## Town of West Boylston <u>ALTUS VSP VISION COVERAGE</u> Insurance Premium Rates Effective July 1, 2023 - June 30, 2024

## All Employees & Retirees

## **ALTUS VSP Vision Plan**

5 VSP VISION Plan	
	12 Month Employees
<u>Employee + Family</u>	
Total Monthly Premium Cost	\$18.85
Employee / Retiree Monthly Cost ( <u>100%</u> )	\$18.85
Bi-Weekly Payroll Deduction Amount	\$9.43
Employee + Child(ren) (No Spouse)	
Total Monthly Premium Cost	\$13.65
Employee / Retiree Monthly Cost ( <u>100%</u> )	\$13.65
<b>Bi-Weekly Payroll Deduction Amount</b>	\$6.83
<u> 2 Person - Employee + 1</u>	
Total Monthly Premium Cost	\$13.00
Employee / Retiree Monthly Cost ( <u>100%</u> )	\$13.00
<b>Bi-Weekly Payroll Deduction Amount</b>	\$6.50
Individual	
Total Monthly Premium Cost	\$6.50
Employee / Retiree Monthly Cost ( <u>100%</u> )	\$6.50
<b>Bi-Weekly Payroll Deduction Amount</b>	\$3.25