



**Platinum Vision Split Rate Schedule**  
**Requires 50% of Full-Time CSEA Bargaining Unit Member Participation**

**Employee Only**

7/1/23-6/30/24	\$12.65 month	\$151.80 annual
7/1/24-6/30/25	\$12.65 month	\$151.80 annual
7/1/25-6/30/26	\$12.65 month	\$151.80 annual
7/1/26-6/30/27	\$12.65 month	\$151.80 annual

**Employee & Family**

7/1/23-6/30/24	\$34.32 month	\$411.84 annual
7/1/24-6/30/25	\$34.32 month	\$411.84 annual
7/1/25-6/30/26	\$34.32 month	\$411.84 annual
7/1/26-6/30/27	\$34.32 month	\$411.84 annual

**Platinum Vision Composite Rate Schedule**  
**One Rate that includes Dependent Coverage**  
**Requires 50% of Full-Time CSEA Bargaining Unit Member Participation**

**Composite**

7/1/23-6/30/24	\$24.34 month	\$292.08 annual
7/1/24-6/30/25	\$24.34 month	\$292.08 annual
7/1/25-6/30/26	\$24.34 month	\$292.08 annual
7/1/26-6/30/27	\$24.34 month	\$292.08 annual