

EMPLOYEE COST SHARING

July 1, 2012 through June 30, 2013



Type of Benefit	Single		2-Person		Employee + Children		Family	
Vision Plan	Monthly	Bi- Weekly	Monthly	Bi- Weekly	Monthly	Bi- Weekly	Monthly	Bi- Weekly
	\$7.53	\$3.48	\$12.05	\$5.56	\$12.30	\$5.68	\$19.84	\$9.16