

2020-2021 Per Pay Period Premium Vision



Plan	Tier	Part-Time Active EMPLOYER Premium Per Pay Period	Part-Time Active EMPLOYEE Premium Per Pay Period	Full-Time Active EMPLOYER Premium Per Pay Period	Full-Time Active EMPLOYEE Premium Per Pay Period
EyeMed	Employee	1.37	2.03	2.74	0.66
	Employee + Spouse	2.53	3.98	5.06	1.45
	Employee + Child(ren)	2.75	3.84	5.50	1.09
	Employee + Family	3.98	5.93	7.96	1.95