



Brevard Schools

Master Group 96

Your new rates for the next benefit period are as follows:

Effective Date and Rate Guarantee Period: January 1, 2022 - December 31, 2026

*The extended vision rate guarantee offer is contingent on the dental bundling

A \$10,000 wellness education fund is included contingent on the dental bundling

Plan 1	Current Plan (Discontinued*)	New Plan
Plan Name:	VCP	Custom Humana Vision
Exam Copay (In):	\$0	\$0
Materials Copay (In):	\$0	\$0
Frame Allowance (In):	\$40	\$120
Contact Lens Allowance (In):	\$100	\$100
Frequency (In):	12/24/24	12/24/24
	Current Monthly Rates	New Monthly Rates
Employee Only:	\$4.45	\$3.92
Employee + One:	\$11.08	\$9.75
Employee & Family:	\$18.99	\$16.72

Plan 2	Current Plan (Discontinued*)	New Plan
Plan Name:	VCP	Custom Humana Vision
Exam Copay (In):	\$0	\$0
Materials Copay (In):	\$0	\$0
Frame Allowance (In):	\$120	\$120
Contact Lens Allowance (In):	\$100	\$100
Frequency (In):	12/12/12	12/12/12
	Current Monthly Rates	New Monthly Rates
Employee Only:	\$6.72	\$5.91
Employee + One:	\$16.69	\$14.69
Employee & Family:	\$28.62	\$25.19

*You should have received a letter from Humana notifying you that your current plan is being discontinued.