

Amherst College						
Health Insurance Premiums - Employee Only Coverage						
July 1, 2024 - June 30, 2025						
Sliding Scale Level*	Level 6**	Level 5**	Level 4**	Level 3**	Level 2**	Level 1
Minimum Household Income	\$0	\$40,018	\$42,017	\$44,015	\$46,012	\$48,011
Maximum Household Income	\$40,017	\$42,016	\$44,014	\$46,011	\$48,010	N/A
HMO Blue						
Monthly Premium Cost	\$889.48					
Monthly Employee Cost	\$57.32	\$74.77	\$92.21	\$109.66	\$127.10	\$144.56
Weekly Employee Cost	\$13.23	\$17.25	\$21.28	\$25.31	\$29.33	\$33.36
HMO Blue Deductible						
Monthly Premium Cost	\$823.91					
Monthly Employee Cost	\$23.77	\$23.77	\$23.77	\$39.22	\$54.66	\$70.10
Weekly Employee Cost	\$5.49	\$5.49	\$5.49	\$9.05	\$12.61	\$16.18
Blue Choice						
Monthly Premium Cost	\$1,064.89					
Monthly Employee Cost	\$225.65	\$242.98	\$260.30	\$277.63	\$294.93	\$312.25
Weekly Employee Cost	\$52.07	\$56.07	\$60.07	\$64.07	\$68.06	\$72.06
Blue Care Elect PPO***						
Monthly Premium Cost	\$1,170.26					
Monthly Employee Cost	\$327.95	\$344.96	\$361.97	\$378.98	\$395.98	\$412.99
Weekly Employee Cost	\$75.68	\$79.61	\$83.53	\$87.46	\$91.38	\$95.31
Blue Care Elect Saver with Coinsurance (High Deductible Health Plan)						
Monthly Premium Cost	\$759.47					
Monthly Employee Cost	\$49.86	\$49.86	\$49.86	\$49.86	\$49.86	\$49.86
Weekly Employee Cost	\$11.51	\$11.51	\$11.51	\$11.51	\$11.51	\$11.51

*The Sliding Scale Program provides higher contributions by the College based on family income.

**To be eligible for Income Levels 6 through 2 rates you must apply with the Office of Human Resources.

***This plan is only available to employees residing out of the state of Massachusetts