

**HEALTH & DENTAL INSURANCE RATES and PLAN OPTIONS**

**AB HMO Driver**

**Amherst Chef Managers - (school year)**

**2024-2025**

MEDICAL PLAN OPTIONS:	Monthly Premium	Total Annual Premium - 12 Months	Monthly District Amount Funded	Monthly Employee Amount	Annual District Amount Funded	(Annual Deductible - District Funded Amount)	Annual 12 Month District Premium Contribution	Annual 12 Month Employee Cost	Amherst Support Staff Deduction 16 pays	District Deduction 16 pays
<b>Lumenos Health Savings Account (HSA)</b> \$2500 deductible single / \$5000 deductible 2-person and family plans										
Single	\$907.92	\$10,895.04	\$758.53	\$149.39	\$10,602.36	-\$1,500.00	\$9,102.36	\$1,792.68	\$112.04	\$568.90
Two-Person	\$1,815.83	\$21,789.96	\$1,517.06	\$298.77	\$21,204.72	-\$3,000.00	\$18,204.72	\$3,585.24	\$224.08	\$1,137.80
Family	\$2,451.37	\$29,416.44	\$2,135.53	\$315.84	\$28,626.39	-\$3,000.00	\$25,626.39	\$3,790.05	\$236.88	\$1,601.65
<b>Access Blue AB5 HMO</b> \$5 co-pay				RX: \$10 generic, \$20 Tier II, \$45 Tier III						
Single 75%	\$1,178.04	\$14,136.48	\$883.53	\$294.51	\$10,602.36		\$10,602.36	\$3,534.12	\$220.88	\$662.65
Two-Person 75%	\$2,356.08	\$28,272.96	\$1,767.06	\$589.02	\$21,204.72		\$21,204.72	\$7,068.24	\$441.77	\$1,325.30
Family 75%	\$3,180.71	\$38,168.52	\$2,385.53	\$795.18	\$28,626.39		\$28,626.39	\$9,542.13	\$596.38	\$1,789.15
<b>Access Blue Site of Service (HRA)</b> \$20 / \$40 with \$1000/ \$3000 Deductible (ABSOS with HRA)										
Single	\$897.90	\$10,774.80	\$841.86	\$56.04	\$10,602.36	-\$500.00	\$10,102.36	\$672.44	\$42.03	\$631.40
Two-Person	\$1,795.80	\$21,549.60	\$1,642.06	\$153.74	\$21,204.72	-\$1,500.00	\$19,704.72	\$1,844.88	\$115.31	\$1,231.55
Family	\$2,424.34	\$29,092.08	\$2,260.53	\$163.81	\$28,626.39	-\$1,500.00	\$27,126.39	\$1,965.69	\$122.86	\$1,695.40
DENTAL PLAN OPTION:	Monthly Premium	Annual Premium - 12 months	Monthly District Amount Funded	Monthly Employee Amount	Annual District Amount Funded	Annual 12 Month Employee Cost	Amherst Support Staff Deduction 16 pays	District Deduction 16 pays		
<b>Delta Dental: Option 1P</b>										
Single 100%	\$52.95	\$635.40	\$52.95	\$0.00	\$635.40	\$0.00	\$0.00	\$39.71		
Two-Person 90%	\$102.25	\$1,227.00	\$92.03	\$10.23	\$1,104.30	\$122.70	\$7.67	\$69.02		
Family 80%	\$182.47	\$2,189.64	\$145.98	\$36.49	\$1,751.71	\$437.93	\$27.37	\$109.48		

