2011 EMPLOYEE HEALTHCARE COST SHARING

Salary Band	Up to $30,000		$30,001 - $40,000		$40,001 - $50,000		$50,001 - $60,000		$60,001 - $70,000		$70,001 - $80,000		$80,001 - $90,000		$90,001 - $100,000		$100,001 and over		
Skidmore College PPO (Traditional Blue PPO)	10% of Premium		12% of Premium		14% of Premium		17% of Premium		19% of Premium		22% of Premium		24% of Premium		26% of Premium		29% of Premium		
EE = Employee; Pay Periods Based On 26	**EE Annual Cost**	**EE Cost Per Pay Period**	**EE Annual Cost**	**EE Cost Per Pay Period**	**EE Annual Cost**	**EE Cost Per Pay Period**	**EE Annual Cost**	**EE Cost Per Pay Period**	**EE Annual Cost**	**EE Cost Per Pay Period**	**EE Annual Cost**	**EE Cost Per Pay Period**	**EE Annual Cost**	**EE Cost Per Pay Period**	**EE Annual Cost**	**EE Cost Per Pay Period**	**EE Annual Cost**	**EE Cost Per Pay Period**	**Total Annual Premium**
Employee Only	$620.00	$23.85	$744.00	$28.62	$868.01	$33.38	$1,054.01	$40.54	$1,178.01	$45.31	$1,364.01	$52.46	$1,488.01	$57.23	$1,612.01	$62.00	$1,798.01	$69.15	$6,200.04
Employee Plus One	$1,288.79	$49.57	$1,546.55	$59.48	$1,804.30	$69.40	$2,190.94	$84.27	$2,448.70	$94.18	$2,835.33	$109.05	$3,093.09	$118.97	$3,350.85	$128.88	$3,737.49	$143.75	$12,887.88
Employee Plus Family	$1,739.36	$66.90	$2,087.24	$80.28	$2,435.11	$93.66	$2,956.92	$113.73	$3,304.79	$127.11	$3,826.60	$147.18	$4,174.47	$160.56	$4,522.35	$173.94	$5,044.16	$194.01	$17,393.64
Employee Plus Domestic Partner	$1,288.79	$49.57	$1,546.55	$59.48	$1,804.30	$69.40	$2,190.94	$84.27	$2,448.70	$94.18	$2,835.33	$109.05	$3,093.09	$118.97	$3,350.85	$128.88	$3,737.49	$143.75	$12,887.88
Employee Plus Domestic Partner w/Children	$1,739.36	$66.90	$2,087.24	$80.28	$2,435.11	$93.66	$2,956.92	$113.73	$3,304.79	$127.11	$3,826.60	$147.18	$4,174.47	$160.56	$4,522.35	$173.94	$5,044.16	$194.01	$17,393.64
Employee Plus One Plus Domestic Partner	$1,739.36	$66.90	$2,087.24	$80.28	$2,435.11	$93.66	$2,956.92	$113.73	$3,304.79	$127.11	$3,826.60	$147.18	$4,174.47	$160.56	$4,522.35	$173.94	$5,044.16	$194.01	$17,393.64

Salary Band	Up to $30,000		$30,001 - $40,000		$40,001 - $50,000		$50,001 - $60,000		$60,001 - $70,000		$70,001 - $80,000		$80,001 - $90,000		$90,001 - $100,000		$100,001 and over		
MVP Health Plan	10% of Premium		12% of Premium		14% of Premium		17% of Premium		19% of Premium		22% of Premium		24% of Premium		26% of Premium		29% of Premium		
EE = Employee; Pay Periods Based On 26	**EE Annual Cost**	**EE Cost Per Pay Period**	**EE Cost Per Pay Period**	**EE Cost Per Pay Period**	**EE Annual Cost**	**EE Cost Per Pay Period**	**EE Annual Cost**	**EE Cost Per Pay Period**	**EE Annual Cost**	**EE Cost Per Pay Period**	**EE Annual Cost**	**EE Cost Per Pay Period**	**EE Annual Cost**	**EE Cost Per Pay Period**	**EE Annual Cost**	**EE Cost Per Pay Period**	**EE Annual Cost**	**EE Cost Per Pay Period**	**Total Annual Premium**
Employee Only	$713.44	$27.44	$856.12	$32.93	$998.81	$38.42	$1,212.84	$46.65	$1,355.53	$52.14	$1,569.56	$60.37	$1,712.25	$65.86	$1,854.93	$71.34	$2,068.96	$79.58	$7,134.36
Employee Plus One	$1,426.87	$54.88	$1,712.25	$65.86	$1,997.62	$76.83	$2,425.68	$93.30	$2,711.06	$104.27	$3,139.12	$120.74	$3,424.49	$131.71	$3,709.87	$142.69	$4,137.93	$159.15	$14,268.72
Employee Plus Family	$1,854.94	$71.34	$2,225.92	$85.61	$2,596.91	$99.88	$3,153.39	$121.28	$3,524.38	$135.55	$4,080.86	$156.96	$4,451.85	$171.22	$4,822.83	$185.49	$5,379.31	$206.90	$18,549.36
Employee Plus Domestic Partner	$1,426.87	$54.88	$1,712.25	$65.86	$1,997.62	$76.83	$2,425.68	$93.30	$2,711.06	$104.27	$3,139.12	$120.74	$3,424.49	$131.71	$3,709.87	$142.69	$4,137.93	$159.15	$14,268.72
Employee Plus Domestic Partner w/Children	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Employee Plus One Plus Domestic Partner	$1,854.94	$71.34	$2,225.92	$85.61	$2,596.91	$99.88	$3,153.39	$121.28	$3,524.38	$135.55	$4,080.86	$156.96	$4,451.85	$171.22	$4,822.83	$185.49	$5,379.31	$206.90	$18,549.36

Salary Band	Up to $30,000		$30,001 - $40,000		$40,001 - $50,000		$50,001 - $60,000		$60,001 - $70,000		$70,001 - $80,000		$80,001 - $90,000		$90,001 - $100,000		$100,001 and over		
Captial District Physicians' Health Plan (CDPHP)	10% of Premium		12% of Premium		14% of Premium		17% of Premium		19% of Premium		22% of Premium		24% of Premium		26% of Premium		29% of Premium		
EE = Employee; Pay Periods Based On 26	**EE Annual Cost**	**EE Cost Per Pay Period**	**EE Annual Cost**	**EE Cost Per Pay Period**	**EE Annual Cost**	**EE Cost Per Pay Period**	**EE Annual Cost**	**EE Cost Per Pay Period**	**EE Annual Cost**	**EE Cost Per Pay Period**	**EE Annual Cost**	**EE Cost Per Pay Period**	**EE Annual Cost**	**EE Cost Per Pay Period**	**EE Annual Cost**	**EE Cost Per Pay Period**	**EE Annual Cost**	**EE Cost Per Pay Period**	**Total Annual Premium**
Employee Only	$688.04	$26.46	$825.65	$31.76	$963.26	$37.05	$1,169.67	$44.99	$1,307.28	$50.28	$1,513.70	$58.22	$1,651.31	$63.51	$1,788.91	$68.80	$1,995.33	$76.74	$6,880.44
Employee Plus One	$1,376.10	$52.93	$1,651.32	$63.51	$1,926.54	$74.10	$2,339.37	$89.98	$2,614.59	$100.56	$3,027.42	$116.44	$3,302.64	$127.02	$3,577.86	$137.61	$3,990.69	$153.49	$13,761.00
Employee Plus Family	$1,788.92	$68.80	$2,146.71	$82.57	$2,504.49	$96.33	$3,041.17	$116.97	$3,398.96	$130.73	$3,935.63	$151.37	$4,293.42	$165.13	$4,651.20	$178.89	$5,187.88	$199.53	$17,889.24
Employee Plus Domestic Partner	$1,376.10	$52.93	$1,651.32	$63.51	$1,926.54	$74.10	$2,339.37	$89.98	$2,614.59	$100.56	$3,027.42	$116.44	$3,302.64	$127.02	$3,577.86	$137.61	$3,990.69	$153.49	$13,761.00
Employee Plus Domestic Partner w/Children	$1,788.92	$68.80	$2,146.71	$82.57	$2,504.49	$96.33	$3,041.17	$116.97	$3,398.96	$130.73	$3,935.63	$151.37	$4,293.42	$165.13	$4,651.20	$178.89	$5,187.88	$199.53	$17,889.24
Employee Plus One Plus Domestic Partner	$1,788.92	$68.80	$2,146.71	$82.57	$2,504.49	$96.33	$3,041.17	$116.97	$3,398.96	$130.73	$3,935.63	$151.37	$4,293.42	$165.13	$4,651.20	$178.89	$5,187.88	$199.53	$17,889.24