VISION SERVICE PLAN RATES

for Plan Year January 1, 2018 - December 31, 2018

CERTIFIED STAFF	Per Pay	Monthly	Employer
VISION PLAN with VSP	Deduction	Premium	Contribution
Employee only	**$0.00**	$7.40	$7.40
Employee/Spouse	**$3.70**	$14.80	$7.40
Employee/Child(ren)	**$4.22**	$15.84	$7.40
Family	**$8.95**	$25.30	$7.40

SUPPORT STAFF - 24 PAYS	Per Pay	Monthly	Employer
VISION PLAN with VSP	Deduction	Premium	Contribution
Employee only	**$3.70**	$7.40	$0.00
Employee/Spouse	**$7.40**	$14.80	$0.00
Employee/Child(ren)	**$7.92**	$15.84	$0.00
Family	**$12.65**	$25.30	$0.00

SUPPORT STAFF - 21 PAYS	Per Pay	Monthly	Employer
VISION PLAN with VSP	Deduction	Premium	Contribution
Employee only	**$4.93**	$7.40	$0.00
Employee/Spouse	**$9.87**	$14.80	$0.00
Employee/Child(ren)	**$10.56**	$15.84	$0.00
Family	**$16.87**	$25.30	$0.00