

# 2026 Active Plan Rates – Vision

	2026 Bi-Weekly* Vision Premium			
	Total Bi-Weekly* Cost	Cost Share County / Employee	County Cost	Employee Cost
MetLife 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

The table above shows bi-weekly\* medical plan rates for enrolled Active employees.

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