

Bi-weekly Benefits Premium Rates: Vision

UHC Vision (Core)*			
Full-Time	Employee Contribution	Employer Contribution	Total Premium
Employee	\$0.00	\$1.55	\$1.55
Employee +1	\$0.24	\$2.71	\$2.95
Family	\$0.38	\$3.95	\$4.33

UHC Vision (Enhanced)*			
Full-Time	Employee Contribution	Employer Contribution	Total Premium
Employee	\$0.64	\$2.39	\$3.03
Employee +1	\$3.06	\$2.71	\$5.77
Family	\$4.52	\$3.95	\$8.47

UHC Vision (Core)*			
Part-Time	Employee Contribution	Employer Contribution	Total Premium
Employee	\$0.48	\$1.08	\$1.55
Employee +1	\$1.36	\$1.59	\$2.95
Family	\$2.00	\$2.34	\$4.33

UHC Vision (Enhanced)*			
Part-Time	Employee Contribution	Employer Contribution	Total Premium
Employee	\$1.95	\$1.08	\$3.03
Employee +1	\$4.18	\$1.56	\$5.77
Family	\$6.14	\$2.34	\$8.47

*All rates shown are bi-weekly.