

Amherst College						
Health Insurance Premiums - Medical EE+CH 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	\$62,165	\$65,993	\$69,827	\$73,655	\$77,489
Maximum Household Income	\$62,164	\$65,992	\$69,826	\$73,654	\$77,488	N/A
HMO Blue New England						
Monthly Premium Cost	\$1,565.49					
Monthly Employee Cost	\$292.70	\$326.91	\$361.12	\$395.33	\$429.54	\$463.75
Weekly Employee Cost	\$67.55	\$75.44	\$83.34	\$91.23	\$99.13	\$107.02
HMO Blue New England \$500 Deductible						
Monthly Premium Cost	\$1,428.40					
Monthly Employee Cost	\$230.79	\$230.79	\$230.79	\$264.77	\$298.77	\$332.76
Weekly Employee Cost	\$53.26	\$53.26	\$53.26	\$61.10	\$68.95	\$76.79
Blue Choice New England						
Monthly Premium Cost	\$1,874.19					
Monthly Employee Cost	\$595.83	\$628.42	\$661.01	\$693.58	\$726.17	\$758.76
Weekly Employee Cost	\$137.50	\$145.02	\$152.54	\$160.06	\$167.58	\$175.10
Blue Care Elect Preferred***						
Monthly Premium Cost	\$2,059.68					
Monthly Employee Cost	\$775.84	\$807.87	\$839.90	\$871.93	\$903.97	\$936.00
Weekly Employee Cost	\$179.04	\$186.43	\$193.82	\$201.21	\$208.61	\$216.00
Blue Care Elect Saver 90 (High Deductible Health Plan)						
Monthly Premium Cost	\$1,311.39					
Monthly Employee Cost	\$225.57	\$225.57	\$225.57	\$225.57	\$225.57	\$225.57
Weekly Employee Cost	\$52.06	\$52.06	\$52.06	\$52.06	\$52.06	\$52.06

*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.