

Vision premiums are deducted from each paycheck.
 There are 26 paychecks in 2024.

2024 full-time and part-time Vision Premiums

	EyeMed Plus Plan
Biweekly Premiums	Team Member
Team Member Only	\$2.88
TM + Spouse	\$5.75
TM + Child	\$5.46
TM + Children	\$8.46
Family	\$8.46

2024 COBRA Vision Monthly Rates

	EyeMed Plus Plan
Monthly Rate	COBRA Monthly Rates
Single	\$6.36
Member + Spouse	\$12.72
Member + Child	\$12.08
Member + Children	\$18.70
Family	\$18.70