



1/1/2025

Group Vision Insurance Monthly Premiums

Full-Time Employee (30+ hours per week) & Part-Time Employee (20 - 29 hours per week)

PLAN	EyeMed Vision			
	Single	Employee + Child/ren	Employee + Spouse	Family
Vision Insurance - All Tiers				
Employee Total	\$ 7.09	\$ 14.18	\$ 13.47	\$ 20.85
Washburn Total	\$ -	\$ -	\$ -	\$ -
Total Premium	\$ 7.09	\$ 14.18	\$ 12.77	\$ 20.85