

Amherst College						
Health Insurance Premiums - Medical EE Coverage						
July 1, 2023 - June 30, 2024						
Sliding Scale Level*	Level 6**	Level 5**	Level 4**	Level 3**	Level 2**	Level 1
Minimum Household Income	\$0	\$38,853	\$40,793	\$42,733	\$44,672	\$46,613
Maximum Household Income	\$38,852	\$40,792	\$42,732	\$44,671	\$46,612	N/A
HMO Blue New England						
Monthly Premium Cost	\$823.94					
Monthly Employee Cost	\$53.07	\$69.23	\$85.38	\$101.54	\$117.69	\$133.85
Weekly Employee Cost	\$12.25	\$15.98	\$19.70	\$23.43	\$27.16	\$30.89
HMO Blue New England \$500 Deductible						
Monthly Premium Cost	\$751.79					
Monthly Employee Cost	\$22.01	\$22.01	\$22.01	\$36.32	\$50.61	\$64.90
Weekly Employee Cost	\$5.08	\$5.08	\$5.08	\$8.38	\$11.68	\$14.98
Blue Choice New England						
Monthly Premium Cost	\$986.42					
Monthly Employee Cost	\$208.94	\$224.98	\$241.02	\$257.06	\$273.08	\$289.12
Weekly Employee Cost	\$48.22	\$51.92	\$55.62	\$59.32	\$63.02	\$66.72
Blue Care Elect Preferred***						
Monthly Premium Cost	\$1,084.03					
Monthly Employee Cost	\$303.66	\$319.41	\$335.16	\$350.91	\$366.65	\$382.40
Weekly Employee Cost	\$70.08	\$73.71	\$77.35	\$80.98	\$84.61	\$88.25
Blue Care Elect Saver 90 (High Deductible Health Plan)						
Monthly Premium Cost	\$690.20					
Monthly Employee Cost	\$46.17	\$46.17	\$46.17	\$46.17	\$46.17	\$46.17
Weekly Employee Cost	\$10.65	\$10.65	\$10.65	\$10.65	\$10.65	\$10.65

*The Sliding Scale Program provides higher contributions by the College, based on household income. Please contact the Office of Human Resources for additional information.

**To be eligible for Income Levels 2 through 6 rates, you must apply for Sliding Scale consideration.

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