

Hamilton College
2010 Group Dental and Vision Insurance Rates

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

Dental

Coverage Level	Cost Per Month	Cost Per Week
Employee Only	\$15.28	\$ 3.82
Employee Plus One	\$28.68	\$ 7.17
Employee Plus Two or More	\$45.72	\$11.43



Vision

Coverage Level	Cost Per Month	Cost Per Week
Employee Only	\$ 6.93	\$1.73
Employee Plus One	\$10.05	\$2.51
Employee Plus Two or More	\$18.02	\$4.51



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 36 weeks rather than 48 weeks. To calculate your weekly deduction (January 1 through May 31 and September 1 through December 31), multiply the above weekly rates by 48 and then divide by 36.