

Hamilton College
2026 Group Dental and Vision Insurance Rates

Dental Insurance - Guardian PPO

| | Total Cost Per Month | Employee Monthly Deduction | Employee Weekly Deduction |
|-----------------------|----------------------|----------------------------|---------------------------|
| Employee | \$ 35.48 | \$ 19.35 | \$ 4.47 |
| Employee - Spouse | \$ 65.22 | \$ 49.09 | \$ 11.33 |
| Employee - Child(ren) | \$ 66.66 | \$ 50.53 | \$ 11.66 |
| Family | \$ 99.30 | \$ 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 |