

**Vision - Benefits Eligible Employees
January 1, 2017 - December 31, 2017**



VSP Vision Care

Premiums Paid Solely by the Employee

	24 Pay	18 Pay
Employee	\$ 3.33	\$ 4.43
Employee/Child(ren)	\$ 7.11	\$ 9.47
Employee/Spouse	\$ 6.64	\$ 8.85
Employee/Family	\$ 11.34	\$ 15.12