2012 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	$659.95	$25.38	$791.94	$30.46	$923.93	$35.54	$1,121.92	$43.15	$1,253.91	$48.23	$1,451.89	$55.84	$1,583.88	$60.92	$1,715.88	$66.00	$1,913.86	$73.61	$6,599.52
Employee Plus One	$1,372.70	$52.80	$1,647.24	$63.36	$1,921.78	$73.91	$2,333.59	$89.75	$2,608.13	$100.31	$3,019.94	$116.15	$3,294.48	$126.71	$3,569.02	$137.27	$3,980.83	$153.11	$13,727.00
Employee Plus Family	$1,847.87	$71.07	$2,217.44	$85.29	$2,587.01	$99.50	$3,141.37	$120.82	$3,510.95	$135.04	$4,065.31	$156.36	$4,434.88	$170.57	$4,804.45	$184.79	$5,358.81	$206.11	$18,478.66
Employee Plus Domestic Partner	$1,372.70	$52.80	$1,647.24	$63.36	$1,921.78	$73.91	$2,333.59	$89.75	$2,608.13	$100.31	$3,019.94	$116.15	$3,294.48	$126.71	$3,569.02	$137.27	$3,980.83	$153.11	$13,727.00
Employee Plus Domestic Partner w/Children	$1,847.87	$71.07	$2,217.44	$85.29	$2,587.01	$99.50	$3,141.37	$120.82	$3,510.95	$135.04	$4,065.31	$156.36	$4,434.88	$170.57	$4,804.45	$184.79	$5,358.81	$206.11	$18,478.66
Employee Plus One Plus Domestic Partner	$1,847.87	$71.07	$2,217.44	$85.29	$2,587.01	$99.50	$3,141.37	$120.82	$3,510.95	$135.04	$4,065.31	$156.36	$4,434.88	$170.57	$4,804.45	$184.79	$5,358.81	$206.11	$18,478.66

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 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	$734.76	$28.26	$881.71	$33.91	$1,028.66	$39.56	$1,249.09	$48.04	$1,396.04	$53.69	$1,616.47	$62.17	$1,763.42	$67.82	$1,910.38	$73.48	$2,130.80	$81.95	$7,347.60
Employee Plus One	$1,469.52	$56.52	$1,763.42	$67.82	$2,057.33	$79.13	$2,498.18	$96.08	$2,792.09	$107.39	$3,232.94	$124.34	$3,526.85	$135.65	$3,820.75	$146.95	$4,261.61	$163.91	$14,695.20
Employee Plus Family	$1,910.38	$73.48	$2,292.45	$88.17	$2,674.53	$102.87	$3,247.64	$124.91	$3,629.71	$139.60	$4,202.83	$161.65	$4,584.90	$176.34	$4,966.98	$191.04	$5,540.09	$213.08	$19,103.76
Employee Plus Domestic Partner	$1,469.52	$56.52	$1,763.42	$67.82	$2,057.33	$79.13	$2,498.18	$96.08	$2,792.09	$107.39	$3,232.94	$124.34	$3,526.85	$135.65	$3,820.75	$146.95	$4,261.61	$163.91	$14,695.20
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	$1,910.38	$73.48	$2,292.45	$88.17	$2,674.53	$102.87	$3,247.64	$124.91	$3,629.71	$139.60	$4,202.83	$161.65	$4,584.90	$176.34	$4,966.98	$191.04	$5,540.09	$213.08	$19,103.76

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	$676.79	$26.03	$812.15	$31.24	$947.50	$36.44	$1,150.54	$44.25	$1,285.90	$49.46	$1,488.93	$57.27	$1,624.29	$62.47	$1,759.65	$67.68	$1,962.69	$75.49	$6,767.88
Employee Plus One	$1,353.56	$52.06	$1,624.28	$62.47	$1,894.99	$72.88	$2,301.06	$88.50	$2,571.77	$98.91	$2,977.84	$114.53	$3,248.55	$124.94	$3,519.27	$135.36	$3,925.34	$150.97	$13,535.64
Employee Plus Family	$1,759.64	$67.68	$2,111.57	$81.21	$2,463.50	$94.75	$2,991.39	$115.05	$3,343.32	$128.59	$3,871.22	$148.89	$4,223.15	$162.43	$4,575.07	$175.96	$5,102.97	$196.27	$17,596.44
Employee Plus Domestic Partner	$1,353.56	$52.06	$1,624.28	$62.47	$1,894.99	$72.88	$2,301.06	$88.50	$2,571.77	$98.91	$2,977.84	$114.53	$3,248.55	$124.94	$3,519.27	$135.36	$3,925.34	$150.97	$13,535.64
Employee Plus Domestic Partner w/Children	$1,759.64	$67.68	$2,111.57	$81.21	$2,463.50	$94.75	$2,991.39	$115.05	$3,343.32	$128.59	$3,871.22	$148.89	$4,223.15	$162.43	$4,575.07	$175.96	$5,102.97	$196.27	$17,596.44
Employee Plus One Plus Domestic Partner	$1,759.64	$67.68	$2,111.57	$81.21	$2,463.50	$94.75	$2,991.39	$115.05	$3,343.32	$128.59	$3,871.22	$148.89	$4,223.15	$162.43	$4,575.07	$175.96	$5,102.97	$196.27	$17,596.44