

THE SCHOOL BOARD OF BAY COUNTY - GROUP VISION INSURANCE

Provider - Humana Vision

	EMPLOYEE CONTRIBUTION (PER PAYCHECK)	
TYPE OF COVERAGE	Monthly	Per Pay Period (Semi-Monthly)
Employee	\$5.62	\$2.81
Employee / Spouse	\$11.25	\$5.63
Employee / Child(ren)	\$14.06	\$7.03
Family	\$19.70	\$9.85