

**Worthington City Schools**  
**Classified Staff & Other Administrators**  
**2025 Vision Insurance Premiums Per Month**

VISION INSURANCE PREMIUMS						
FTE	Single			Family		
	Employee	Board	Total	Employee	Board	Total
Full Time	\$ -	\$ 4.69	\$ 4.69	\$ -	\$ 11.97	\$ 11.97
5 Hrs	\$ 1.64	\$ 3.05	\$ 4.69	\$ 4.19	\$ 7.78	\$ 11.97
4 Hrs	\$ 2.35	\$ 2.34	\$ 4.69	\$ 5.99	\$ 5.98	\$ 11.97
3 Hrs	\$ 2.93	\$ 1.76	\$ 4.69	\$ 7.48	\$ 4.49	\$ 11.97
2 Hrs	\$ 4.69	\$ -	\$ 4.69	\$ 11.97	\$ -	\$ 11.97
1 Hr	\$ 4.69	\$ -	\$ 4.69	\$ 11.97	\$ -	\$ 11.97

***Example: If you are a 5.5 hour employee, premiums are based on 5 Hours***