

Amherst College						
Dental Insurance Premiums - Employee and Spouse/Domestic Partner 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	\$64,029	\$67,973	\$71,922	\$75,865	\$79,814
Maximum Household Income	\$64,028	\$67,972	\$71,921	\$75,864	\$79,813	N/A
Dental Standard Coverage						
Monthly Premium Cost	\$86.58					
Monthly Employee Cost	\$20.21	\$22.22	\$24.25	\$26.26	\$28.29	\$30.30
Weekly Employee Cost	\$4.66	\$5.13	\$5.60	\$6.06	\$6.53	\$6.99
Dental Coverage Including Orthodontia						
Monthly Premium Cost	\$100.32					
Monthly Employee Cost	\$34.44	\$36.36	\$38.28	\$40.20	\$42.12	\$44.04
Weekly Employee Cost	\$7.95	\$8.39	\$8.83	\$9.28	\$9.72	\$10.16

*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.