2016 Benefits Rate Chart – Middlebury College

Medical Insurance Rates													
	Total	Total Bi-	Annual Salary										
	Monthly	Weekly		\$20,001-	\$40,001-	\$60,001-	\$80,001-	\$100,001-	\$120,001-	\$140,001-	\$160,001-	\$180,001-	
Coverage Level	Premium	Premium	<=\$20,000	\$40,000	\$60,000	\$80,000	\$100,000	\$120,000	\$140,000	\$160,000	\$180,000	\$200,000	\$200,001+
			Employee Contribution Amounts (Bi-Weekly):										
Single	\$717.38	\$331.10	\$8.72	\$14.56	\$23.30	\$32.05	\$43.69	\$57.13	\$59.00	\$60.91	\$62.89	\$64.93	\$67.05
2-Person	\$1,434.73	\$662.18	\$91.73	\$104.86	\$122.34	\$139.81	\$157.28	\$175.95	\$181.67	\$187.57	\$193.67	\$199.96	\$206.46
Family	\$2,008.64	\$927.06	\$128.43	\$146.81	\$171.27	\$195.73	\$220.19	\$246.33	\$254.34	\$262.61	\$271.14	\$279.95	\$289.05
Family/2 Employee				1 1 1 1 2									
(Subscriber)	\$1,004.32	\$463.53 ¹	\$27.07	\$35.53	\$47.76	\$60.01	\$75.15	\$92.32	\$95.33	\$98.43	\$101.62	\$104.93	\$108.34
Family/2 Employee	200												
(Covered Spouse)	\$1,004.32	\$463.53 ¹	\$27.07	\$35.53	\$47.76	\$60.01	\$75.15	\$92.32	\$95.33	\$98.43	\$101.62	\$104.93	\$108.34

One-half full family premium: in two-employee couples both employees pay towards the cost of the coverage; each according to his/her own salary tier.

	Dental Insurance Rates					
Coverage Level	Total Monthly Premium	Total Bi- Weekly Premium	Bi-Weekly Employee Contribution			
Single	\$52.75	\$24.35	\$1.05			
2-Person	\$105.52	\$48.70	\$17.38			
Family	\$147.74	\$68.19	\$25.34			
Family/2 Employee (Subscriber)	\$73.87	\$34.09 1	\$4.67			
Family/2 Employee (Covered Spouse)	\$73.87	\$34.09 ¹	\$4.67			
	Vision	ce Rates				
Single	\$5.57	\$2.57	\$0.52			
2-Person	\$11.12	\$5.13	\$2.58			
Family	\$17.93	\$8.28	\$4.16			
Family/2 Employee (Subscriber)	\$8.97	\$4.14	\$1.31			
Family/2 Employee (Covered Spouse)	\$8.97	\$4.14 ¹	\$1.31			

One-half full family premium: in two-employee couples <u>both</u> employees pay towards the cost of the coverage.

Voluntary Life & AD&D Insurance Rates									
- 1	Empl	oyee	Spouse	/Partner	Child(ren)				
Employee Age Band ¹	Monthly Rate per \$10,000	Bi-Weekly ² Rate per \$10,000	Monthly Rate per \$5,000	Bi-Weekly ² Rate per \$5,000	Monthly Rates per \$1,000	Bi-Weekly ² Rates per \$1,000			
<24	\$0.875	\$0.438	\$0.566	\$0.283		La Maria			
25-29	\$0.875	\$0.438	\$0.566	\$0.283					
30-34	\$1.070	\$0.535	\$0.624	\$0.312					
35-39	\$1.466	\$0.733	\$0.806	\$0.403	1 1				
40-44	\$2.154	\$1.077	\$1.199	\$0.600					
45-49	\$3.569	\$1.785	\$2.105	\$1.053	do coc	ćo 240			
50-54	\$5.938	\$2.969	\$3.458	\$1.729	\$0.696	\$0.348			
55-59	\$8.712	\$4.356	\$5.029	\$2.515					
60-64	\$11.230	\$5.615	\$7.812	\$3.906					
65-69	\$21.144	\$10.572	\$14.630	\$7.315					
70-74	\$37.464	\$18.732	\$25.797	\$12.899					
75+	\$70.000	\$35.000	\$48.557	\$24.279		69			
AD&D	\$0.250	\$0.125	\$0.250	\$0.125	\$0.040	\$0.020			

¹Age is defined as the employee's age on January 1st of the plan year

²Premium is withheld in the first and second pay periods of each month, for a total of 24 deductions