

**Hamilton College**  
**2023 Group Dental and Vision Insurance Rates**

***Dental Insurance - Guardian PPO***

	Total Cost Per Month	Employee Monthly Deduction	Employee Weekly Deduction
Employee	\$ 29.02	\$ 19.35	\$ 4.47
Employee - Spouse	\$ 58.76	\$ 49.09	\$ 11.33
Employee - Child(ren)	\$ 60.20	\$ 50.53	\$ 11.66
Family	\$ 92.84	\$ 83.17	\$ 19.19

***Vision Insurance - Guardian with VSP Network***

	Employee Monthly Deduction	Employee Weekly Deduction
Employee	\$ 10.91	\$ 2.52
Employee - Spouse	\$ 17.13	\$ 3.95
Employee - Child(ren)	\$ 19.52	\$ 4.50
Family	\$ 25.80	\$ 5.95

***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.