

Vision Service Plan (VSP)
Alvin ISD Vision Rates
2019-2020

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

| 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 |

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