

CITY OF JACKSONVILLE

VISION EYEMED PLAN RATES

EFFECTIVE JANUARY 01, 2018

| PLAN | COVERAGE | Per Pay Period |
|--------|------------------------------|----------------|
| ACTIVE | VISION Option Basic | |
| | Employee Only | 2.47 |
| | Employee & Spouse | 3.92 |
| | Employee & Child(ren) | 4.00 |
| | Employee & Family | 6.45 |
| | Vision Back Deduction | |
| | | |
| ACTIVE | VISION Option Premier | |
| | Employee Only | 3.77 |
| | Employee & Spouse | 6.10 |
| | Employee & Child(ren) | 5.98 |
| | Employee & Family | 9.84 |
| | | |
| PLAN | COBRA COVERAGE | Per Pay Period |
| COBRA | VISION Option Basic | |
| | Former Employee Only | 2.52 |
| | Spouse Only | 2.52 |
| | Child Only | 2.52 |
| | Former Employee & Spouse | 4.00 |
| | Former Employee & family | 6.58 |
| | Former Employee & Child(ren) | 4.08 |
| | Spouse & Child(ren) | 4.08 |
| | Children (Each) | 2.52 |
| | | |
| COBRA | VISION Option Premier | |
| | Former Employee Only | 3.84 |
| | Spouse Only | 3.84 |
| | Child Only | 3.84 |
| | Former Employee & Spouse | 6.22 |
| | Former Employee & family | 10.04 |
| | Former Employee & Child(ren) | 6.10 |
| | Spouse & Child(ren) | 6.10 |
| | Children (Each) | 3.84 |