

Town of West Boylston
ALTUS VSP VISION COVERAGE
Insurance Premium Rates Effective July 1, 2024 - June 30, 2025

All Employees & Retirees

ALTUS VSP Vision Plan

	<u>12 Month Employees</u>	<u>10-Mo. School Employees</u>
<u>Employee + Family</u>		
Total Monthly Premium Cost	\$18.85	\$18.85
Employee / Retiree Monthly Cost (<u>100%</u>)	\$18.85	\$18.85
Bi-Weekly Payroll Deduction Amount	\$9.43	\$11.31
<u>Employee + Child(ren) (No Spouse)</u>		
Total Monthly Premium Cost	\$13.65	\$13.65
Employee / Retiree Monthly Cost (<u>100%</u>)	\$13.65	\$13.65
Bi-Weekly Payroll Deduction Amount	\$6.83	\$8.19
<u>2 Person - Employee + 1</u>		
Total Monthly Premium Cost	\$13.00	\$13.00
Employee / Retiree Monthly Cost (<u>100%</u>)	\$13.00	\$13.00
Bi-Weekly Payroll Deduction Amount	\$6.50	\$7.80
<u>Individual</u>		
Total Monthly Premium Cost	\$6.50	\$6.50
Employee / Retiree Monthly Cost (<u>100%</u>)	\$6.50	\$6.50
Bi-Weekly Payroll Deduction Amount	\$3.25	\$3.90