



2021 Employee Vision Insurance Benefits Rate Sheet

Vision Insurance		
EyeMed	College Paid (monthly)	Employee Paid (monthly)
Employee Only	\$ 4.50	\$ -
Employee/Spouse	\$ -	\$ 4.04
Employee/Child(ren)	\$ -	\$ 4.50
Employee/Family	\$ -	\$ 8.72

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

[View EyeMed Benefit Summary](#)