

**Hamilton College**  
**2012 Group Dental and Vision Insurance Rates**

Employees electing dental and/or vision insurance pay the full group premium rates as outlined below:

***Dental***

<b>Coverage Level</b>	<b>Cost Per Month</b>	<b>Cost Per Week</b>
Employee Only	\$16.04	\$ 3.70
Employee Plus One	\$30.11	\$ 6.95
Employee Plus Two or More	\$48.00	\$11.08



***Vision***

<b>Coverage Level</b>	<b>Cost Per Month</b>	<b>Cost Per Week</b>
Employee Only	\$ 6.93	\$1.60
Employee Plus One	\$10.05	\$2.32
Employee Plus Two or More	\$18.02	\$4.16



***Special note for academic year only staff members:*** If you only receive regular paychecks during the academic year, your dental and vision insurance deductions are taken over 38 weeks rather than 52 weeks. To calculate your weekly deduction (January 1 through May 31 and September 1 through December 31), multiply the above monthly rates by 12 and then divide by 38.