



Vision Rates

7-1-19 thru 6-30-20

Guardian Vision	Total Premium	Employee Contribution per pay	Cost Share	
Coverage Level			ER	EE
Individual	6.66	3.33	0.00%	100.0%
Individual/Child(ren)	11.43	5.72	0.00%	100.0%
Individual/Spouse	11.21	5.61	0.00%	100.0%
Family	18.09	9.05	0.00%	100.0%