



VISION PLAN

Monthly Vision Premiums for the 2026-2027 Plan Year – 10 Mo EE

<u>Coverage Type:</u>	<u>Premium Cost</u>
Single	\$16.26
Single + Spouse	\$31.06

Vision coverage is provided through [Ameritas](#) and is an Employee and Spouse only benefit based on a [reimbursement schedule](#).

For questions, please call 1-800-877-7195

- Service representative hours: 5 a.m. to 7 p.m. PST Monday through Friday, 6 a.m. to 2:30 p.m. PST Saturday

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 Human Resources at 324-2014 or insurance@helenaschools.org to determine if an allowable change has occurred.