

**AMHERST COLLEGE
HEALTH INSURANCE PREMIUMS
July 1, 2011 - June 30, 2012**

	Blue Choice Individual & Dental	HMO Blue Individual & Dental	Blue Choice Family & Dental	HMO Blue Family & Dental
Total Monthly Premium Cost	\$699.56	\$587.63	\$1,848.68	\$1,557.16

Income Level I

Individual coverage with household incomes at or above \$36,050, and family coverage with household incomes at or above \$60,050

College Contribution	\$483.69	\$483.69	\$1,108.94	\$1,108.94
Monthly Employee Cost	\$215.87	\$103.94	\$739.74	\$448.22
Weekly Employee Cost	\$49.82	\$23.99	\$170.71	\$103.44

The College pays 80% of the weighted average cost for individual coverage and 70% of the weighted average cost for family coverage.

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Income Level II

Individual coverage with household income of \$30,050 - \$36,049, and family coverage with household income of \$48,100 - \$60,049

College Contribution	\$513.92	\$513.92	\$1,188.14	\$1,188.14
Monthly Employee Cost	\$185.64	\$73.71	\$660.54	\$369.02
Weekly Employee Cost	\$42.84	\$17.01	\$152.43	\$85.16

The College pays 85% of the weighted average cost for individual coverage and 75% of the weighted average cost for family coverage.

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Income Level III

Individual coverage with household income below \$30,050, and family coverage with household income below \$48,100

College Contribution	\$544.15	\$544.15	\$1,267.35	\$1,267.35
Monthly Employee Cost	\$155.41	\$43.48	\$581.33	\$289.81
Weekly Employee Cost	\$35.86	\$10.03	\$134.15	\$66.88

The College pays 90% of the weighted average cost for individual coverage and 80% of the weighted average cost for family coverage.

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To be eligible for Income Level II and Income Level III rates you must complete a Sliding Scale Application

**Amherst College
Office of Human Resources**

Health Insurance
Eligibility for Sliding Scale Cost Sharing

Employees choosing coverage in either the HMO Blue or Blue Choice plans share in the premium cost, with the College subsidizing 80% of the weighted average cost of the individual premium, and 70% of the weighted average cost of the family premium. The participant pays the balance. Employees are eligible for additional subsidies based on various income levels as detailed below for the period July 1, 2011 – June 30, 2012:

Household Income	Single Coverage	Household Income	Family Coverage
Less than 30,050	90%	Less than \$48,100	80%
\$30,050 - \$36,049	85%	\$48,100 - \$60,049	75%
At or above \$36,050	No additional subsidy	At or above \$60,050	No additional subsidy

To participate in the sliding scale cost sharing, employees must meet the household income guidelines shown above. Household income for this purpose is defined as the amount reported on Line 7, Wages, salaries, tips, etc., on the employee's Form 1040 U.S. Individual Income Tax Return (or Wages, salaries, tips, etc., on other tax return forms).

To apply, bring this form along with a copy of your 2010 U.S. Individual Income Tax Return to the Office of Human Resources. The household income shown on the tax return will be verified by a member of the Office of Human Resources staff and witnessed on this form. A W-2 is not an acceptable form of documentation. **No photocopy will be made of the income tax return, and tax return information will not be disclosed to anyone.**

Confirmation of eligibility for sliding scale cost sharing:

I, the undersigned, apply for sliding scale cost sharing, verify that the household income shown on my most recent tax return is accurate and authorize that my tax return may be witnessed by the undersigned member of the Office of Human Resources staff.

Print or type employee name

Employee Signature

Date

Office of Human Resources Use only:

I have verified that the tax return of the employee who signed above qualifies for reduced cost sharing in accordance with the College's sliding scale policy and have indicated the percentage of premium above.

Signature and Title

Date