

Amherst College						
Health Insurance Premiums - Medical Family 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	\$2,224.63					
Monthly Employee Cost	\$372.34	\$415.85	\$459.38	\$502.89	\$546.41	\$589.93
Weekly Employee Cost	\$85.92	\$95.97	\$106.01	\$116.05	\$126.10	\$136.14
HMO Blue New England \$500 Deductible						
Monthly Premium Cost	\$2,029.84					
Monthly Employee Cost	\$280.05	\$280.05	\$280.05	\$321.29	\$362.54	\$403.78
Weekly Employee Cost	\$64.63	\$64.63	\$64.63	\$74.14	\$83.66	\$93.18
Blue Choice New England						
Monthly Premium Cost	\$2,663.33					
Monthly Employee Cost	\$792.46	\$835.80	\$879.14	\$922.46	\$965.80	\$1,009.14
Weekly Employee Cost	\$182.87	\$192.88	\$202.88	\$212.88	\$222.88	\$232.88
Blue Care Elect Preferred***						
Monthly Premium Cost	\$2,926.91					
Monthly Employee Cost	\$1,045.25	\$1,088.40	\$1,131.55	\$1,174.70	\$1,217.86	\$1,261.02
Weekly Employee Cost	\$241.21	\$251.17	\$261.13	\$271.09	\$281.05	\$291.00
Blue Care Elect Saver 90 (High Deductible Health Plan)						
Monthly Premium Cost	\$1,863.55					
Monthly Employee Cost	\$276.02	\$276.02	\$276.02	\$276.02	\$276.02	\$276.02
Weekly Employee Cost	\$63.70	\$63.70	\$63.70	\$63.70	\$63.70	\$63.70

*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.