



# Amherst EVSD

2023-2024 Insurance Rates  
(posted to [www.amherstk12.org](http://www.amherstk12.org))



Medical Mutual Premium Plan Full-Time Employees Hired & Enrolled PRIOR to 7/1/2011				
Rates effective 7/1/2023	Total Monthly LERC-MMO	COBRA +2%	Employee Share - with Wellness Discount	Employee Share - without Wellness Discount*
			15%	20%
Single	903.14	921.20	135.47	180.63
Family	2,257.85	2,303.00	338.68	451.57

\*Cannot enroll in this option. This shows the 5% increased monthly rate if the Wellness Program is not completed per negotiated agreement.

Medical Mutual Premium Plan Full-Time Employees Hired & Enrolled AFTER 7/1/2011				
Rates effective 7/1/2023	Total Monthly LERC-MMO	COBRA +2%	Employee Share - with Wellness Discount	Employee Share - without Wellness Discount*
			20%	25%
Single	903.14	921.20	180.63	225.79
Family	2,257.85	2,303.00	451.57	564.46

\*Cannot enroll in this option. This shows the 5% increased monthly rate if the Wellness Program is not completed per negotiated agreement.

Medical Mutual Minimum Value Plan*				
Rates effective 7/1/2023	Total Monthly LERC-MMO	COBRA +2%	Employee Share	
Single	659.14	672.32	0.00	
Family	1,647.84	1,680.79	0.00	

\*Rates shown are based on 1.0 FTE. Exact part-time rates determined by contracted hours.

Delta Dental PPO Plan All Full-Time Employees			
Rates effective 7/1/2023	Total Monthly LERC	COBRA +2%	Employee Share
Single	38.05	38.81	12.68
Family	103.94	106.02	34.63

Delta Dental EPO Plan All Full-Time Employees			
Rates effective 7/1/2023	Total Monthly LERC	COBRA +2%	Employee Share
Single	21.61	22.04	7.20
Family	58.80	59.98	19.59

EyeMed Vision All Employees			
Rates effective 1/1/2024	Total Monthly LERC-MMO	Board Share	Employee Share
<b>Full-Time</b>			
Single	3.07	2.46	0.61
Family	8.44	6.50	1.69
<b>Part-Time*</b>			
Single	3.07	1.54	1.54
Family	8.44	4.22	4.22

\*Rates shown are based on 0.5 FTE. Exact part-time rates determined by contracted hours.

\*COBRA is a 2% premium added to Health and Dental Rates