# Ithaca College 2021 Individual Choice Rates

## **Medical Plans**

|                          | Total Annual Premium or Equivalent   | IC's Annual<br>Contribution | Employee's Annual<br>Contribution | College's<br>Contribution to<br>HSA* |  |
|--------------------------|--------------------------------------|-----------------------------|-----------------------------------|--------------------------------------|--|
|                          | High Deductible Healtl               | h Plan/Health Savin         | gs Account                        |                                      |  |
| Employee Only            | \$ 8,336.00                          | \$7,184.00                  | \$1,152.00                        | \$1,000.00                           |  |
| Employee & Spouse/GFQDP* | \$17,502.00                          | \$14,298.00                 | \$ 3,204.00                       | \$1,500.00                           |  |
| Employee & Children      | \$16,672.00                          | \$13,576.00                 | \$ 3,096.00                       | \$1,500.00                           |  |
| Employee & Family        | \$24,996.00                          | \$19,908.00                 | \$ 5,088.00                       | \$1,500.00                           |  |
|                          | Open Access Point of Service II Plan |                             |                                   |                                      |  |
| Employee Only            | \$9,062.00                           | \$6,368.00                  | \$2,694.00                        | N/A                                  |  |
| Employee & Spouse/GFQDP* | \$19,047.00                          | \$13,188.00                 | \$5,859.00                        | N/A                                  |  |
| Employee & Children      | \$18,136.00                          | \$12,438.00                 | \$5,698.00                        | N/A                                  |  |
| Employee & Family        | \$27,198.00                          | \$19,745.00                 | \$7,453.00                        | N/A                                  |  |

<sup>\*</sup> Only tax-dependent grandfathered qualified domestic partners are eligible for the employer's contribution to the HSA. Please see plan rules for eligibility.

#### **Dental Plans**

|                          | Total Annual Premium or<br>Equivalent | IC's Annual<br>Contribution | Employee's Annual<br>Contribution |  |  |
|--------------------------|---------------------------------------|-----------------------------|-----------------------------------|--|--|
| Dental - Legacy Prime    |                                       |                             |                                   |  |  |
| Employee Only            | \$430.00                              | \$310.00                    | \$120.00                          |  |  |
| Employee & Spouse/GFQDP* | \$799.00                              | \$403.00                    | \$396.00                          |  |  |
| Employee & Children      | \$903.00                              | \$423.00                    | \$480.00                          |  |  |
| Employee & Family        | \$1,140.00                            | \$492.00                    | \$648.00                          |  |  |
| Dental - Ortho Advantage |                                       |                             |                                   |  |  |
| Employee Only            | \$419.00                              | \$299.00                    | \$120.00                          |  |  |
| Employee & Spouse/GFQDP* | \$780.00                              | \$384.00                    | \$396.00                          |  |  |
| Employee & Children      | \$881.00                              | \$401.00                    | \$480.00                          |  |  |
| Employee & Family        | \$1,113.00                            | \$465.00                    | \$648.00                          |  |  |

## **Vision Care Plan**

|                          | Total Annual Premium or<br>Equivalent | IC's Annual<br>Contribution | Employee's Annual Contribution |
|--------------------------|---------------------------------------|-----------------------------|--------------------------------|
| Employee Only            | \$46.56                               | \$12.56                     | \$34.00                        |
| Employee & Spouse/GFQDP* | \$93.36                               | \$6.36                      | \$87.00                        |
| Employee & Children      | \$100.08                              | \$30.08                     | \$70.00                        |
| Employee & Family        | \$159.60                              | \$35.60                     | \$124.00                       |

## **Employee Basic Life Insurance Plan**

| Amount of Coverage | Total Annual Premium or Equivalent | IC's Annual Contribution | Employee's Annual Contribution |
|--------------------|------------------------------------|--------------------------|--------------------------------|
| \$50,000.00**      | \$69.00                            | \$69.00                  | \$0.00                         |

**Supplemental Life Insurance Plan** 

| Age   | IC's Annual Contribution | Employee's Annual Premium Rate Per \$20,000** Unit |
|-------|--------------------------|--|
| < 25  | \$0.00                   | \$8.40   |
| 25-29 | \$0.00                   | \$8.40   |
| 30-34 | \$0.00                   | \$9.60   |
| 35-39 | \$0.00                   | \$14.40  |
| 40-44 | \$0.00                   | \$21.60  |
| 45-49 | \$0.00                   | \$36.00  |
| 50-54 | \$0.00                   | \$55.20  |
| 55-59 | \$0.00                   | \$93.60  |
| 60-64 | \$0.00                   | \$124.80   |
| 65-69 | \$0.00                   | \$196.80   |
| 70-74 | \$0.00                   | \$344.40   |
| 75+   | \$0.00                   | \$494.40   |

<sup>\*\*</sup>Coverage amounts are reduced by 35% at age 65; 60% at age 70; and 75% and age 75. Maximum amount of coverage is \$500,000. Evidence of Insurability may apply.

**Dependent Life Insurance Plan** 

|  | Total Annual Premium or<br>Equivalent | IC's Annual<br>Contribution | Employee's Annual<br>Contribution |
|--|---------------------------------------|-----------------------------|-----------------------------------|
| Option 1 - (Spouse/GFQDP* = \$5,000;<br>Children = \$2,500)  | \$23.52                               | \$0.00                      | \$23.52                           |
| Option 2 - (Spouse/GFQDP* = \$10,000;<br>Children = \$4,000) | \$44.52                               | \$0.00                      | \$44.52                           |

### Accidental Death & Dismemberment (AD&D) Insurance Plan

| Basic                 | Annual Premium per<br>\$50,000 Unit | IC's Annual<br>Contribution | Employee's Annual<br>Contribution |
|-----------------------|-------------------------------------|-----------------------------|-----------------------------------|
| \$50,000**            | \$13.20                             | \$13.20                     | \$0.00                            |
| Voluntary**           | Annual Premium per<br>\$20,000 Unit | IC's Annual<br>Contribution | Employee's Annual Contribution    |
| Employee Only         | \$9.36                              | \$0.00                      | \$9.36                            |
| Employee & Dependents | \$13.68                             | \$0.00                      | \$13.68                           |

<sup>\*\*</sup>Coverage amounts are reduced by 35% at age 65; 60% at age 70; and 75% and age 75. Maximum amount of coverage is \$300,000.

## **Long-term Disability Insurance Plan**

|                             | IC's Annual Premium or<br>Equivalent | IC's Annual Contribution | Employee's Annual Contribution |
|-----------------------------|--------------------------------------|--------------------------|--------------------------------|
| 60% Benefit with Pension    | .31 per \$100 of covered payroll     | Variable                 | \$0.00                         |
| 60% Benefit without Pension | .24 per \$100 of covered payroll     | Variable                 | \$0.00                         |

### **Saving Account Maximums** (Includes the College's Contribution)

| Health Savings Account                                     | Health Care Flexible Spending Account | Dependent Care<br>Flexible Spending Account  |
|--|---------------------------------------|--|
| \$3,600 - Individual Coverage<br>\$7,200 - Family Coverage | \$2,700                               | \$5,000 (\$2,500 if you are married and you and your spouse file separate tax returns) |

<sup>\*</sup>GFQDP refers to Grandfathered Qualified Domestic Partners. No new enrollments in QDP benefits allowed after January 1, 2015. Ithaca College reserves the right to change the numbers or the formulas used to calculate rates.