

**City of Fargo**  
**Avesis Vision Premiums**  
**2018**

	Employee Pay Period Contribution	Employee Monthly Contribution	Total Annual Premium
<b>All Eligible Employee*</b>			
Employee Only	\$5.62	\$11.24	\$134.88
+ spouse	\$10.62	\$21.24	\$254.88
+ children	\$11.58	\$23.16	\$277.92
+ spouse & children	\$15.02	\$30.04	\$360.48

\*Premiums apply to employees who are benefit eligible as defined in COF policy.