

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

Rate Information

High – Bi-Weekly

Self Only: \$5.66

Self Plus One: \$11.31

Self and Family: \$16.97

High – Monthly

Self Only: \$12.26

Self Plus One: \$24.51

Self and Family: \$36.77

Standard – Bi-Weekly

Self Only: \$3.56

Self Plus One: \$7.12

Self and Family: \$10.68

Standard – Monthly

Self Only: \$7.71

Self Plus One: \$15.43

Self and Family: \$23.14