

Town of West Boylston
VSP VISION COVERAGE
Insurance Premium Rates Effective July 1, 2022 - June 30, 2023

All Employees & Retirees

VSP Vision Plan

	<u>12 Month Employees</u>	<u>10-Mo. School Employees</u>
<u>Employee + Family</u>		
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
<u>Employee + Children (no spouse)</u>		
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
<u>2 Person - Employee + 1</u>		
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
<u>Individual</u>		
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