

Spring 2024

NEWS AND NOTES



A Periodic Publication from the East End Health Plan
VISIT THE EAST END HEALTH PLAN WEBSITE AT www.eehp.org

EAST END HEALTH PLAN SETS NEW PREMIUMS EFFECTIVE JULY 1, 2024

The East End Health Plan Board of Trustees has established the monthly premiums for the 2024-2025 School Year.

THESE ARE THE **GROSS MONTHLY PREMIUMS** PAID TO THE PLAN. IF YOU PAY ANY PORTION OF YOUR PREMIUM DIRECTLY, SUCH AS RETIREES AND COBRA ENROLLEES, OR IF AS AN ACTIVE ENROLLEE YOUR DISTRICT REQUIRES THAT YOU PAY A PREMIUM CONTRIBUTION THROUGH A PAYROLL DEDUCTION, THE AMOUNT YOU PAY OR IS DEDUCTED FROM YOUR PAYCHECK DEPENDS UPON THE BARGAINING AGREEMENT YOU HAVE WITH THE SCHOOL DISTRICT WHERE YOU WERE/ ARE EMPLOYED. IF YOU HAVE QUESTIONS REGARDING YOUR HEALTH INSURANCE PREMIUM CONTRIBUTION AMOUNT, PLEASE CONTACT THE **HEALTH PLAN COORDINATOR** AT YOUR SCHOOL DISTRICT.

Gross standard rates:

Individual Policy: \$1,622.00

Family Policy: \$3,694.00

Gross RETIREE rates for those enrolled in the EEHP Medicare Advantage Plan:

Individual Covered by Medicare: \$ 745.00

One Spouse Covered by Medicare/

One Not Covered by Medicare: \$1,808.00

Both Spouses Covered by Medicare: \$1,490.00

COBRA/Young Adult rates:

COBRA Individual Policy: \$1,654.44

COBRA Family Policy: \$3,767.88

Young Adult Policy: \$1,622.00

In May 2024, we will be mailing a letter to each member who pays their premium directly to the EEHP through JJ Stanis indicating what their new monthly payment will be. Following are the **GROSS** monthly premium rates which will go into effect for the period July 1, 2024 to June 30, 2025. **The amount of your contribution to these rates is governed by the Bargaining Agreement you have with your District.**

If you have any questions regarding the above information please contact
Mr. Frank Perry, EEHP Operations Administrator at fperry@eehp.org or 631-472-3969.

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