

THE SCHOOL BOARD OF BAY COUNTY - GROUP VISION INSURANCE

1/1/2024

	EMPLOYEE CONTRIBUTION (PER PAYCHECK)	
TYPE OF COVERAGE	Monthly	Per Pay Period (Semi-Monthly)
Employee	\$5.16	\$2.58
Employee/Spouse	\$10.33	\$5.17
Employee/Child	\$12.90	\$6.45
Family	\$18.08	\$9.04