# **Voluntary Vision Insurance Premiums**

#### **2025 PLAN YEAR**



Voluntary Vision Provided by BlueView Vision

TOTAL COST			
Coverage Level - Low	<b>Total Premium</b>	<b>Employee Cost</b>	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 – 12 PAY PERIODS**

Payroll deductions are taken over 12 pay periods

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

### **EMPLOYEES PAID BIWEEKLY – 26 PAY PERIODS**

Pavroll deductions are taken over 26 pay periods

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Coverage Tier	Voluntary Vision Insurance		
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**

Payroll deductions are taken over 20 pay periods

Coverage Tier	Voluntary Vision Insurance		
Coverage Level	Employee Cost		
Employee Only	4.27		
Employee + Spouse	7.10		
Employee + Children	6.80		
Family	10.86		