

Hamilton College
2027 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