Vision Service Plan (VSP)

Alvin ISD Vision Rates

2026-2027 Premiums

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

18 Times Premium for **Vision**

Tier	Monthly Premium	emi Monthly Premiu	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
Employee Only	$11.74	$5.87	$7.83	$8.07	$8.39	$8.81	$9.39	$10.27	$11.74	$14.68	$23.48
Employee & Spouse	$18.26	$9.13	$12.17	$12.55	$13.04	$13.70	$14.61	$15.98	$18.26	$22.83	$36.52
Employee & Children	$18.54	$9.27	$12.36	$12.75	$13.24	$13.91	$14.83	$16.22	$18.54	$23.18	$37.08
Employee & Family	$29.70	$14.85	$19.80	$20.42	$21.21	$22.28	$23.76	$25.99	$29.70	$37.13	$59.40

Tier	**Monthly Premium**	**mi Monthly Premi**									
(HIB) Hospital Indemnity Benefit - Vision											
HIB Employee Only	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee & Spouse	$6.52	$3.26	$4.35	$4.48	$4.66	$4.89	$5.22	$5.71	$6.52	$8.15	$13.04
Employee & Children	$6.80	$3.40	$4.53	$4.68	$4.86	$5.10	$5.44	$5.95	$6.80	$8.50	$13.60
Employee & Family	$17.96	$8.98	$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