Hamilton College 2018 Group Dental and Vision Insurance Rates

The College contributes one-third of the single dental rate toward each level of coverage (\$9.73/mo.). Employees electing vision insurance pay the full premium.

Dontal	Insurance -	Gu	ardian	PPO
Denual	msurance -	VIII.	uuuu	11()

	Total Cost Per Month		Employee Monthly Deduction		Employee Weekly Deduction	
Employee	\$	29.18	\$	19.45	\$	4.49
Employee Plus One	\$	54.76	\$	45.03	\$	10.39
Employee Plus Two or More	\$	87.32	\$	77.59	\$	17.91

Vision Insurance - Guardian with VSP Network

	Employee Monthly Deduction		Employee Weekly Deduction	
Employee	\$	7.70	\$	1.78
Employee Plus One	\$	11.17	\$	2.58
Employee Plus Two or More	\$	20.02	\$	4.62

Special note for staff paid on an academic-year basis: Your 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.