

CITY OF JACKSONVILLE

VSP VISION PLAN RATES

EFFECTIVE JANUARY 1, 2021

ACTIVE FULL-TIME & PART-TIME EMPLOYEES

PLAN	COVERAGE	Per Pay Period
VISION PLAN BASIC	Employee Only	1.80
	Employee & Spouse	3.44
	Employee & Child(ren)	3.22
	Employee & Family	5.50
VISION PLAN PREMIER	Employee Only	3.50
	Employee & Spouse	5.63
	Employee & Child(ren)	5.26
	Employee & Family	8.96

RETIREE/PENSIONER

PLAN	COVERAGE	Per Pay Period
VISION Plan Basic	Retiree Only	1.80
	Retiree & Spouse	3.44
	Retiree & Child(ren)	3.22
	Retiree & Family	5.50
	Spouse Only ***	1.80
	Child Only (per Child) ***	1.80
	Spouse and Child/dren ***	3.22
	*** APPLIES ONLY WHEN RETIREE IS DECEASED OR GOING ON MEDICARE	
VISION PLAN PREMIER	Retiree Only	3.50
	Retiree & Spouse	5.63
	Retiree & Child(ren)	5.26
	Retiree & Family	8.96
	Spouse Only ***	3.50
	Child Only (per Child) ***	3.50
	Spouse and Child/dren ***	5.26
	*** APPLIES ONLY WHEN RETIREE IS DECEASED OR GOING ON MEDICARE	