

MSD WASHINGTON TOWNSHIP  
 VISION INSURANCE COST PER PAY - ALL ELIGIBLE STAFF  
 January 1 through December 31, 2024

**VISION**

MONTHLY COST	
Single	\$ 0.08
EE + Spouse	\$ 8.98
EE + Child(ren)	\$ 10.16
Family	\$ 20.98

PER PAY	24 PAYS	18 PAYS
Single	\$ 0.04	\$ 0.05
EE + Spouse	\$ 4.49	\$ 5.99
EE + Child(ren)	\$ 5.08	\$ 6.77
Family	\$ 10.49	\$ 13.99

Groups 200 201 202 299 300 301 302 400 401 500 501 502  
 503 and 504