

CITY OF JACKSONVILLE VISION VSP PLAN RATES EFFECTIVE JANUARY 1, 2026

PREMIUM
Per Pay Period

FULL-TIME & PART-TIME EMPLOYEES ONLY

VISION PLAN BASIC

Employee Only	\$	1.97
Employee & Spouse	\$	3.75
Employee & Children	\$	3.51
Employee & Family	\$	6.00

VISION PLAN PREMIER

Employee Only	\$	3.82
Employee & Spouse	\$	6.22
Employee & Children	\$	5.74
Employee & Family	\$	9.77

FOR RETIREES ONLY

VISION PLAN BASIC

Retiree Only	\$	1.97
Retiree & Spouse	\$	3.75
Retiree & Children	\$	3.51
Retiree & Family	\$	6.00
Spouse Only ***	\$	1.97
Child Only (per Child) ***	\$	1.97
Spouse and Children ***	\$	3.51

*** APPLIES ONLY WHEN RETIREE IS DECEASED OR GOING ON MEDICARE

VISION PLAN PREMIER

Retiree Only	\$	3.82
Retiree & Spouse	\$	6.22
Retiree & Children	\$	5.74
Retiree & Family	\$	9.77
Spouse Only ***	\$	3.82
Child Only (per Child) ***	\$	3.82
Spouse and Children ***	\$	5.74

*** APPLIES ONLY WHEN RETIREE IS DECEASED OR GOING ON MEDICARE