

Amherst College						
Health Insurance Premiums - Family 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	\$2,401.59					
Monthly Employee Cost	\$402.12	\$449.12	\$496.13	\$543.12	\$590.13	\$637.12
Weekly Employee Cost	\$92.80	\$103.64	\$114.49	\$125.34	\$136.18	\$147.03
HMO Blue Deductible						
Monthly Premium Cost	\$2,224.56					
Monthly Employee Cost	\$302.45	\$302.45	\$302.45	\$346.99	\$391.54	\$436.08
Weekly Employee Cost	\$69.80	\$69.80	\$69.80	\$80.07	\$90.36	\$100.63
Blue Choice						
Monthly Premium Cost	\$2,875.19					
Monthly Employee Cost	\$855.85	\$902.66	\$949.47	\$996.26	\$1,043.07	\$1,089.87
Weekly Employee Cost	\$197.50	\$208.31	\$219.11	\$229.91	\$240.71	\$251.51
Blue Care Elect PPO***						
Monthly Premium Cost	\$3,159.73					
Monthly Employee Cost	\$1,128.87	\$1,175.47	\$1,222.07	\$1,268.68	\$1,315.29	\$1,361.90
Weekly Employee Cost	\$260.51	\$271.26	\$282.02	\$292.77	\$303.53	\$314.28
Blue Care Elect Saver with Coinsurance (High Deductible Health Plan)						
Monthly Premium Cost	\$2,050.57					
Monthly Employee Cost	\$298.10	\$298.10	\$298.10	\$298.10	\$298.10	\$298.10
Weekly Employee Cost	\$68.79	\$68.79	\$68.79	\$68.79	\$68.79	\$68.79

*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