

## Empire Health Insurance Rates: - 2018

### Huntington Union Free School District

#### Individual Coverage: 1/1/18

Unit	Pmts.	Old Rate Monthly	New Rate Monthly	Old Pay Deduction	New Pay Deduction	Percent	Effective Date
<b>Grandfathered:</b> Administrator, Chair, Clerical, Custodian, Non-Contractual, Nurse, Teachers <b>Grandfathered</b>	24	\$944.39	\$1,014.98	\$70.83	\$76.13	15%	1/1/18
<b>Grandfathered:</b> Clk-10, Aide & TA, Hall, Security, Food Service (hired before 7/1/87) <b>Split equally over 20 Checks covering the summer</b>	20	\$944.39	\$1,014.98	\$85.00	\$91.35	15%	1/1/18
Administrator, Chair, Clerical, Custodian, Nurse, Teacher	24	\$944.39	\$1,014.98	\$94.44	\$101.50	20%	1/1/18
Clk-10, Aides (7/1/15), Hall, Security (12/5/13)	20	\$944.39	\$1,014.98	\$113.33	\$121.80	20%	1/1/18
Food Service (hired after 7/1/87 )	20	\$944.39	\$1,014.98	\$170.00	\$182.69	30%	1/1/18

#### Family Coverage: 1/1/17

Unit	Pmts.	Old Rate Monthly	New Rate Monthly	Old Pay Deduction	New Pay Deduction	Percent	Effective Date
<b>Grandfathered:</b> Administrator, Chair, Clerical, Custodian, Non-Contractual, Nurse, Teachers <b>Grandfathered</b>	24	\$2,160.64	\$2,348.15	\$162.05	\$176.11	15%	1/1/18
Clk-10 (hired before 9/23/14) Food Service (hired before 7/1/87) <b>Grandfathered</b>	20	\$2,160.64	\$2,348.15	\$194.46	\$211.33	15%	1/1/18
Administrator, Chair, Clerical, Custodian, Nurse, Teacher	24	\$2,160.64	\$2,348.15	\$216.07	\$234.82	20%	1/1/18
Clk-10	20	\$2,160.64	\$2,348.15	\$259.28	\$281.78	20%	1/1/18
Aides, Monitors, Hall, T/A's & Security	20	\$2,160.64	\$2,348.15	\$388.92	\$422.67	30%	1/1/18
Food Service (hired after 7/1/87)	20	\$2,160.64	\$2,348.15	\$518.56	\$563.56	40%	1/1/18

#### Dental Insurance Delta Dental: 9/1/16

Coverage Type		Old Rate Monthly	New Rate Monthly	Old Amount Each Paycheck	New Amount Each Paycheck	Percent	Effective Date
Individual Coverage \$45.43	Cobra	\$42.13	\$44.54	\$4.22	\$4.46	20%	9/1/16
Employee Plus 1 Dependent \$85.27	Cobra	\$79.07	\$83.60	\$7.91	\$8.36	20%	9/1/16
Family Coverage \$148.06	Cobra	\$137.29	\$145.16	\$13.73	\$14.52	20%	9/1/16

#### Cobra Insurance Rates : 1/1/16

Coverage Type		Old Rate Monthly	New Rate Monthly	Old Amount Each Paycheck	New Amount Each Paycheck	Percent	Effective Date
Individual Coverage		\$963.28	\$1,035.28			102%	1/1/17
Family		\$2,203.85	\$2,395.11			102%	1/1/17