

**Hamilton College**  
**2025 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