

**Hamilton College
2020 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	\$ 10.29	\$ 2.37
Employee - Spouse	\$ 16.16	\$ 3.73
Employee - Child(ren)	\$ 18.41	\$ 4.25
Family	\$ 24.34	\$ 5.62

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.