

Voluntary Vision Insurance Premiums

2023 Plan Year



Voluntary Vision Provided by UniCare Vision

Total Cost			
Coverage Level	Total Premium	Employee Cost	Employer Cost
Employee Only	\$7.12	\$7.12	\$0.00
Employee + Spouse	\$11.83	\$11.83	\$0.00
Employee + Children	\$11.34	\$11.34	\$0.00
Family	\$18.10	\$18.10	\$0.00

Employees Paid Monthly	
<i>Payroll deductions are taken over 12 pay periods</i>	
Coverage Level	Employee Cost
Employee Only	7.12
Employee + Spouse	11.83
Employee + Children	11.34
Family	18.10

Employees Paid Biweekly – 26 pay periods	
<i>Payroll deductions are taken over 26 pay periods</i>	
Coverage Level	Employee Cost
Employee Only	3.29
Employee + Spouse	5.46
Employee + Children	5.23
Family	8.35

Employees Paid Biweekly – 20 pay periods	
<i>Payroll deductions are taken over 20 pay periods</i>	
Coverage Level	Employee Cost
Employee Only	4.27
Employee + Spouse	7.10
Employee + Children	6.80
Family	10.86