

**Hobart and William Smith Colleges  
Faculty/Administrative Benefit Eligible  
Health - Dental - Vision  
2025 Premium Rates**

<b>Health Plan Premiums</b>	<b>2025 Monthly Premium</b>	<b>Colleges' Monthly Contribution</b>	<b>Employee Monthly Contribution</b>	<b>Employee Biweekly Deduction (24)</b>
<b>Excellus Blue PPO</b>				
Employee Only	\$854.30	\$813.15	\$41.15	<b>\$20.58</b>
Employee + Spouse/DP*	\$1,785.30	\$1,269.37	\$515.93	<b>\$257.97</b>
Employee + Child(ren)	\$1,588.86	\$1,129.69	\$459.17	<b>\$229.59</b>
Employee + Family	\$2,528.46	\$1,797.76	\$730.70	<b>\$365.35</b>
Family with Spouse or DP* Employed at HWS	\$2,528.46	\$2,041.34	\$487.12	<b>\$243.56</b>
<b>Dental Insurance</b>				
<b>Excellus Dental PPO Low</b>				
Employee Only	\$15.04	\$7.52	\$7.52	<b>\$3.76</b>
Two Person	\$34.24	\$17.12	\$17.12	<b>\$8.56</b>
Family	\$52.61	\$26.30	\$26.31	<b>\$13.15</b>
<b>Excellus Dental PPO High</b>				
Employee Only	\$39.26	\$19.63	\$19.63	<b>\$9.82</b>
Two Person	\$89.58	\$44.79	\$44.79	<b>\$22.39</b>
Family	\$130.79	\$65.39	\$65.40	<b>\$32.70</b>
<b>Vision Insurance</b>				
<b>EyeMed Insight Network</b>				
Employee Only	\$5.65	\$2.83	\$2.82	<b>\$1.41</b>
Employee + Spouse/DP*	\$10.69	\$5.35	\$5.34	<b>\$2.67</b>
Employee + Child(ren)	\$11.26	\$5.63	\$5.63	<b>\$2.82</b>
Employee + Family	\$16.56	\$8.28	\$8.28	<b>\$4.14</b>

**\*DP is Domestic Partner**



**January 1, 2025 Rates**

**Group Critical Illness and Accident Insurance Premiums**

Employee Contribution

<b>Met Life Group Accident Low Plan</b>	Monthly	Biweekly
Employee Only	\$7.79	<b>\$3.90</b>
Employee + Spouse/DP*	\$15.39	<b>\$7.70</b>
Employee + Child(ren)	\$17.97	<b>\$8.99</b>
Employee + Family	\$21.53	<b>\$10.77</b>

Employee Contribution

<b>Met Life Group Accident High Plan</b>	Monthly	Biweekly
Employee Only	\$11.44	<b>\$5.72</b>
Employee + Spouse/DP*	\$22.50	<b>\$11.25</b>
Employee + Child(ren)	\$26.16	<b>\$13.08</b>
Employee + Family	\$31.37	<b>\$15.69</b>

**Monthly Premium for \$1,000 of Coverage**

<b>Met Life Group Critical Illness</b>	Employee Contribution			
Attained Age	EE Only	EE+SP/DP	EE+CH	Family
<25	\$0.24	\$0.40	\$0.40	\$0.57
25-29	\$0.26	\$0.43	\$0.42	\$0.60
30-34	\$0.38	\$0.62	\$0.55	\$0.79
35-39	\$0.54	\$0.85	\$0.70	\$1.02
40-44	\$0.81	\$1.26	\$0.97	\$1.43
45-49	\$1.25	\$1.93	\$1.42	\$2.10
50-54	\$1.86	\$2.84	\$2.03	\$3.01
55-59	\$2.65	\$4.02	\$2.81	\$4.18
60-64	\$3.81	\$5.76	\$3.97	\$5.92
65-69	\$5.72	\$8.62	\$5.89	\$8.79
70+	\$8.93	\$13.44	\$9.10	\$13.61

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