

**Worthington City Schools**  
**Classified Staff**  
**2021 Vision Insurance Premiums Per Month**

VISION INSURANCE PREMIUMS						
FTE	Single			Family		
	Employee	Board	Total	Employee	Board	Total
Full Time	\$ -	\$ 4.28	\$ 4.28	\$ -	\$ 10.93	\$ 10.93
5 Hrs	\$ 1.50	\$ 2.78	\$ 4.28	\$ 3.83	\$ 7.10	\$ 10.93
4 Hrs	\$ 2.14	\$ 2.14	\$ 4.28	\$ 5.47	\$ 5.46	\$ 10.93
3 Hrs	\$ 3.91	\$ 0.37	\$ 4.28	\$ 6.83	\$ 4.10	\$ 10.93
2 Hrs	\$ 4.28	\$ -	\$ 4.28	\$ 10.93	\$ -	\$ 10.93
1 Hr	\$ 4.28	\$ -	\$ 4.28	\$ 10.93	\$ -	\$ 10.93

***Example: If you are a 5.5 hour employee, premiums are based on 5 Hours***