| Amherst College  Dental Insurance Premiums - Dental EE Coverage |           |           |           |           |           |          |
|---|-----------|-----------|-----------|-----------|-----------|----------|
|   |           |           |           |           |           |          |
| Sliding Scale Level*  | Level 6** | Level 5** | Level 4** | Level 3** | Level 2** | Level 1  |
| Minimum Household Income  | \$0       | \$38,853  | \$40,793  | \$42,733  | \$44,672  | \$46,613 |
| Maximum Household Income  | \$38,852  | \$40,792  | \$42,732  | \$44,671  | \$46,612  | N/A      |
| Dental Blue Freedom   |           |           |           |           |           |          |
| Monthly Premium Cost  | \$42.36   |           |           |           |           |          |
| Monthly Employee Cost   | \$3.81    | \$4.59    | \$5.34    | \$6.11    | \$6.87    | \$7.62   |
| Weekly Employee Cost  | \$0.88    | \$1.06    | \$1.23    | \$1.41    | \$1.59    | \$1.76   |
| Dental Blue Freedom with Orthodontics                           |           |           |           |           |           |          |
| Monthly Premium Cost  | \$49.08   |           |           |           |           |          |
| Monthly Employee Cost   | \$10.35   | \$11.15   | \$11.95   | \$12.76   | \$13.55   | \$14.34  |
| Weekly Employee Cost  | \$2.39    | \$2.57    | \$2.76    | \$2.94    | \$3.13    | \$3.31   |

<sup>\*</sup>The Sliding Scale Program provides higher contributions by the College, based on household income. Please contact the Office of Human Resources for additional information.

<sup>\*\*</sup>To be eligible for Income Levels 2 through 6 rates, you must apply for Sliding Scale consideration.