



Vision Premiums

Part-time and Full-time Employee Premium Per Pay Period

PLAN	TIER	PREMIUM AMOUNT	
		PART-TIME	FULL-TIME
EyeMed Vision	Employee	1.87	0.61
	Employee + Spouse	3.67	1.34
	Employee + Child(ren)	3.54	1.01
	Employee + Family	5.47	1.80