

**Vision Service Plan (VSP)**  
**Alvin ISD Vision Rates**  
**2017 - 2018**

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

Tier	Employee Monthly Cost	Per Payroll Deduction
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	Employee Monthly Cost	Per Payroll Deduction
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(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

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