

2025 RATE SHEETS

SALARY BAND: UNDER \$58,000

2025 EMPLOYEE CONTRIBUTIONS

ITHACA COLLEGE'S HSA CONTRIBUTION

Semi-Monthly Contributions
(24 pay periods)

Bi-Weekly Contributions
(26 pay periods)

Employer Annual Contributions

Aetna Choice POS II HDHP Blue Plan

Employee	\$22.23	\$20.52	\$1,000
Employee + Spouse	\$66.54	\$61.42	\$1,500
Employee + Child(ren)	\$63.52	\$58.63	\$1,500
Family	\$95.23	\$87.91	\$1,500

Aetna Choice POS II HDHP Gold Plan

Employee	\$52.01	\$48.00	\$1,000
Employee + Spouse	\$152.23	\$140.52	\$1,500
Employee + Child(ren)	\$146.72	\$135.43	\$1,500
Family	\$241.03	\$222.49	\$1,500

Aetna Choice POS II Plan

Employee	\$136.49	\$125.99	N/A
Employee + Spouse	\$309.14	\$285.36	N/A
Employee + Child(ren)	\$301.15	\$277.99	N/A
Family	\$393.34	\$363.09	N/A

Delta Dental Legacy Prime Plan

Employee	\$9.00	\$8.31	N/A
Employee + Spouse	\$23.00	\$21.23	N/A
Employee + Child(ren)	\$27.50	\$25.38	N/A
Family	\$42.50	\$39.23	N/A

Delta Dental Ortho Advantage Plan

Employee	\$9.00	\$8.31	N/A
Employee + Spouse	\$23.00	\$21.23	N/A
Employee + Child(ren)	\$27.50	\$25.38	N/A
Family	\$42.50	\$39.23	N/A

Davis Vision Plan

Employee	\$1.50	\$1.38	N/A
Employee + Spouse	\$3.75	\$3.46	N/A
Employee + Child(ren)	\$3.50	\$3.23	N/A
Family	\$5.50	\$5.08	N/A

Life & Disability

Basic Life and AD&D	100% Employer Paid	N/A
Voluntary Life and AD&D	Rate varies by age bracket. Click here to see rate chart.	N/A
Short-Term Disability	100% Employer Paid	N/A
Long-Term Disability	100% Employer Paid	N/A

SALARY BAND: \$58,001 - \$94,000

2025 EMPLOYEE CONTRIBUTIONS

ITHACA COLLEGE'S HSA CONTRIBUTION

Semi-Monthly Contributions
(24 pay periods)

Bi-Weekly Contributions
(26 pay periods)

Employer Annual Contributions

Aetna Choice POS II HDHP Blue Plan			
	Semi-Monthly Contributions (24 pay periods)	Bi-Weekly Contributions (26 pay periods)	Employer Annual Contributions
Employee	\$28.58	\$26.38	\$1,000
Employee + Spouse	\$79.85	\$73.71	\$1,500
Employee + Child(ren)	\$76.22	\$70.36	\$1,500
Family	\$114.28	\$105.49	\$1,500
Aetna Choice POS II HDHP Gold Plan			
Employee	\$55.13	\$50.88	\$1,000
Employee + Spouse	\$162.38	\$149.89	\$1,500
Employee + Child(ren)	\$156.50	\$144.46	\$1,500
Family	\$257.10	\$237.32	\$1,500
Aetna Choice POS II Plan			
Employee	\$142.59	\$131.62	N/A
Employee + Spouse	\$322.35	\$297.56	N/A
Employee + Child(ren)	\$314.02	\$289.87	N/A
Family	\$410.15	\$378.60	N/A
Delta Dental Legacy Prime Plan			
Employee	\$9.00	\$8.31	N/A
Employee + Spouse	\$23.00	\$21.23	N/A
Employee + Child(ren)	\$27.50	\$25.38	N/A
Family	\$42.50	\$39.23	N/A
Delta Dental Ortho Advantage Plan			
Employee	\$9.00	\$8.31	N/A
Employee + Spouse	\$23.00	\$21.23	N/A
Employee + Child(ren)	\$27.50	\$25.38	N/A
Family	\$42.50	\$39.23	N/A
Davis Vision Plan			
Employee	\$1.50	\$1.38	N/A
Employee + Spouse	\$3.75	\$3.46	N/A
Employee + Child(ren)	\$3.50	\$3.23	N/A
Family	\$5.50	\$5.08	N/A
Life & Disability			
Basic Life and AD&D	100% Employer Paid		N/A
Voluntary Life and AD&D	Rate varies by age bracket. Click here to see rate chart.		N/A
Short-Term Disability	100% Employer Paid		N/A
Long-Term Disability	100% Employer Paid		N/A

SALARY BAND: \$94,001 - \$125,000

2025 EMPLOYEE CONTRIBUTIONS

ITHACA COLLEGE'S HSA CONTRIBUTION

Semi-Monthly Contributions
(24 pay periods)

Bi-Weekly Contributions
(26 pay periods)

Employer Annual Contributions

Aetna Choice POS II HDHP Blue Plan

Employee	\$34.94	\$32.25	\$1,000
Employee + Spouse	\$93.16	\$85.99	\$1,500
Employee + Child(ren)	\$88.93	\$82.08	\$1,500
Family	\$133.33	\$123.07	\$1,500

Aetna Choice POS II HDHP Gold Plan

Employee	\$58.25	\$53.77	\$1,000
Employee + Spouse	\$169.63	\$156.58	\$1,500
Employee + Child(ren)	\$163.48	\$150.91	\$1,500
Family	\$268.58	\$247.92	\$1,500

Aetna Choice POS II Plan

Employee	\$148.68	\$137.24	N/A
Employee + Spouse	\$335.57	\$309.75	N/A
Employee + Child(ren)	\$326.89	\$301.75	N/A
Family	\$426.96	\$394.12	N/A

Delta Dental Legacy Prime Plan

Employee	\$9.00	\$8.31	N/A
Employee + Spouse	\$23.00	\$21.23	N/A
Employee + Child(ren)	\$27.50	\$25.38	N/A
Family	\$42.50	\$39.23	N/A

Delta Dental Ortho Advantage Plan

Employee	\$9.00	\$8.31	N/A
Employee + Spouse	\$23.00	\$21.23	N/A
Employee + Child(ren)	\$27.50	\$25.38	N/A
Family	\$42.50	\$39.23	N/A

Davis Vision Plan

Employee	\$1.50	\$1.38	N/A
Employee + Spouse	\$3.75	\$3.46	N/A
Employee + Child(ren)	\$3.50	\$3.23	N/A
Family	\$5.50	\$5.08	N/A

Life & Disability

Basic Life and AD&D	100% Employer Paid	N/A
Voluntary Life and AD&D	Rate varies by age bracket. Click here to see rate chart.	N/A
Short-Term Disability	100% Employer Paid	N/A
Long-Term Disability	100% Employer Paid	N/A

SALARY BAND: OVER \$125,000

2025 EMPLOYEE CONTRIBUTIONS

ITHACA COLLEGE'S HSA CONTRIBUTION

Semi-Monthly Contributions
(24 pay periods)

Bi-Weekly Contributions
(26 pay periods)

Employer Annual Contributions

Aetna Choice POS II HDHP Blue Plan

Employee	\$38.11	\$35.18	\$1,000
Employee + Spouse	\$99.81	\$92.13	\$1,500
Employee + Child(ren)	\$95.28	\$87.95	\$1,500
Family	\$142.85	\$131.86	\$1,500

Aetna Choice POS II HDHP Gold Plan

Employee	\$60.85	\$56.17	\$1,000
Employee + Spouse	\$176.88	\$163.28	\$1,500
Employee + Child(ren)	\$170.47	\$157.36	\$1,500
Family	\$280.06	\$258.51	\$1,500

Aetna Choice POS II Plan

Employee	\$154.77	\$142.87	N/A
Employee + Spouse	\$348.78	\$321.95	N/A
Employee + Child(ren)	\$339.76	\$313.63	N/A
Family	\$443.77	\$409.63	N/A

Delta Dental Legacy Prime Plan

Employee	\$9.00	\$8.31	N/A
Employee + Spouse	\$23.00	\$21.23	N/A
Employee + Child(ren)	\$27.50	\$25.38	N/A
Family	\$42.50	\$39.23	N/A

Delta Dental Ortho Advantage Plan

Employee	\$9.00	\$8.31	N/A
Employee + Spouse	\$23.00	\$21.23	N/A
Employee + Child(ren)	\$27.50	\$25.38	N/A
Family	\$42.50	\$39.23	N/A

Davis Vision Plan

Employee	\$1.50	\$1.38	N/A
Employee + Spouse	\$3.75	\$3.46	N/A
Employee + Child(ren)	\$3.50	\$3.23	N/A
Family	\$5.50	\$5.08	N/A

Life & Disability

Basic Life and AD&D	100% Employer Paid	N/A
Voluntary Life and AD&D	Rate varies by age bracket. Click here to see rate chart.	N/A
Short-Term Disability	100% Employer Paid	N/A
Long-Term Disability	100% Employer Paid	N/A