

2017 Benefit Costs: Middlebury College

Medical Insurance Premiums																					
Coverage	Monthly	Biweekly	Employee Bi-weekly contribution based on annual salary tier:																		
level	Premium	Premium	\$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	\$ 763.75	\$ 352.50	\$ 21.00	\$ 26.00	\$ 36.00	\$ 39.00	\$ 46.00	\$ 54.00	\$ 66.00	\$ 73.00	\$ 86.00	\$ 91.00	\$ 96.00	\$ 101.00	\$ 106.00	\$ 111.00	\$ 116.00	\$ 121.00	\$ 126.00	\$ 136.00	\$ 141.00
Two-Person	\$1,527.46	\$ 704.98	\$ 111.00	\$ 113.00	\$ 132.00	\$ 138.00	\$153.00	\$ 160.00	\$ 175.00	\$ 185.00	\$ 199.00	\$ 201.00	\$ 209.00	\$ 212.00	\$ 220.00	\$ 222.00	\$ 231.00	\$ 233.00	\$ 245.00	\$ 252.00	\$ 268.00
Family	\$2,138.47	\$ 986.99	\$ 155.00	\$ 157.00	\$ 184.00	\$ 189.00	\$214.00	\$ 224.00	\$ 245.00	\$ 259.00	\$ 279.00	\$ 281.00	\$ 293.00	\$ 296.00	\$ 308.00	\$ 310.00	\$ 323.00	\$ 326.00	\$ 343.00	\$ 350.00	\$ 375.00
*2 EE Family Subscriber	\$1,069.24	\$ 493.49	\$ 42.00	\$ 45.00	\$ 57.00	\$ 63.00	\$ 73.00	\$ 84.00	\$ 93.00	\$ 100.00	\$ 118.00	\$ 120.00	\$ 124.00	\$ 125.00	\$ 128.00	\$ 130.00	\$ 135.00	\$ 140.00	\$ 143.00	\$ 145.00	\$ 150.00
*2 EE Family Spouse/DP	\$1,069.24	\$ 493.49	\$ 42.00	\$ 45.00	\$ 57.00	\$ 63.00	\$ 73.00	\$ 84.00	\$ 93.00	\$ 100.00	\$ 118.00	\$ 120.00	\$ 124.00	\$ 125.00	\$ 128.00	\$ 130.00	\$ 135.00	\$ 140.00	\$ 143.00	\$ 145.00	\$ 150.00

* 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	\$ 53.49	\$ 24.69	\$ 1.06
2-Person	\$ 107.00	\$ 49.38	\$ 17.62
Family	\$ 149.81	\$ 69.14	\$ 25.69
Family/2 Employee (Subscriber)	\$ 74.90	\$ 34.57	\$ 4.74
*Family/2 Employee (Covered Spouse)	\$ 74.90	\$ 34.57	\$ 4.74

Vision Insurance Premiums			
Coverage Level	Total Monthly Premium	Total Bi-Weekly Premium	Bi-Weekly Employee Contribution
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	\$ 1.31

Voluntary Life & AD&D Insurance Rates								
Employee Age Band ¹	Employee		Spouse/Partner		Child(ren)			
	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	\$0.696	\$0.348		
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				
40-44	\$2.154	\$1.077	\$1.199	\$0.600				
45-49	\$3.569	\$1.785	\$2.105	\$1.053				
50-54	\$5.938	\$2.969	\$3.458	\$1.729				
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				
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.

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