



VISION PLAN

Monthly Vision Premiums for the 2025-2026 Plan Year

<u>Coverage Type:</u>	<u>Premium Cost</u>
Single	\$13.55
Single + Spouse	\$25.88

Vision Coverage is based on a reimbursement schedule. This schedule and SPD can be found on the District Insurance Website. Vision Coverage is an Employee and Spouse only benefit.

Our TPA for your Vision benefits is Ameritas. Please visit the Helena School District Insurance Website for more information.

Important Health Plan Election Information:

A change in dependents coverage is only allowed during open enrollment period or if a Qualifying Event occurs during the plan year. Contact the Human Resource Benefits Manager, Richard Franco at 324-2008 or rfranco@helenaschools.org to determine if an allowable change has occurred.