Vision Monthly Premium
Powered by UnitedHealthcare Vision Network

Rates Effective 01/01/2027 - 12/31/2027

Plan S1026

Vision Plan (S1026 / VS100001)		
Coverage Tier		**Monthly Premium**
	Employee	$6.90
	Employee & Spouse	$11.73
	Employee & Child	$12.08
	Family	$17.25

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