

**Vision Service Plan (VSP)
Alvin ISD Vision Rates
2021 - 2022**

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