

Voluntary Vision Insurance Premiums



2024 PLAN YEAR

Voluntary Vision Provided by UniCare Vision

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

EMPLOYEES PAID MONTHLY – 12 PAY PERIODS

Payroll deductions are taken over 12 pay periods

Coverage Tier	Voluntary Vision Insurance
Coverage Level	Employee Cost
Employee Only	7.12
Employee + Children	11.34
Employee + Spouse	11.83
Family	18.10

EMPLOYEES PAID BIWEEKLY – 26 PAY PERIODS

Payroll deductions are taken over 26 pay periods

Coverage Tier	Low Option
Coverage Level	Employee Cost
Employee Only	3.29
Employee + Children	5.23
Employee + Spouse	5.46
Family	8.35

EMPLOYEES PAID BIWEEKLY – 20 PAY PERIODS

Payroll deductions are taken over 20 pay periods

Coverage Tier	Low Option
Coverage Level	Employee Cost
Employee Only	4.27
Employee + Children	6.80
Employee + Spouse	7.10
Family	10.86