



# Bi-weekly Benefits Premium Rates: Vision

UHC Vision Core (Full-time, Bi-weekly rates)			
	Employee Contribution	Employer Contribution	Total Premium
Employee	\$0.00	\$1.83	\$1.83
Employee + Spouse	\$0.28	\$3.20	\$3.48
Employee + Child(ren)	\$0.28	\$3.20	\$3.48
Family	\$0.46	\$4.66	\$5.12

UHC Vision Enhanced (Full-time, Bi-weekly rates)			
	Employee Contribution	Employer Contribution	Total Premium
Employee	\$0.75	\$2.82	\$3.57
Employee + Spouse	\$3.61	\$3.20	\$6.81
Employee + Child(ren)	\$3.61	\$3.20	\$6.81
Family	\$5.30	\$4.70	\$10.00

UHC Vision Core (Part-time, Bi-weekly rates)			
	Employee Contribution	Employer Contribution	Total Premium
Employee	\$0.57	\$1.26	\$1.83
Employee + Spouse	\$1.60	\$1.88	\$3.48
Employee + Child(ren)	\$1.60	\$1.88	\$3.48
Family	\$2.35	\$2.76	\$5.12

UHC Vision Enhanced (Part-time, Bi-weekly rates)			
	Employee Contribution	Employer Contribution	Total Premium
Employee	\$2.29	\$1.29	\$3.57
Employee + Spouse	\$4.90	\$1.91	\$6.81
Employee + Child(ren)	\$4.90	\$1.91	\$6.81
Family	\$7.20	\$2.80	\$10.00

