

CITY OF JACKSONVILLE
 EYEMED VISION PLAN RATES
 EFFECTIVE JANUARY 1, 2020

ACTIVE FULL-TIME & PART-TIME EMPLOYEES

PLAN	COVERAGE	Per Pay Period
VISION Plan Basic	Employee Only	2.47
	Employee & Spouse	3.92
	Employee & Child(ren)	4.00
	Employee & Family	6.45
VISION Plan Premier	Employee Only	3.77
	Employee & Spouse	6.10
	Employee & Child(ren)	5.98
	Employee & Family	9.84

RETIREE/PENSIONER

PLAN	COVERAGE	Per Pay Period
VISION Plan Basic	Retiree Only	2.47
	Retiree & Spouse	3.92
	Retiree & Child(ren)	4.00
	Retiree & Family	6.45
	Spouse Only ***	2.47
	Child Only (per Child) ***	2.47
	Spouse and Child/dren ***	4.00
	*** APPLIES ONLY WHEN RETIREE IS DECEASED OR GOING ON MEDICARE	
VISION Plan Premier	Retiree Only	3.77
	Retiree & Spouse	6.10
	Retiree & Child(ren)	5.98
	Retiree & Family	9.84
	Spouse Only ***	3.77
	Child Only (per Child) ***	3.77
	Spouse and Child/dren ***	5.98
	*** APPLIES ONLY WHEN RETIREE IS DECEASED OR GOING ON MEDICARE	