HOBART AND WILLIAM SMITH

Hobart and William Smith
Faculty - Administrative Benefit Eligible
Health - Dental - Vision - Voluntary Plans
2027 Premium Cost Share

HEALTH PLAN PREMIUMS	2027 Monthly Premium	Colleges' Monthly Contribution	Employee Monthly Contribution	Employee Bi-Weekly Deduction (24)
Excellus Blue PPO				
Employee Only	$1,052.30	$973.38	$78.92	$39.46
Employee + Spouse/DP*	$2,199.09	$1,539.36	$659.73	$329.87
Employee + Child(ren)	$1,957.12	$1,369.98	$587.14	$293.57
Employee + Family	$3,114.48	$2,180.14	$934.34	$467.17
Family with Spouse or DP* Employed at HWS	$3,114.48	$2,491.59	$622.89	$311.45
DENTAL PLAN PREMIUMS				
Excellus BCBS - High Plan				
Employee Only	$42.97	$21.49	$21.48	$10.74
Two Person	$97.82	$48.91	$48.91	$24.46
Family	$142.82	$71.41	$71.41	$35.71
Excellus BCBS - Low Plan				
Employee Only	$16.42	$8.21	$8.21	$4.11
Two Person	$37.39	$18.70	$18.69	$9.35
Family	$57.45	$28.73	$28.72	$14.36
VISION PLAN PREMIUMS				
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 (Domestic Partner) - Tax Notice: If your domestic partner does not qualify as your IRS tax dependent, the employer contribution toward their coverage may be taxable income to you, and your share of the premium may not be eligible for pre-tax payroll deductions*

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VOLUNTARY ACCIDENT	Employee Monthly Contribution	Employee Bi-Weekly Deduction (24)
Metlife - High Plan		
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
Metlife -Low Plan		
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

VOLUNTARY CRITICAL ILLNESS

MetLife	Employee Monthly Contribution			
	Employee Only	Employee & Spouse/DP	Employee + Child(ren)	Employee + 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

Attained Age (Monthly Premium Per $1,000 of Coverage)

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