Health and Dental Insurance Rates: 2026 - Effective Date 1/1/2026

Huntington Union Free School District

Health Insurance - Individual Coverage:

Unit	Pmts.	Old Rate Monthly	New Rate Monthly	Old Pay Deduction	New Pay Deduction	Percent	Effective Date	Deduction Start Date
12 MO Grandfathered: Clerical, Custodian, Non-Contractual	**24**	$ 1,479.53	**$ 1,611.46**	$ 110.96	**$ 120.86**	**15%**	1/1/2026	12/1/2025
10 & 11 MO: **Grandfathered**: AMA Unit, Clerical, Hall, Non-Contractual, Nurse, Security	**20**	1,479.53	**1,611.46**	133.16	**145.03**	**15%**	1/1/2026	12/1/2025
10 MO Grandfathered (2025-26 School Year): Teacher, Administrator & Chairperson	**20**	1,479.53	**1,611.46**	159.79	**174.04**	**18%**	1/1/2026	12/1/2025
12 MO: Clerical, Custodian, Non-Contractual	**24**	1,479.53	**1,611.46**	147.95	**161.15**	**20%**	1/1/2026	12/1/2025
10 MO: Administrator, AMA Unit, Chairperson, Clerical, Hall, Nurse, Security, Teacher, Non-Contractual	**20**	1,479.53	**1,611.46**	177.54	**193.38**	**20%**	1/1/2026	12/1/2025
10 MO: Food Service (hired after **7/1/87**)	**20**	1,479.53	**1,611.46**	266.32	**290.06**	**30%**	1/1/2026	12/1/2025

Health Insurance - Family Coverage:

Unit	Pmts.	Old Rate Monthly	New Rate Monthly	Old Pay Deduction	New Pay Deduction	Percent	Effective Date	Deduction Start Date
12 MO Grandfathered: Clerical, Custodian, Non-Contractual	**24**	$ 3,367.80	**$ 3,663.79**	$ 252.59	**$ 274.78**	**15%**	1/1/2026	12/1/2025
10 & 11 MO Grandfathered: Clerical, Hall, Non-Contractual, Nurse,	**20**	3,367.80	**3,663.79**	303.10	**329.74**	**15%**	1/1/2026	12/1/2025
10 MO Grandfathered (2025-26 School Year): Teacher, Administrator & Chairperson	**20**	3,367.80	**3,663.79**	363.72	**395.69**	**18%**	1/1/2026	12/1/2025
12 MO: Clerical, Custodian, Non-Contractual	**24**	3,367.80	**3,663.79**	336.78	**366.38**	**20%**	1/1/2026	12/1/2025
10 MO: Administrator, Chairperson, Clerical, Nurse, Teacher, Non-Contractual	**20**	3,367.80	**3,663.79**	404.14	**439.65**	**20%**	1/1/2026	12/1/2025
10 MO: Hall & Security	**20**	3,367.80	**3,663.79**	606.20	**659.48**	**30%**	1/1/2026	12/1/2025
10 MO: AMA Unit	**20**	3,367.80	**3,663.79**	505.17	**549.57**	**25%**	1/1/2026	12/1/2025
10 MO: Food Service (hired after **7/1/87**)	**20**	3,367.80	**3,663.79**	808.27	**879.31**	**40%**	1/1/2026	12/1/2025

Dental Insurance - MetLife: 9/1/2025 - 8/31/2026

Coverage Type (ADM. CHAIRS, CLK, SHHA, NON, NURSES, TCH)		Old Rate Monthly (Ameritas)	New Rate Monthly	Old Amount Each Paycheck	New Amount Each Paycheck	Percent	Effective Date
Individual Coverage - Cobra $50.43	**24**	$ 41.64	**$ 49.44**	$ 4.16	**$ 4.94**	**20%**	9/1/2025
Individual Coverage - Cobra $50.43	**20**	41.64	**49.44**	5.00	**5.93**	**20%**	9/1/2025
Employee Plus 1 Dependent - Cobra $94.66	**24**	78.16	**92.80**	7.82	**9.28**	**20%**	9/1/2025
Employee Plus 1 Dependent - Cobra $94.66	**20**	78.16	**92.80**	9.38	**11.14**	**20%**	9/1/2025
Family Coverage - Cobra $164.27	**24**	135.64	**161.05**	13.56	**16.11**	**20%**	9/1/2025
Family Coverage - Cobra $164.27	**20**	135.64	**161.05**	16.28	**19.33**	**20%**	9/1/2025

Union Dental Coverage

Coverage Type (AMA, FSW & SEC)	Pmts.		Monthly Rate		Pay Deduction	Percent	
Individual Coverage - Cobra $28.15	**20**		$ 27.60		$ 13.80	**100%**	
Employee Plus 1 Dependent - Cobra $52.63	**20**		51.60		25.80	**100%**	
Family Coverage - Cobra $89.35	**20**		87.60		43.80	**100%**	