

Amherst College						
Health Insurance Premiums - Employee and Child(ren) 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	\$64,029	\$67,973	\$71,922	\$75,865	\$79,814
Maximum Household Income	\$64,028	\$67,972	\$71,921	\$75,864	\$79,813	N/A
HMO Blue						
Monthly Premium Cost	\$1,690.02					
Monthly Employee Cost	\$316.11	\$353.06	\$390.01	\$426.95	\$463.91	\$500.85
Weekly Employee Cost	\$72.95	\$81.47	\$90.00	\$98.53	\$107.06	\$115.58
HMO Blue Deductible						
Monthly Premium Cost	\$1,565.43					
Monthly Employee Cost	\$249.25	\$249.25	\$249.25	\$285.96	\$322.67	\$359.38
Weekly Employee Cost	\$57.52	\$57.52	\$57.52	\$65.99	\$74.46	\$82.93
Blue Choice						
Monthly Premium Cost	\$2,023.27					
Monthly Employee Cost	\$643.50	\$678.69	\$713.89	\$749.07	\$784.26	\$819.46
Weekly Employee Cost	\$148.50	\$156.62	\$164.74	\$172.86	\$180.98	\$189.11
Blue Care Elect PPO***						
Monthly Premium Cost	\$2,223.52					
Monthly Employee Cost	\$837.91	\$872.50	\$907.09	\$941.69	\$976.29	\$1,010.88
Weekly Employee Cost	\$193.36	\$201.35	\$209.33	\$217.31	\$225.30	\$233.28
Blue Care Elect Saver with Coinsurance (High Deductible Health Plan)						
Monthly Premium Cost	\$1,443.00					
Monthly Employee Cost	\$243.62	\$243.62	\$243.62	\$243.62	\$243.62	\$243.62
Weekly Employee Cost	\$56.22	\$56.22	\$56.22	\$56.22	\$56.22	\$56.22

*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