



coverage tiers	2024 vision premiums		imputed income
	bi-weekly	monthly	bi-weekly
EyeMed			
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	\$3.09
Family	\$10.10	\$20.19	\$3.09

Notes:

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