



2024 Employee Vision Plan Monthly Direct Bill Rate Table

County of Orange Vision Plan	F		O
VISION PLAN AND ENROLLMENT STATUS	Unpaid Family Medical Leave		Unpaid Leave (Not FMLA)
	Full Time Employee	Part Time Employee	
Employee Only	\$0.00	\$3.71	\$7.41
Employee With 1 Dependent	\$8.62	\$12.33	\$16.03
Employee With 2 or More Dependents	\$19.12	\$22.83	\$26.53