Document Number: V25.12 Chapter: Blue Cross Blue Shield FEP Vision - 2025

Rate Information

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