

Empire Health Insurance Rates: - 2021

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	\$1,031.82	\$1,074.87	\$77.39	\$80.62	15%	1/1/2021
Grandfathered: 10 & 11 MO Administrator, AMA, Chairperson, Clerical, Hall, Non-Contractual, Nurse, Security, Teachers	20	\$1,031.82	\$1,074.87	\$92.86	\$96.74	15%	1/1/2021
12 MO: Clerical, Custodian, Non-Contractual	24	\$1,031.82	\$1,074.87	\$103.18	\$107.49	20%	1/1/2021
10 MO: Administrator, AMA Unit, Chair, Clerical, Hall, Nurse, Security, Teacher	20	\$1,031.82	\$1,074.87	\$123.82	\$128.98	20%	1/1/2021
Food Service (hired after 7/1/87)	20	\$1,031.82	\$1,074.87	\$185.73	\$193.48	30%	1/1/2021
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	\$2,387.58	\$2,452.24	\$179.07	\$183.92	15%	1/1/2021
Grandfathered: 10 & 11 MO Administrator, Chairperson, Clerical, Hall, Non- Contractual, Nurse, Teachers	20	\$2,387.58	\$2,452.24	\$214.88	\$220.70	15%	1/1/2021
12 MO: Clerical, Custodian, Non-Contractual	24	\$2,387.58	\$2,452.24	\$238.76	\$245.23	20%	1/1/2021
10 MO: Administrator, Chair, Clerical, Nurse, Teacher	20	\$2,387.58	\$2,452.24	\$286.51	\$294.27	20%	1/1/2021
AMA Unit, Hall & Security	20	\$2,387.58	\$2,452.24	\$429.76	\$441.40	30%	1/1/2021
Food Service (hired after 7/1/87)	20	\$2,387.58	\$2,452.24	\$573.02	\$588.54	40%	1/1/2021
Dental Insurance MetLife eff: 9/1/2020 - 8/31/2023							
Coverage Type		Old Rate Monthly	New Rate Monthly	Old Amount Each Paycheck	New Amount Each Paycheck	Percent	Effective Date
Individual Coverage - Cobra \$37.90	24	\$46.48	\$37.16	\$4.65	\$3.72	20%	9/1/2020
Individual Coverage - Cobra \$37.90	20	\$46.48	\$37.16	\$5.58	\$4.46	20%	9/1/2020
Employee Plus 1 Dependent - Cobra \$71.15	24	\$87.24	\$69.75	\$8.72	\$6.98	20%	9/1/2020
Employee Plus 1 Dependent - Cobra \$71.15	20	\$87.24	\$69.75	\$10.47	\$8.37	20%	9/1/2020
Family Coverage - Cobra \$123.54	24	\$151.49	\$121.12	\$15.15	\$12.11	20%	9/1/2020
Family Coverage - Cobra \$123.54	20	\$151.49	\$121.12	\$18.18	\$14.53	20%	9/1/2020
Cobra Insurance Rates :							
Coverage Type		Old Rate Monthly	New Rate Monthly	Old Amount Each Paycheck	New Amount Each Paycheck	Percent	Effective Date
Individual Coverage		\$1,052.46	\$1,096.37			102%	1/1/2021
Family		\$2,435.33	\$2,501.28			102%	1/1/2021