

**TOWN OF WEST SPRINGFIELD
ALTUS VISION RATES
FY2023
SCHOOL EMPLOYEES**

PLAN TYPE	Coverage level	<i>Monthly Premium</i>	12 Month Employee 24PP	Teacher/ Nurse 24PP	10 mo Administrator 20PP	10 mo Clerical 20PP	Para 20PP	Cafeteria 20PP
		<i>100%</i>						
ALTUS VISION	Individual	<i>\$6.14</i>	\$3.07	\$3.07	\$3.68	\$3.68	\$3.68	\$3.68
ALTUS VISION	Employee + One	<i>\$12.28</i>	\$6.14	\$6.14	\$7.36	\$7.36	\$7.36	\$7.36
ALTUS VISION	Family	<i>\$24.09</i>	\$12.05	\$12.05	\$14.45	\$14.45	\$14.45	\$14.45

Altus Vision is a voluntary vision plan. The employee pays the full premium.

PLAN BENEFITS ARE DETERMINED ON A CALENDAR YEAR BASIS (January – December).

Voluntary enrollment or disenrollment from the plan is allowed only during an Open Enrollment. Certain “qualifying events” may allow enrollment or disenrollment at a time other than Open Enrollment.

For plan information go to: <http://www.townofwestspringfield.org/employeebenefits>

Please contact Human Resources at 263-3016 or kchatel@tows.org with any questions.