

2024 Active Plan Rates – Vision

Tables below shows bi-weekly* dental and vision plan rates for enrolled Active employees.

2024 Bi-Weekly* Vision Premium				
	Total Bi-Weekly* Cost	Cost Share County / Employee	County Cost	Employee Cost
EyeMed Vision				
Employee	\$3.25	58% / 42%	\$1.89	\$1.36
Employee + 1	\$6.66	58% / 42%	\$3.86	\$2.80
Family	\$8.74	58% / 42%	\$5.07	\$3.67

* Benefit plan deductions are made on 24 of the County's 26 pay periods per year.

2024 Under 65 Retiree Plan Rates – Vision

Tables below shows monthly dental and vision plan rates for all Over 65 Retirees.

	2024 Monthly Vision Premium			
	Total Monthly Cost	Cost Share County / Employee	County Cost	Retiree Cost
EyeMed Vision				
Retiree	\$6.50	58% / 42%	\$3.77	\$2.73
Retiree + 1	\$13.33	58% / 42%	\$7.73	\$5.60
Family	\$17.48	58% / 42%	\$10.14	\$7.34

2024 Over 65 Retiree Plan Rates – Vision

Tables below shows monthly dental and vision plan rates for all Over 65 Retirees.

	2024 Monthly Vision Premium			
	Total Cost	Cost Share County / Employee	County Cost	Retiree Cost
EyeMed Vision				
Retiree	\$6.50	58% / 42%	\$3.77	\$2.73
Family	\$14.80	58% / 42%	\$8.58	\$6.22