

2027 Vision Plan Rates



VSP Vision Care

Full-time Employees

<i>Premiums Paid Solely by the Employee</i>		
	<i>26 Pay</i>	<i>20 Pay</i>
Employee	\$ 3.14	\$ 4.08
Employee/Child(ren)	\$ 6.71	\$ 8.72
Employee/Spouse	\$ 6.26	\$ 8.14
Employee/Family	\$ 10.71	\$ 13.92

Your share of the benefit premium will be deducted from your pay in equal amounts in the applicable pay periods in a program year. The College does not prorate benefit premium deductions.

Part-time Employees, Adjunct Faculty and Retirees

<i>Premiums Paid Solely by the Employee</i>	
	<i>Monthly</i>
Employee	\$ 9.50
Employee/Child(ren)	\$ 20.18
Employee/Spouse	\$ 18.87
Employee/Family	\$ 32.27

Premiums are fully paid by the employee and billed directly by VSP. There is no payroll deduction option.

COBRA

<i>Premiums Paid Solely by the Employee</i>	
	<i>Monthly</i>
Employee	\$ 6.94
Employee/Child(ren)	\$ 14.83
Employee/Spouse	\$ 13.84
Employee/Family	\$ 23.66

Premiums are billed by the College's COBRA vendor, Wex/Chard Snyder.