



Guardian Voluntary Vision Insurance
Monthly Premium Rates for Plan Period
January 1, 2020 – December 31, 2020

Rates reflect a 0% increase over the 2019 plan year.

Employee Only	\$6.04
Employee + Child(ren)	\$11.64
Employee + Spouse	\$11.12
Family Rate	\$17.44

COBRA Rates:

Employee Only:	\$6.16
Employee + Child(ren)	\$11.87
Employee + Spouse	\$11.34
Family	\$17.79