$108.05
	Family	\$2,097.85		\$419.57	\$251.75
M & C (MANAGERS AND CONFIDENTIAL) (Platinum)	Individual	\$717.91	20%	\$143.58	\$86.15
	Family	\$1,672.69		\$334.54	\$200.73

OTHER BENEFITS:

Available to ALL BENEFIT ELIGIBLE Employees

Dental - LOW	Individual	\$6.92	Flat	\$0.00	\$0.00
	Family	\$19.96	Rate	\$13.04	\$7.83
Dental - MIDDLE	Individual	\$22.96	Flat	\$16.04	\$9.63
	Family	\$77.88	Rate	\$70.96	\$42.58
Dental - HIGH	Individual	\$35.48	Flat	\$28.56	\$17.14
	Family	\$117.40	Rate	\$110.48	\$66.29

VISION	Individual	\$8.24	Flat	\$0.00	\$0.00
	Family	\$19.92	Rate	\$11.68	\$7.01

* Employee Cost per pay assumes July - June enrollment