Document Number: V24.12 Chapter: Blue Cross Blue Shield FEP Vision - 2024

Rate Information

Blue Cross Blue Shield FEP Vision Rate Information

Rate Information

High - Bi-Weekly

Self Only: \$5.63 Self Plus One: \$11.25 Self and Family: \$16.88

High - Monthly

Self Only: \$12.20 Self Plus One: \$24.38 Self and Family: \$36.57

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