



NEWS AND NOTES Spring 2026



EAST END HEALTH PLAN SETS NEW PREMIUMS EFFECTIVE JULY 1, 2026

The East End Health Plan has established the monthly premiums for the 2026-2027 school year.

THESE ARE THE **GROSS MONTHLY PREMIUMS** PAID TO THE PLAN. IF YOU PAY ANY PORTION OF YOUR PREMIUM DIRECTLY TO THE EAST END HEALTH PLAN, 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: \$1,892.00

Family Policy: \$4,309.00

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

Individual Covered by Medicare: \$869.00

One Spouse Covered by Medicare/
One Not Covered by Medicare: \$2,109.00

Both Spouses Covered by Medicare: \$1,737.00

COBRA/Young Adult rates:

COBRA Individual Policy: \$1,929.84

COBRA Family Policy: \$4,395.18

Young Adult Policy: \$1,892.00

The above rates are the **GROSS** monthly premium rates which will go into effect for the period July 1, 2026 to June 30, 2027. **Your contribution amount is governed by the Bargaining Agreement you have with your District.**

In May 2026 we will be mailing a letter to each member who pays their premium directly to the EEHP indicating what their new monthly payment will be.

If you have any questions regarding the above information please contact Mr. Frank Perry, EEHP Operations Administrator at fperry@eehp.org or 631-687-3140.

****VISIT THE EAST END HEALTH PLAN WEBSITE AT WWW.EEHP.ORG****