

DIOCESE OF LAFAYETTE VISION PREMIUM RATES

1/1/2018 – 12/31/2018

ENROLLED ON THE DIOCESAN HEALTH INSURANCE

<u>BASE PLAN (EXAM PLUS)</u>	<u>MONTHLY PREMIUM</u>
Eligible Employee Only Coverage	\$0.00
Family	\$3.20
<u>BUY-UP (Vision Care)</u>	
Employee Only	\$3.62
Family	\$16.38

NOT ENROLLED ON THE DIOCESAN HEALTH INSURANCE

<u>BASE (Exam Plus)</u>	<u>MONTHLY PREMIUM</u>
Eligible Employee Only	\$2.26
Family	\$5.46
<u>BUY-UP (Vision Care)</u>	
Employee Only	\$5.88
Family	\$18.64