

Amherst College						
Dental Insurance Premiums - Employee Only 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	\$40,018	\$42,017	\$44,015	\$46,012	\$48,011
Maximum Household Income	\$40,017	\$42,016	\$44,014	\$46,011	\$48,010	N/A
Dental Standard Coverage						
Monthly Premium Cost	\$43.29					
Monthly Employee Cost	\$3.90	\$4.69	\$5.45	\$6.25	\$7.02	\$7.79
Weekly Employee Cost	\$0.90	\$1.08	\$1.26	\$1.44	\$1.62	\$1.80
Dental Coverage Including Orthodontia						
Monthly Premium Cost	\$50.16					
Monthly Employee Cost	\$10.58	\$11.40	\$12.21	\$13.04	\$13.85	\$14.66
Weekly Employee Cost	\$2.44	\$2.63	\$2.82	\$3.01	\$3.20	\$3.38

*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.