

# RATES

JUNE 1 - MAY 31, 2025  
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 |
|-----------------------|---------------------------------|
|                       | <b>Preferred Plan</b>           |
| 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                       |

