

**Blue Cross Blue Shield FEP Vision  
Rate Information**

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**High – Bi-Weekly**

Self Only: \$5.52  
Self Plus One: \$11.03  
Self and Family: \$16.55

**High – Monthly**

Self Only: \$11.96  
Self Plus One: \$23.90  
Self and Family: \$35.86

**Standard – Bi-Weekly**

Self Only: \$3.53  
Self Plus One: \$7.05  
Self and Family: \$10.58

**Standard – Monthly**

Self Only: \$7.65  
Self Plus One: \$15.28  
Self and Family: \$22.92