

**Town of West Boylston**  
**VSP VISION COVERAGE**  
**Insurance Premium Rates Effective July 1, 2019 - June 30, 2020**

**All Employees & Retirees**

**VSP Vision Plan**

**10-Mo. School Employees**

**Employee + Family**

Total Monthly Premium Cost	\$22.87	\$22.87
Employee / Retiree Monthly Cost ( <u>100%</u> )	\$22.87	\$22.87
Bi-Weekly Payroll Deduction Amount	\$11.44	\$13.72

**Employee + Children (no spouse)**

Total Monthly Premium Cost	\$14.18	\$14.18
Employee / Retiree Monthly Cost ( <u>100%</u> )	\$14.18	\$14.18
Bi-Weekly Payroll Deduction Amount	\$7.09	\$8.51

**2 Person - Employee + 1**

Total Monthly Premium Cost	\$13.89	\$13.89
Employee / Retiree Monthly Cost ( <u>100%</u> )	\$13.89	\$13.89
Bi-Weekly Payroll Deduction Amount	\$6.95	\$8.33

**Individual**

Total Monthly Premium Cost	\$8.68	\$8.68
Employee / Retiree Monthly Cost ( <u>100%</u> )	\$8.68	\$8.68
Bi-Weekly Payroll Deduction Amount	\$4.34	\$5.21