

Amherst College						
Health Insurance Premiums - Employee and Spouse/Domestic Partner 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	\$2,223.69					
Monthly Employee Cost	\$382.40	\$427.09	\$471.79	\$516.48	\$561.18	\$605.87
Weekly Employee Cost	\$88.25	\$98.56	\$108.87	\$119.19	\$129.50	\$139.82
HMO Blue Deductible						
Monthly Premium Cost	\$2,059.78					
Monthly Employee Cost	\$291.11	\$291.11	\$291.11	\$333.98	\$376.86	\$419.73
Weekly Employee Cost	\$67.18	\$67.18	\$67.18	\$77.07	\$86.97	\$96.86
Blue Choice						
Monthly Premium Cost	\$2,662.21					
Monthly Employee Cost	\$804.98	\$849.01	\$893.03	\$937.04	\$981.07	\$1,025.09
Weekly Employee Cost	\$185.77	\$195.92	\$206.08	\$216.24	\$226.40	\$236.56
Blue Care Elect PPO***						
Monthly Premium Cost	\$2,925.68					
Monthly Employee Cost	\$1,058.46	\$1,102.16	\$1,145.85	\$1,189.55	\$1,233.26	\$1,276.96
Weekly Employee Cost	\$244.26	\$254.34	\$264.43	\$274.51	\$284.60	\$294.68
Blue Care Elect Saver with Coinsurance (High Deductible Health Plan)						
Monthly Premium Cost	\$1,898.68					
Monthly Employee Cost	\$284.93	\$284.93	\$284.93	\$284.93	\$284.93	\$284.93
Weekly Employee Cost	\$65.75	\$65.75	\$65.75	\$65.75	\$65.75	\$65.75

\*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