

Vision Insurance



Eligibility: Effective 1st of the month following employment. See www.bankwithchoice.com/mybenefits for full plan summary.

Plan Type	Employee Per Pay Premium Cost	Copay Exams/Materials
Plan #1 (Choice Network)		
Employee Only	\$6.05	\$10 exam Copay \$25 material copay
Employee + Child/Children	\$10.17	
Employee + Spouse/Domestic Partner* <i>*Domestic partner eligibility requires shared residence & jointly responsible for basic living expenses.</i>	\$9.97	
Family	\$16.09	
Plan #2 (Signature Network)		
Employee Only	\$8.24	\$10 exam Copay \$25 material copay
Employee + Child/Children	\$13.82	
Employee + Spouse/Domestic Partner* <i>*Domestic partner eligibility requires shared residence & jointly responsible for basic living expenses.</i>	\$13.55	
Family	\$21.87	

