

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

Rate Information

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