

## Vision

Plans & coverage tiers	Biweekly rates
EyeMed Vision Plan	
Employee Only	\$3.56
Employee + Spouse/Partner <sup>1</sup>	\$8.03
Employee + Child(ren) <sup>1</sup>	\$6.24
Employee + Family <sup>1</sup>	\$10.70

<sup>&</sup>lt;sup>1</sup> Includes partner and/or partner's child(ren).



