

## 2022 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, 2022 - December 31, 2022

View EyeMed Benefit Summary