

## VISION SERVICE PLAN RATES

*for Plan Year January 1, 2017 - December 31, 2017*

<b>CERTIFIED STAFF</b>	Monthly	Per Pay	Employer
<b>VISION PLAN with VSP</b>	Premium	Deduction	Contribution
<b>Employee only</b>	<b>\$6.73</b>	<b>\$0.00</b>	<b>\$6.73</b>
<b>Employee/Spouse</b>	<b>\$13.45</b>	<b>\$3.36</b>	<b>\$6.73</b>
<b>Employee/Child(ren)</b>	<b>\$14.40</b>	<b>\$3.84</b>	<b>\$6.73</b>
<b>Family</b>	<b>\$23.00</b>	<b>\$8.14</b>	<b>\$6.73</b>
<b>SUPPORT STAFF - 24 PAYS</b>	Monthly	Per Pay	
<b>VISION PLAN with VSP</b>	Premium	Deduction	
<b>Employee only</b>	<b>\$6.73</b>	<b>\$3.37</b>	
<b>Employee/Spouse</b>	<b>\$13.45</b>	<b>\$6.73</b>	
<b>Employee/Child(ren)</b>	<b>\$14.40</b>	<b>\$7.20</b>	
<b>Family</b>	<b>\$23.00</b>	<b>\$11.50</b>	
<b>SUPPORT STAFF - 21 PAYS</b>	Monthly	Per Pay	
<b>VISION PLAN with VSP</b>	Premium	Deduction	
<b>Employee only</b>	<b>\$6.73</b>	<b>\$4.49</b>	
<b>Employee/Spouse</b>	<b>\$13.45</b>	<b>\$8.97</b>	
<b>Employee/Child(ren)</b>	<b>\$14.40</b>	<b>\$9.60</b>	
<b>Family</b>	<b>\$23.00</b>	<b>\$15.33</b>	