

Empire Health Insurance Rates: - 2022

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	\$1,074.87	\$1,196.12	\$80.62	\$89.71	15%	1/1/2022
Grandfathered: 10 & 11 MO Administrator, AMA, Chairperson, Clerical, Hall, Non-Contractual, Nurse, Security, Teachers	20	\$1,074.87	\$1,196.12	\$96.74	\$107.65	15%	1/1/2022
12 MO: Clerical, Custodian, Non-Contractual	24	\$1,074.87	\$1,196.12	\$107.48	\$119.61	20%	1/1/2022
10 MO: Administrator, AMA Unit, Chair, Clerical, Hall, Nurse, Security, Teacher	20	\$1,074.87	\$1,196.12	\$128.98	\$143.53	20%	1/1/2022
Food Service (hired after 7/1/87)	20	\$1,074.87	\$1,196.12	\$193.48	\$215.30	30%	1/1/2022
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	\$2,452.24	\$2,763.74	\$183.92	\$207.28	15%	1/1/2022
Grandfathered: 10 & 11 MO Administrator, Chairperson, Clerical, Hall, Non-Contractual, Nurse, Teachers	20	\$2,452.24	\$2,763.74	\$220.70	\$248.74	15%	1/1/2022
12 MO: Clerical, Custodian, Non-Contractual	24	\$2,452.24	\$2,763.74	\$245.23	\$276.38	20%	1/1/2022
10 MO: Administrator, Chair, Clerical, Nurse, Teacher	20	\$2,452.24	\$2,763.74	\$294.27	\$331.65	20%	1/1/2022
AMA Unit, Hall & Security	20	\$2,452.24	\$2,763.74	\$441.40	\$497.47	30%	1/1/2021
Food Service (hired after 7/1/87)	20	\$2,452.24	\$2,763.74	\$588.54	\$663.30	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		\$1,096.37	\$1,220.05			102%	1/1/2022
Family		\$2,501.28	\$2,819.02			102%	1/1/2022