

Amherst Administrators

2024-2025

HEALTH & DENTAL INSURANCE RATES and PLAN OPTIONS

PLAN TYPE:	Monthly Cost	Monthly District Share	Monthly Employee Share	Administrator Deduction 24 pays	District 24 pays	Employee Annual	District Annual Premiums	District HRA (ABSOS) or HSA (Lumenos) Contribution	District Total Annual Premiums + HRA & HSA
Delta Dental: Option 6E									
Single 100%	\$52.95	\$52.95	\$0.00	\$0.00	\$26.48	\$0.00	\$635.40		
Two-Person 90%	\$102.25	\$92.03	\$10.23	\$5.11	\$46.01	\$122.70	\$1,104.30		
Family 80%	\$182.47	\$145.98	\$36.49	\$18.25	\$72.99	\$437.93	\$1,751.71		
Access Blue AB5 HMO \$5 co-pay RX: \$10 generic, \$20 Tier II, \$45 Tier III									
Single 91.5%	\$1,178.04	\$1,077.91	\$100.13	\$50.07	\$538.95	\$1,201.60	\$12,934.88	n/a	\$12,934.88
Two-Person 86.5%	\$2,356.08	\$2,038.01	\$318.07	\$159.04	\$1,019.00	\$3,816.85	\$24,456.11	n/a	\$24,456.11
Family 86.5%	\$3,180.71	\$2,751.31	\$429.40	\$214.70	\$1,375.66	\$5,152.75	\$33,015.77	n/a	\$33,015.77
Access Blue Site of Service (HRA) \$20 / \$40 with \$1000/ \$3000 Deductible (ABSOS with HRA)									
Single	\$897.90	\$897.90	\$0.00	\$0.00	\$448.95	\$0.00	\$10,774.80	\$1,000.00	\$11,774.80
Two-Person	\$1,795.80	\$1,795.80	\$0.00	\$0.00	\$897.90	\$0.00	\$21,549.60	\$2,000.00	\$23,549.60
Family	\$2,424.34	\$2,424.34	\$0.00	\$0.00	\$1,212.17	\$0.00	\$29,092.08	\$3,000.00	\$32,092.08
Lumenos Health Savings Account (HSA) \$2500 deductible single / \$5000 deductible 2-person and family plans									
Single	\$907.92	\$907.92	\$0.00	\$0.00	\$453.96	\$0.00	\$10,895.04	\$1,500.00	\$12,395.04
Two-Person	\$1,815.83	\$1,788.01	\$27.82	\$13.91	\$894.00	\$333.85	\$21,456.11	\$3,000.00	\$24,456.11
Family	\$2,451.37	\$2,501.31	\$0.00	\$0.00	\$1,250.66	\$0.00	\$30,015.77	\$3,000.00	\$33,015.77