

FY2026 - Vision Insurance Rates

Plainville Public Schools				
Plan Name	Coverage	Total		
		Monthly Premium	26 Pay Deduction	21 Pay Deduction
Altus Vision	Subscriber	\$ 5.00	\$ 2.31	\$ 2.86
	Subscriber + spouse	\$ 10.00	\$ 4.62	\$ 5.71
	Subscriber + children	\$ 10.50	\$ 4.85	\$ 6.00
	Subscriber + family	\$ 14.50	\$ 6.69	\$ 8.29