

ITHACA CITY SCHOOL DISTRICT
c/o TST BOCES, 555 WARREN ROAD, ITHACA, NEW YORK 14850

ALL ACTIVE EMPLOYEES HEALTH AND DENTAL INSURANCE RATES

Effective July 1, 2016 - June 30, 2017

NEW RATE ITA I

NEW RATE IPD,

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	\$605.16	22%	\$133.13	\$79.88
	Family	\$1,410.03		\$310.21	\$186.12
IP & D (ITHACA PRINCIPALS AND DIRECTORS), ADMIN	Individual	\$706.60	22%	\$155.45	\$93.27
	Family	\$1,646.42		\$362.21	\$217.33
ESPI (EDUCATION SUPPORT PROFESSIONALS ITHACA) ICSD IEA (ITHACA CSD EMPLOYEES ASSOCIATION) M & C (MANAGERS AND CONFIDENTIAL)	Individual	\$706.60	20%	\$141.32	\$84.79
	Family	\$1,646.42		\$329.28	\$197.57

DENTAL

INDIVIDUAL - FREE to the employee - MUST sign up if not already enrolled.

FAMILY - \$16.67/MONTH X 12 = \$200.04/20 PAYS = \$10.00/pay

Full Cost - Cobra and Unpaid Leave - Individual \$8.50/month; **Family**: \$25.17/month