



coverage tiers 2023 vision premiums imputed inco
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EyeMed	bi-weekly	monthly	bi-weekly
Associate only	\$3.43	\$6.86	n/a
Associate & Child(ren)	\$6.87	\$13.73	n/a
Associate & Spouse/Domestic Partner	\$6.53	\$13.05	\$2.86
Family	\$10.10	\$20.19	\$2.86

## Notes:

- Premiums deducted from 24/26 payrolls
- Imputed income applied if Domestic Partner is enrolled on a Paycor vision plan.