

**November 1<sup>st</sup> through October 31<sup>st</sup>**

**Monthly Vision Benefit Rates**

| Plans                 | Premium |
|-----------------------|---------|
| Employee Only         | \$7.73  |
| Employee + Spouse     | \$12.36 |
| Employee + Child(ren) | \$14.27 |
| Full Family           | \$24.26 |