

Empire Health Insurance Rates: - 2017 Huntington Union Free School District

Individual Coverage: 1/1/17							
Unit	Pmts.	Old Rate Monthly	New Rate Monthly	Old Pay Deduction	New Pay Deduction	Percent	Effective Date
Grandfathered: Administrator, Chairperson, Clerical, Custodian, Hall, Non-Contractual, Nurse, Teachers Grandfathered	24	\$849.01	\$944.39	\$63.68	\$70.83 ✓	15%	1/1/17
Clk-10 Grandfathered 20 Checks Grandfathered	20	\$849.01	\$944.39	\$76.41	\$85.00	15%	1/1/17
Grandfathered: Aides, Monitors, T/A's, Security, Food Service (hired before 7/1/87) Split equally over 20 Checks covering the summer	20	\$849.01	\$944.39	\$76.41	\$85.00	15%	1/1/17
Administrator, Chair, Clerical, Custodian, Hall, Nurse, Teacher	24	\$849.01	\$944.39	\$84.90	\$94.44	20%	1/1/17
Clk-10, Aides (7/1/15), Security (12/5/13)	20	\$849.01	\$944.39	\$101.88	\$113.33 ✓	20%	1/1/17
Food Service (hired after 7/1/87)	20	\$849.01	\$944.39	\$152.82	\$170.00	30%	1/1/17

Family Coverage: 1/1/17							
Unit	Pmts.	Old Rate Monthly	New Rate Monthly	Old Pay Deduction	New Pay Deduction	Percent	Effective Date
Grandfathered: Administrator, Chairperson, Clerical, Custodian, Non-Contractual, Nurse, Teachers Grandfathered	24	\$1,926.21	\$2,160.64	\$144.47	\$162.05 ✓	15%	1/1/17
Clk-10 Grandfathered	20	\$1,926.21	\$2,160.64	\$173.36	\$194.46	15%	1/1/17
Administrator, Chair, Clerical, Custodian, Nurse, Teacher	24	\$1,926.21	\$2,160.64	\$192.62	\$216.07	20%	1/1/17
Clk-10	20	\$1,926.21	\$2,160.64	\$231.14	\$259.28	20%	1/1/17
Aides, Monitors, T/A's & Security	20	\$1,926.21	\$2,160.64	\$346.72	\$388.92	30%	1/1/17
Hallway Assistants	24	\$1,926.21	\$2,160.64	\$288.93	\$324.10	30%	1/1/17
Food Service (hired after 7/1/87)	20	\$1,926.21	\$2,160.64	\$462.29	\$518.56	40%	1/1/17
Food Service (hired before 7/1/87) Grandfathered	20	\$1,926.21	\$2,160.64	\$173.36	\$194.46	15%	1/1/17

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	Cobra \$45.43	\$42.13	\$44.54	\$4.22	\$4.46	20%	9/1/16
Employee Plus 1 Dependent	Cobra \$85.27	\$79.07	\$83.60	\$7.91	\$8.36	20%	9/1/16
Family Coverage	Cobra \$148.06	\$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		\$865.99	\$963.28	✓		102%	1/1/17
Family		\$1,964.73	\$2,203.85	✓		102%	1/1/17