

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