VISION PLAN

Monthly Vision Premiums for the 2026-2027 Plan Year – ***12 MO EE***

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

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.