



**Vision Insurance Premiums
2022 Plan Year**

Optional Vision Provided by UniCare Vision

Employees Paid Monthly

Voluntary Vision Plan	Employee Cost
Employee Only	\$6.90
Employee + Child(ren)	\$11.12
Employee + Spouse	\$11.61
Family	\$17.88

Employees Paid Biweekly-26

Payroll deductions are taken over 26 pay periods.

Voluntary Vision Plan	Employee Cost
Employee Only	\$3.18
Employee + Child(ren)	\$5.13
Employee + Spouse	\$5.36
Family	\$8.25

Employees Paid Biweekly-20

Payroll deductions are taken over 20 pay periods.

Voluntary Vision Plan	Employee Cost
Employee Only	\$4.14
Employee + Child(ren)	\$6.67
Employee + Spouse	\$6.97
Family	\$10.73