

## Vision Plan Costs

<b>Aetna Preferred Vision</b>				
Coverage Level	Total Cost (Board + Employee)	Board Contribution	Employee Premium (monthly)	Employee Premium (22 Pay Periods)
Employee	\$5.60	\$5.60	\$0.00	\$0.00
Employee & Spouse	\$13.73	\$5.60	\$8.13	\$4.43
Employee & Children	\$16.31	\$5.60	\$10.71	\$5.84
Family	\$23.15	\$5.60	\$17.55	\$9.57
Family w/ 2 Employed Spouses	\$23.15	\$11.20	\$11.95	\$6.52