CITY OF JACKSONVILLE

VISION VSP PLAN RATES

EFFECTIVE JANUARY 1, 2025

		PREMIUM Per Pay Period
FULL-TIME & PART-TIME EMPLOYEES ONLY		
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
FOR RETIREES ONLY		
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 A&B		
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 A&B		