

RATES

JUNE 1 - MAY 31, 2026
EMPLOYEE CONTRIBUTIONS

PREMIER RADIOLOGY

Lincoln Financial



Your contributions toward the cost of vision coverage is automatically deducted from your paycheck before taxes.

Bi-Weekly:

Coverage Tier	Bi-Weekly Employee Contribution
Preferred Plan	
Employee Only	\$1.86
Employee + Spouse	\$5.59
Employee + Child(ren)	\$6.92
Family	\$10.65

Monthly:

Coverage Tier	Monthly Employee Contribution
Employee Only	\$4.04
Employee + Spouse	\$12.11
Employee + Child(ren)	\$15.00
Family	\$23.07

