Worthington City Schools
Classified Staff & Other Administrators
2027 Vision Insurance Premiums Per Month

VISION INSURANCE PREMIUMS												
FTE	Single						Family					
	Employee		Board		Total		Employee		Board		Total	
Full Time	$	-	$	5.29	$	5.29	$	-	$	13.50	$	13.50
5 Hrs	$	1.85	$	3.44	$	5.29	$	4.72	$	8.78	$	13.50
4 Hrs	$	2.64	$	2.65	$	5.29	$	6.75	$	6.75	$	13.50
3 Hrs	$	3.31	$	1.98	$	5.29	$	8.44	$	5.06	$	13.50
2 Hrs	$	5.29	$	-	$	5.29	$	13.50	$	-	$	13.50
1 Hr	$	5.29	$	-	$	5.29	$	13.50	$	-	$	13.50

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