



UW Medical Foundation
2025 VSP Vision Premiums
Effective January 1, 2025

Coverage Type	Monthly Premium	Per Pay Period Premium*
Single	\$6.34	\$3.17
Employee + 1	\$12.70	\$6.35
Family	\$20.42	\$10.21

*Deductions will be taken biweekly from A and B payrolls. Employees will not have a deduction on their 6/6/2025 and 12/5/2025 paycheck.

DISCLAIMER: Every effort has been made to ensure that this information is correct and current. If discrepancies are noted, plan documents will prevail.