

Empire Health Insurance Rates: - 2024 Effective Date 01/01/2024
Huntington Union Free School District

Individual Coverage:							
Unit	Pmts.	Old Rate Monthly	New Rate Monthly	Old Pay Deduction	New Pay Deduction	Percent	Effective Date
12 MO Grandfathered: Clerical, Custodian, Non-Contractual	24	\$1,308.34	\$1,445.66	\$98.13	\$108.42	15%	1/1/2024
10 & 11 MO: Grandfathered: AMA Unit, Clerical, Hall, Non-Contractual, Nurse, Security	20	\$1,308.34	\$1,445.66	\$117.75	\$130.11	15%	1/1/2024
10 MO Grandfathered: Teacher, Administrator & Chairperson	10	\$1,308.34	\$1,445.66	\$133.45	\$147.46	17%	1/1/2024
12 MO: Clerical, Custodian, Non-Contractual	24	\$1,308.34	\$1,445.66	\$130.83	\$144.57	20%	1/1/2024
10 MO: Administrator, AMA Unit, Chairperson, Clerical, Hall, Nurse, Security, Teacher, Non-Contractual	20	\$1,308.34	\$1,445.66	\$157.00	\$173.48	20%	1/1/2024
10 MO: Food Service (hired after 7/1/87)	20	\$1,308.34	\$1,445.66	\$235.50	\$260.22	30%	1/1/2024
Family Coverage:							
Unit	Pmts.	Old Rate Monthly	New Rate Monthly	Old Pay Deduction	New Pay Deduction	Percent	Effective Date
12 MO Grandfathered: Clerical, Custodian, Non-Contractual	24	\$3,089.17	\$3,367.09	\$231.69	\$252.53	15%	1/1/2024
10 & 11 MO Grandfathered: Clerical, Hall, Non-Contractual, Nurse,	20	\$3,089.17	\$3,367.09	\$278.03	\$303.04	15%	1/1/2024
10 MO Grandfathered: Teacher, Administrator & Chairperson	10	\$3,089.17	\$3,367.09	\$315.10	\$343.44	17%	1/1/2024
12 MO: Clerical, Custodian, Non-Contractual	24	\$3,089.17	\$3,367.09	\$308.92	\$336.71	20%	1/1/2024
10 MO: Administrator, Chairperson, Clerical, Nurse, Teacher, Non-Contractual	20	\$3,089.17	\$3,367.09	\$370.70	\$404.05	20%	1/1/2024
10 MO: Hall & Security	20	\$3,089.17	\$3,367.09	\$556.05	\$606.08	30%	1/1/2024
10 MO: AMA Unit	20	\$3,089.17	\$3,367.09	\$463.38	\$505.06	25%	1/1/2024
10 MO: Food Service (hired after 7/1/87)	20	\$3,089.17	\$3,367.09	\$741.40	\$808.10	40%	1/1/2024
Dental Insurance Ameritas eff: 9/1/2023 - 8/31/2025							
Coverage Type		Old Rate Monthly (METLIFE DENTAL)	New Rate Monthly	Old Amount Each Paycheck	New Amount Each Paycheck	Percent	Effective Date
Individual Coverage - Cobra \$42.47	24	\$37.16	\$41.64	\$3.72	\$4.16	20%	9/1/2023
Individual Coverage - Cobra \$42.47	20	\$37.16	\$41.64	\$4.46	\$5.00	20%	9/1/2023
Employee Plus 1 Dependent - Cobra \$79.72	24	\$69.75	\$78.16	\$6.98	\$7.82	20%	9/1/2023
Employee Plus 1 Dependent - Cobra \$79.72	20	\$69.75	\$78.16	\$8.37	\$9.38	20%	9/1/2023
Family Coverage - Cobra \$138.36	24	\$121.12	\$135.64	\$12.11	\$13.56	20%	9/1/2023
Family Coverage - Cobra \$138.36	20	\$121.12	\$135.64	\$14.53	\$16.28	20%	9/1/2023
Cobra Insurance Rates :							
Coverage Type		Old Rate Monthly	New Rate Monthly	Old Amount Each Paycheck	New Amount Each Paycheck	Percent	Effective Date
Individual Coverage		\$1,334.51	\$1,474.57			102%	1/1/2024
Family		\$3,150.95	\$3,434.43			102%	1/1/2024