

VISION INSURANCE PREMIUM RATES

January 1, 2025 to December 31, 2025

	<u>Per Pay</u>	<u>Monthly</u>	<u>COBRA</u>
Employee	\$3.60	\$ 7.20	\$ 7.34
Employee + Spouse	\$7.57	\$15.14	\$15.44
Employee + Child(ren)	\$6.09	\$12.18	\$12.42
Employee + Family	\$10.15	\$20.30	\$20.71