

**Vision Insurance Rates
Ameritas
Plan Year
July 1, 2026 - June 30, 2027**

VISION INSURANCE RATES		FY26	FY27	
MONTHLY PREMIUMS:	Low Plan	SINGLE	\$5.68	\$5.68
	Low Plan	SINGLE + 1	\$10.32	\$10.32
	Low Plan	FAMILY	\$14.68	\$14.68
	High Plan	SINGLE	\$9.40	\$9.40
	High Plan	SINGLE + 1	\$16.36	\$16.36
	High Plan	FAMILY	\$22.36	\$22.36

Ed MN: GSL Staff & Others		Plan Cost Per Month	District Paid Per Month	Employee Cost Per MONTH	Employee Cost Per Paycheck
LOW PLAN	Single	\$ 5.68	\$ -	\$ 5.68	\$ 2.84
LOW PLAN	Single + 1	\$ 10.32	\$ -	\$ 10.32	\$ 5.16
LOW PLAN	Family	\$ 14.68	\$ -	\$ 14.68	\$ 7.34
HIGH PLAN	Single	\$ 9.40	\$ -	\$ 9.40	\$ 4.70
HIGH PLAN	Single + 1	\$ 16.36	\$ -	\$ 16.36	\$ 8.18
HIGH PLAN	Family	\$ 22.36	\$ -	\$ 22.36	\$ 11.18

Local 284 Staff		Plan Cost Per Month	District Paid Per Month	Employee Cost Per MONTH	Employee Cost Per Paycheck
Rate Table FY24 to reflect deducts over 18cks/9mo					
Sept 30 - June 15 Rates					
Local 284 9/mo18 cks					
LOW PLAN	Single	\$7.57	\$0.00	\$7.57	\$3.79
LOW PLAN	Single + 1	\$13.76	\$0.00	\$13.76	\$6.88
LOW PLAN	Family	\$19.57	\$0.00	\$19.57	\$9.79
HIGH PLAN	Single	\$12.53	\$0.00	\$12.53	\$6.27
HIGH PLAN	Single + 1	\$21.81	\$0.00	\$21.81	\$10.91
HIGH PLAN	Family	\$29.81	\$0.00	\$29.81	\$14.91