



2021 Retiree Vision Insurance Benefits Rate Sheet

Vision Insurance	
EyeMed	Paid (monthly)
Employee Only	\$ 4.50
Employee/Spouse	\$ 8.54
Employee/Child(ren)	\$ 9.00
Employee/Family	\$ 13.22

Effective Date: January 1, 2021 - December 31, 2021

[View EyeMed Benefit Summary](#)