VISION PLAN

Monthly Vision Premiums for the 2025-2026 Plan Year – **Retiree**

Coverage Type:	Premium Cost
Single	$13.55
Single + Spouse	$25.88

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

Vision Coverage is based on a reimbursement schedule and network through Ameritas. Vision Coverage is an Employee and Spouse only benefit.

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.