

2017 VSP VISION CARE

PREMIUM	
BIWEEKLY	
EMPLOYEE ONLY	\$2.61
EMPLOYEE + CHILD	\$5.95
EMPLOYEE + CHILDREN	\$5.95
EMPLOYEE + SPOUSE	\$4.75
EMPLOYEE + FAMILY	\$7.69
MONTHLY	
EMPLOYEE ONLY	\$5.65
EMPLOYEE + CHILD	\$12.90
EMPLOYEE + CHILDREN	\$12.90
EMPLOYEE + SPOUSE	\$10.29
EMPLOYEE + FAMILY	\$16.66
COBRA	
EMPLOYEE ONLY	\$5.76
EMPLOYEE + CHILD	\$13.16
EMPLOYEE + CHILDREN	\$13.16
EMPLOYEE + SPOUSE	\$10.50
EMPLOYEE + FAMILY	\$16.99
RETIREE	
EMPLOYEE ONLY	\$5.76
EMPLOYEE + CHILD	\$13.16
EMPLOYEE + CHILDREN	\$13.16
EMPLOYEE + SPOUSE	\$10.50
EMPLOYEE + FAMILY	\$16.99