2027 Monthly Vision Premiums

PARTNERS FOR HEALTH

		BASIC PLAN	EXPANDED PLAN
ACTIVE MEMBERS	Employee Only	$3.18	$6.30
	Employee + Child(ren)	$6.35	$12.60
	Employee + Spouse	$6.03	$11.98
	Employee + Spouse + Child(ren)	$9.33	$18.54

		BASIC PLAN	EXPANDED PLAN
COBRA PARTICIPANTS	Employee Only/Single	$3.24	$6.43
	Employee + Child(ren)	$6.48	$12.85
	Employee + Spouse	$6.15	$12.22
	Employee + Spouse + Child(ren)	$9.52	$18.91

		BASIC PLAN	EXPANDED PLAN
COBRA DISABILITY PARTICIPANTS	Employee Only/Single	$4.77	$9.45
	Employee + Child(ren)	$9.53	$18.90
	Employee + Spouse	$9.05	$17.97
	Employee + Spouse + Child(ren)	$14.00	$27.81

		BASIC PLAN	EXPANDED PLAN
RETIREE PARTICIPANTS	Retiree Only	$3.18	$6.30
	Retiree + Child(ren)	$6.35	$12.60
	Retiree + Spouse	$6.03	$11.98
	Retiree + Spouse + Child(ren)	$9.33	$18.54
	Spouse Only	$3.18	$6.30
	One Child Only	$3.18	$6.30
	Two or More Children Only	$6.35	$12.60
	Spouse + Children Only	$6.35	$12.60