

Empire Health Insurance Rates: - 2020
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	\$1,042.85	\$1,031.82	\$78.21	\$77.39	15%	1/1/2020
Grandfathered: 10 & 11 MO Administrator, AMA, Chairperson, Clerical, Hall, Non-Contractual, Nurse, Security, Teachers	20	\$1,042.85	\$1,031.82	\$93.86	\$92.86	15%	1/1/2020
12 MO: Clerical, Custodian, Non-Contractual	24	\$1,042.85	\$1,031.82	\$104.29	\$103.18	20%	1/1/2020
10 MO: Administrator, AMA Unit, Chair, Clerical, Hall, Nurse, Security, Teacher	20	\$1,042.85	\$1,031.82	\$125.14	\$123.82	20%	1/1/2020
Food Service (hired after 7/1/87)	20	\$1,042.85	\$1,031.82	\$187.71	\$185.73	30%	1/1/2020

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	\$2,412.77	\$2,387.58	\$180.96	\$179.07	15%	1/1/2020
Grandfathered: 10 & 11 MO Administrator, Chairperson, Clerical, Hall, Non-Contractual, Nurse, Teachers	20	\$2,412.77	\$2,387.58	\$217.15	\$214.88	15%	1/1/2020
12 MO: Clerical, Custodian, Non-Contractual	24	\$2,412.77	\$2,387.58	\$241.28	\$238.76	20%	1/1/2020
10 MO: Administrator, Chair, Clerical, Nurse, Teacher	20	\$2,412.77	\$2,387.58	\$289.53	\$286.51	20%	1/1/2020
AMA Unit, Hall & Security	20	\$2,412.77	\$2,387.58	\$434.30	\$429.76	30%	1/1/2020
Food Service (hired after 7/1/87)	20	\$2,412.77	\$2,387.58	\$579.06	\$573.02	40%	1/1/2020

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		\$1,063.71	\$1,052.46			102%	1/1/2020
Family		\$2,461.03	\$2,435.33			102%	1/1/2020