

Amherst College						
Health Insurance Premiums - Medical EE+SP 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	\$2,059.84					
Monthly Employee Cost	\$354.07	\$395.45	\$436.84	\$478.22	\$519.61	\$560.99
Weekly Employee Cost	\$81.71	\$91.26	\$100.81	\$110.36	\$119.91	\$129.46
HMO Blue New England \$500 Deductible						
Monthly Premium Cost	\$1,879.48					
Monthly Employee Cost	\$269.55	\$269.55	\$269.55	\$309.24	\$348.94	\$388.64
Weekly Employee Cost	\$62.20	\$62.20	\$62.20	\$71.36	\$80.53	\$89.69
Blue Choice New England						
Monthly Premium Cost	\$2,466.05					
Monthly Employee Cost	\$745.35	\$786.12	\$826.88	\$867.63	\$908.40	\$949.16
Weekly Employee Cost	\$172.00	\$181.41	\$190.82	\$200.22	\$209.63	\$219.04
Blue Care Elect Preferred***						
Monthly Premium Cost	\$2,710.10					
Monthly Employee Cost	\$980.06	\$1,020.52	\$1,060.98	\$1,101.44	\$1,141.91	\$1,182.37
Weekly Employee Cost	\$226.17	\$235.50	\$244.84	\$254.18	\$263.52	\$272.85
Blue Care Elect Saver 90 (High Deductible Health Plan)						
Monthly Premium Cost	\$1,725.51					
Monthly Employee Cost	\$263.82	\$263.82	\$263.82	\$263.82	\$263.82	\$263.82
Weekly Employee Cost	\$60.88	\$60.88	\$60.88	\$60.88	\$60.88	\$60.88

*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.