

# AMHERST COUNTY PUBLIC SCHOOLS

## 2023 2024 Anthem KeyCare Health Insurance Rates

Rates Effective with September Payroll

### Full-Time Employees

Key Care 20 (300 Deductible w/ Office Visit Copay)			
	Employee	Employer	Total Premium
Employee Only	\$ 166.94	\$ 639.68	\$ 806.62
Employee/Child(ren)	\$ 385.48	\$ 782.64	\$ 1,168.12
Employee/Spouse	\$ 830.65	\$ 998.05	\$ 1,828.70
Employee/Family	\$ 964.77	\$ 1,062.93	\$ 2,027.70

Key Care 30 (1000 Deductible w/ Office Visit Copay)		
Employee	Employer	Total Premium
\$ 117.63	\$ 630.20	\$ 747.83
\$ 313.16	\$ 768.79	\$ 1,081.95
\$ 716.16	\$ 976.01	\$ 1,692.17
\$ 837.53	\$ 1,038.48	\$ 1,876.01

Lumenos HSA1647 (\$3000 deductible)*		
Employee	Employer	Total Premium
\$ 68.21	\$ 512.32	\$ 580.53
\$ 237.93	\$ 599.11	\$ 837.04
\$ 568.96	\$ 737.99	\$ 1,306.95
\$ 668.67	\$ 779.85	\$ 1,448.52

### Part-Time Employees

Key Care 20 (300 Deductible w/ Office Visit Copay)			
	Employee	Employer	Total Premium
Employee Only	\$ 402.20	\$ 404.42	\$ 806.62
Employee/Child(ren)	\$ 659.88	\$ 508.24	\$ 1,168.12
Employee/Spouse	\$ 1,155.42	\$ 673.28	\$ 1,828.70
Employee/Family	\$ 1,304.72	\$ 722.48	\$ 2,027.20

Key Care 30 (1000 Deductible w/ Office Visit Copay)		
Employee	Employer	Total Premium
\$ 352.89	\$ 394.94	\$ 747.83
\$ 587.56	\$ 494.39	\$ 1,081.95
\$ 1,040.94	\$ 651.23	\$ 1,692.17
\$ 1,177.48	\$ 698.53	\$ 1,876.01

Lumenos HSA1647 (\$3000 deductible)*		
Employee	Employer	Total Premium
\$ 261.47	\$ 319.06	\$ 580.53
\$ 452.19	\$ 384.85	\$ 837.04
\$ 812.44	\$ 494.51	\$ 1,306.95
\$ 920.94	\$ 527.58	\$ 1,448.52

If husband/wife both employeeed full-time, the following rates apply.

Key Care 20 (300 Deductible w/ Office Visit Copay)			
	Employee	Employer	Total Premium
Employee/Spouse	\$ 181.09	\$ 1,647.61	\$ 1,828.70
Employee/Family	\$ 284.87	\$ 1,742.33	\$ 2,027.20

Key Care 30 (1000 Deductible w/ Office Visit Copay)		
Employee	Employer	Total Premium
\$ 66.61	\$ 1,625.56	\$ 1,692.17
\$ 157.63	\$ 1,718.38	\$ 1,876.01

Lumenos HSA1647 (\$3000 deductible)*		
Employee	Employer	Total Premium
\$ 82.02	\$ 1,224.93	\$ 1,306.95
\$ 164.14	\$ 1,284.38	\$ 1,448.52

\*ACPS will contribute \$50 per month plus account monthly fee for each employee plan. (For example, If spouse is employed with ACPS and family plan is elected, ACPS will only contribute \$50 per month plus account monthly fee.)

### Anthem Dental Insurance Rates

\*Please note: Dental and Vision coverage are separate from your Health insurance coverage. If you wish to enroll, please request an enrollment form from the Payroll Office.

### EyeMed Insurance Rates

	Low Plan	High Plan
Employee Only	\$17.45	\$43.95
Employee & Spouse	\$36.41	\$92.05
Employee & Child(ren)	\$41.52	\$102.31
Employee & Family	\$61.83	\$142.20

Employee Only	\$6.12
Employee & Spouse	\$11.62
Employee & Child(ren)	\$12.23
Employee & Family	\$17.98