

2019 Benefit Costs: Middlebury College

Medical Insurance Premiums

Coverage Level	Monthly Premium	Bi-weekly Premium	Employee Bi-weekly contribution based on annual salary tier																		
			\$20,000's	\$30,000's	\$40,000's	\$50,000's	\$60,000's	\$70,000's	\$80,000's	\$90,000's	\$100,000's	\$110,000's	\$120,000's	\$130,000's	\$140,000's	\$150,000's	\$160,000's	\$170,000's	\$180,000's	\$190,000's	\$200,000+
Single	\$ 804.27	\$ 371.20	\$ 23.08	\$ 32.31	\$ 41.54	\$ 50.77	\$ 60.00	\$ 69.23	\$ 78.46	\$ 87.69	\$ 96.92	\$ 106.15	\$ 115.38	\$ 124.62	\$ 133.85	\$ 143.08	\$ 152.31	\$ 161.54	\$ 167.04	\$ 167.04	\$ 167.04
Two-Person	\$ 1,607.48	\$ 741.91	\$ 111.00	\$ 113.00	\$ 132.00	\$ 138.00	\$ 153.00	\$ 160.00	\$ 175.00	\$ 185.00	\$ 199.00	\$ 212.31	\$ 230.77	\$ 249.23	\$ 267.69	\$ 286.15	\$ 304.62	\$ 323.08	\$ 333.86	\$ 333.86	\$ 333.86
Family	\$ 2,250.67	\$ 1,038.77	\$ 155.00	\$ 157.00	\$ 184.00	\$ 189.00	\$ 214.00	\$ 224.00	\$ 245.00	\$ 259.00	\$ 279.00	\$ 297.23	\$ 323.08	\$ 348.92	\$ 374.77	\$ 400.62	\$ 426.46	\$ 452.31	\$ 467.45	\$ 467.45	\$ 467.45
*2 EE Family Subscriber	\$ 1,125.34	\$ 519.39	\$ 42.00	\$ 45.23	\$ 58.15	\$ 71.08	\$ 84.00	\$ 96.92	\$ 109.85	\$ 122.77	\$ 135.69	\$ 148.62	\$ 161.54	\$ 174.46	\$ 187.38	\$ 200.31	\$ 213.23	\$ 226.15	\$ 233.72	\$ 233.72	\$ 233.72
*2 EE Family Spouse/DP	\$ 1,125.34	\$ 519.39	\$ 42.00	\$ 45.23	\$ 58.15	\$ 71.08	\$ 84.00	\$ 96.92	\$ 109.85	\$ 122.77	\$ 135.69	\$ 148.62	\$ 161.54	\$ 174.46	\$ 187.38	\$ 200.31	\$ 213.23	\$ 226.15	\$ 233.72	\$ 233.72	\$ 233.72

*One-half of full family premium: In two-employee (2-EE) couples: both employees pay towards the cost of the coverage, each according to his/her own salary tier.

Dental Insurance Premiums

Coverage Level	Total Monthly Premium	Total Bi-weekly Premium	Bi-weekly Employee Contribution
Single	\$54.72	\$25.26	\$2.00
2 Person	\$110.47	\$50.99	\$18.18
Family	\$154.86	\$71.47	\$26.51
*Family/ 2EE Subscriber	\$77.43	\$35.74	\$4.89
*Family/ 2EE Spouse/DP	\$77.43	\$35.74	\$4.89

Vision Insurance Premiums

Coverage Level	Total Monthly Premium	Total Bi-weekly Premium	Bi-weekly Employee Contribution
Single	\$5.65	\$2.61	\$0.52
2 Person	\$11.29	\$5.21	\$2.61
Family	\$18.20	\$8.40	\$4.20
*Family/ 2EE Subscriber	\$9.10	\$4.20	\$1.33
*Family/ 2EE Spouse/DP	\$9.10	\$4.20	\$1.33

Voluntary Life & AD&D Insurance Rates

Employee Age Band*	Employee		Spouse/Partner		Child(ren)			
	Monthly Rate per \$10,000	Bi-Weekly Rate per \$10,000	Monthly Rate per \$5,000	Bi-Weekly Rate per \$5,000	Monthly Rates per \$1,000	Bi-Weekly Rates per \$1,000		
<24	\$0.875	\$0.40	\$0.566	\$0.26	\$0.696	\$0.321		
25-29	\$0.875	\$0.40	\$0.566	\$0.26				
30-34	\$1.070	\$0.49	\$0.624	\$0.29				
35-39	\$1.466	\$0.68	\$0.806	\$0.37				
40-44	\$2.154	\$0.99	\$1.199	\$0.55				
45-49	\$3.569	\$1.65	\$2.105	\$0.97				
50-54	\$5.938	\$2.74	\$3.458	\$1.60				
55-59	\$8.712	\$4.02	\$5.029	\$2.32				
60-64	\$11.230	\$5.18	\$7.812	\$3.61				
65-69	\$21.144	\$9.76	\$14.630	\$6.75				
70-74	\$37.464	\$17.29	\$25.797	\$11.91				
75+	\$70.000	\$32.31	\$48.557	\$22.41				
AD&D	\$0.25	\$0.12	\$0.25	\$0.12			\$0.04	\$0.018

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

*One-half of full family premium: In two-employee (2-EE) couples: both employees pay towards the cost of the coverage