

Empire Health Insurance Rates: - 2018

Huntington Union Free School District

Individual Coverage:							
Unit	Pmts.	Old Rate Monthly	New Rate Monthly	Old Pay Deduction	New Pay Deduction	Percent	Effective Date
Grandfathered:12 MO Clerical, Custodian, Non-Contractual	24	\$944.39	\$1,014.98	\$70.83	\$76.13	15%	1/1/18
Grandfathered: 10 & 11 MO Administrator, Chairperson, Clerical, Hall, Non-Contractual, Nurse, Teachers	20	\$944.39	\$1,014.98	\$85.00	\$91.35	15%	1/1/18
12 MO: Clerical, Custodian, Non-Contractual	24	\$944.39	\$1,014.98	\$94.44	\$101.50	20%	1/1/18
10 MO: Administrator, AMA Unit, Chair, Clerical, Hall, Nurse, Security, Teacher	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:							
Unit	Pmts.	Old Rate Monthly	New Rate Monthly	Old Pay Deduction	New Pay Deduction	Percent	Effective Date
Grandfathered:12 MO Clerical, Custodian, Non-Contractual	24	\$2,160.64	\$2,348.15	\$162.05	\$176.11	15%	1/1/18
Grandfathered: 10 & 11 MO Administrator, Chairperson, Clerical, Hall, Non-Contractual, Nurse, Teachers	20	\$2,160.64	\$2,348.15	\$194.46	\$211.33	15%	1/1/18
12 MO: Clerical, Custodian, Non-Contractual	24	\$2,160.64	\$2,348.15	\$216.07	\$234.82	20%	1/1/18
10 MO: Administrator, Chair, Clerical, Nurse, Teacher	20	\$2,160.64	\$2,348.15	\$259.28	\$281.78	20%	1/1/18
AMA Unit, Hall & 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: 9/1/18							
Coverage Type	Pmts.	Old Rate Monthly	New Rate Monthly	Old Amount Each Paycheck	New Amount Each Paycheck	Percent	Effective Date
Individual Coverage - Cobra \$47.41	24	\$44.54	\$46.48	\$4.46	\$4.65	20%	9/1/18
Individual Coverage - Cobra \$47.41	20	\$44.54	\$46.48	\$5.34	\$5.58	20%	9/1/18
Employee Plus 1 Dependent - Cobra \$88.98	24	\$83.60	\$87.24	\$8.36	\$8.72	20%	9/1/18
Employee Plus 1 Dependent - Cobra \$88.98	20	\$83.60	\$87.24	\$10.03	\$10.47	20%	9/1/18
Family Coverage - Cobra \$154.52	24	\$145.16	\$151.49	\$14.52	\$15.15	20%	9/1/18
Family Coverage - Cobra \$154.52	20	\$145.16	\$151.49	\$17.43	\$18.18	20%	9/1/18

Cobra Insurance Rates :							
Coverage Type	Pmts.	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%	1/1/18
Family		\$2,203.85	\$2,395.11			102%	1/1/18