

Uintah School District
Employee Contributions & Premiums
September 1, 2019 – August 31, 2020

Vision OptiCare of Utah

| Plan 10-120B | |
|----------------------------------|-------------------------|
| Status | Total Premium Per Month |
| <i>Employee Only</i> | \$5.08 |
| <i>Employee + Spouse</i> | \$9.32 |
| <i>Employee + Child/Children</i> | \$9.82 |
| <i>Employee + Family</i> | \$17.96 |

