

2018 Monthly Vision Premiums

	BASIC PLAN	EXPANDED PLAN
ACTIVE MEMBERS		
Employee Only	\$3.07	\$5.56
Employee + Child(ren)	\$6.13	\$11.12
Employee + Spouse	\$5.82	\$10.57
Employee + Spouse + Child(ren)	\$9.01	\$16.35
COBRA PARTICIPANTS		
Employee Only/Single	\$3.13	\$5.67
Employee + Child(ren)	\$6.25	\$11.34
Employee + Spouse	\$5.94	\$10.78
Employee + Spouse + Child(ren)	\$9.19	\$16.68
COBRA DISABILITY PARTICIPANTS		
Employee Only/Single	\$4.61	\$8.34
Employee + Child(ren)	\$9.20	\$16.68
Employee + Spouse	\$8.73	\$15.86
Employee + Spouse + Child(ren)	\$13.52	\$24.53
RETIREE PARTICIPANTS		
Retiree Only	\$3.07	\$5.56
Retiree + Child(ren)	\$6.13	\$11.12
Retiree + Spouse	\$5.82	\$10.57
Retiree + Spouse + Child(ren)	\$9.01	\$16.35
Spouse Only	\$3.07	\$5.56
One Child Only	\$3.07	\$5.56
Two or More Children Only	\$6.13	\$11.12
Spouse + Children Only	\$6.13	\$11.12