

Vision Service Plan (VSP)

Alvin ISD Vision Rates

2021-2022 Premium

Customer Service # 1-800-877-7195 Client ID: 12005782 0006

18 Times Premium for Vision

Tier	Monthly Premium	Semi Monthly Premium
Employee Only	\$11.74	\$5.87
Employee & Children	\$18.54	\$9.27
Employee & Spouse	\$18.26	\$9.13
Employee & Family	\$29.70	\$14.85

Tier	Monthly Premium	Semi Monthly Premium
------	-----------------	----------------------

(HIB) Hospital Indemnity Benefit - Vision		
HIB Participants Only	\$0.00	\$0.00
Children	\$6.80	\$3.40
Spouse	\$6.52	\$3.26
Family	\$17.96	\$8.98

18 Pay for Sept 1 OE	18 Pay for Oct 1	18 Pays for Nov 1	18 Pays for Dec 1	18 Pays for Jan 1	18 Pays for Feb 1	18 Pays for Mar 1	18 Pays for Apr 1	18 Pays for May 1
24-18	22-16	20-14	18-12	16-10	14-8	12-6	10-4	8-2
\$7.83	\$8.07	\$8.39	\$8.81	\$9.39	\$10.27	\$11.74	\$14.68	\$23.48
\$12.36	\$12.75	\$13.24	\$13.91	\$14.83	\$16.22	\$18.54	\$23.18	\$37.08
\$12.17	\$12.55	\$13.04	\$13.70	\$14.61	\$15.98	\$18.26	\$22.83	\$36.52
\$19.80	\$20.42	\$21.21	\$22.28	\$23.76	\$25.99	\$29.70	\$37.13	\$59.40

\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$4.53	\$4.68	\$4.86	\$5.10	\$5.44	\$5.95	\$6.80	\$8.50	\$13.60
\$4.35	\$4.48	\$4.66	\$4.89	\$5.22	\$5.71	\$6.52	\$8.15	\$13.04
\$11.97	\$12.35	\$12.83	\$13.47	\$14.37	\$15.72	\$17.96	\$22.45	\$35.92

* The district pays **\$11.74** per month for HIB Participants