

**Attachment A - EyeMed Vision Premium Rates
July 2023 - July 2028**

	Coverage Type	2023-28 Biweekly Raw Rates	Mgmt Fee	2023-28 Bi-Weekly Rates*	2022-23 Bi-Weekly Rates*	Dollar Change	Percentage (%) Change
Group 1 - Eye360	Employee Only (County Paid)	\$2.30	\$0.23	\$2.53	\$2.53	\$0.00	0.0%
Group 2 - Eye360	Employee Only (County Paid)	\$2.26	\$0.23	\$2.49	\$2.49	\$0.00	0.0%
	Employee + 1 (Employee Paid)	\$5.42	\$0.23	\$5.65	\$5.65	\$0.00	0.0%
	Employee + 2 (Employee Paid)	\$11.07	\$0.23	\$11.30	\$11.30	\$0.00	0.0%
Group 3 - Eye360	Employee + Family (County Paid)	\$5.76	\$0.23	\$5.99	\$5.99	\$0.00	0.0%
Group 4 - Eye360	Employee + Family (County Paid)	\$4.90	\$0.23	\$5.13	\$5.13	\$0.00	0.0%

**Note: Includes County management fee of \$0.23
Rev. 04/17/2023*