Vision Service Plan (VSP)

Alvin ISD Vision Rates

2026-2027 Premiums

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

Tier	Monthly Premium	Semi Monthly Premium
Employee Only	$11.74	$5.87
Employee & Spouse	$18.26	$9.13
Employee & Child(ren)	$18.54	$9.27
Employee & Family	$29.70	$14.85

Tier	Monthly Premium	Semi Monthly Premium
(HIB) Hospital Indemnity Benefit - Vision		
HIB Particpants Only	$0.00	$0.00
Employee & Spouse	$6.52	$3.26
Employee & Child(ren)	$6.80	$3.40
Employee & Family	$17.96	$8.98