

2027 Vision Plan Rates

Vision Premiums		Bi-Weekly Rates	
MetLife	Total Premium	Employee Contribution	County Contribution
Employee only	\$2.48	\$2.48	\$0
Employee + 1	\$4.96	\$4.96	\$0
Employee + 2 or more	\$7.28	\$7.28	\$0