

**TOWN OF AMHERST
GROUP HEALTH PLANS
2019 - 2020 RATES**

NON-UNION

Monthly Premiums

Yearly Premiums

	Single	Two Person	Family	Single	Two Person	Family	
Medical	\$ 1,105.61	\$ 2,208.80	\$ 2,980.95	\$ 13,267.32	\$ 26,505.60	\$ 35,771.40	
				/26	/26	/26	
				\$ 510.28	\$ 1,019.45	\$ 1,375.82	
	13% EMPLOYEE SHARE			\$ 66.34	\$ 132.53	\$ 178.86	Per Pay Deduction
Dental	\$ 43.20	\$ 83.60	\$ 152.12	\$ 518.40	\$ 1,003.20	\$ 1,825.44	
	EMPLOYEE SHARE			\$ -	\$ 2.02	\$ 5.45	Per Pay Deduction

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UNION

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	Single	Two Person	Family	Single	Two Person	Family	
Medical	\$ 1,105.61	\$ 2,208.80	\$ 2,980.95	\$ 13,267.32 /26	\$ 26,505.60 /26	\$ 35,771.40 /26	
				\$ 510.28	\$ 1,019.45	\$ 1,375.82	
	16% EMPLOYEE SHARE			\$ 81.65	\$ 163.11	\$ 220.13	Per Pay Deduction
Dental	\$ 43.20	\$ 83.60	\$ 152.12	\$ 518.40	\$ 1,003.20	\$ 1,825.44	
	EMPLOYEE SHARE			\$ -	\$ 2.02	\$ 5.45	Per Pay Deduction