HOBART AND WILLIAM SMITH

Hobart and William Smith
Faculty/Administrative Benefit Eligible
Health - Dental - Vision
2026 Premium Rates

Health Plan Premiums	2026 Monthly Premium	Colleges' Monthly Contribution	Employee Monthly Contribution	Employee Biweekly Deduction (24)
Excellus Blue PPO				
Employee Only	$948.02	$902.36	$45.66	**$22.83**
Employee + Spouse/DP*	$1,981.16	$1,408.63	$572.53	**$286.27**
Employee + Child(ren)	$1,763.17	$1,253.63	$509.54	**$254.77**
Employee + Family	$2,805.84	$1,994.98	$810.86	**$405.43**
Family with Spouse or DP* Employed at HWS	$2,805.84	$2,265.28	$540.56	**$270.28**
Dental Insurance				
Excellus Dental PPO Low				
Employee Only	$15.04	$7.52	$7.52	**$3.76**
Two Person	$34.24	$17.12	$17.12	**$8.56**
Family	$52.61	$26.30	$26.31	**$13.15**
Excellus Dental PPO High				
Employee Only	$39.26	$19.63	$19.63	**$9.82**
Two Person	$89.58	$44.79	$44.79	**$22.39**
Family	$130.79	$65.39	$65.40	**$32.70**
Vision Insurance				
EyeMed Insight Network				
Employee Only	$5.65	$2.83	$2.82	**$1.41**
Employee + Spouse/DP*	$10.69	$5.35	$5.34	**$2.67**
Employee + Child(ren)	$11.26	$5.63	$5.63	**$2.82**
Employee + Family	$16.56	$8.28	$8.28	**$4.14**

***DP is Domestic Partner**

HOBART AND WILLIAM SMITH

January 1, 2026 Rates

Group Critital Illness and Accident Insurance Premiums	Employee Contribution	
Met Life Group Accident Low Plan	Monthly	**Biweekly**
Employee Only	$7.79	**$3.90**
Employee + Spouse/DP*	$15.39	**$7.70**
Employee + Child(ren)	$17.97	**$8.99**
Employee + Family	$21.53	**$10.77**

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

Monthly Premium for $1,000 of Coverage

Met Life Group Critital Illness	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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