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