Vision Plan Rates

For the Eastern District of Washington

2015

BIWEEKLY RATES

Aetna Vision, PPO (High) - National/International — Add to Compare | View Details

Self Only	Self Plus One	Self and Family
$6.17 Bi-Weekly	$11.75 Bi-Weekly	$17.25 Bi-Weekly

Aetna Vision, PPO (Standard) - National/International — Add to Compare | View Details

Self Only	Self Plus One	Self and Family
$3.18 Bi-Weekly	$6.08 Bi-Weekly	$8.93 Bi-Weekly

FEP BlueVision, PPO (High) - National/International — Add to Compare | View Details

Self Only	Self Plus One	Self and Family
$4.71 Bi-Weekly	$9.42 Bi-Weekly	$14.14 Bi-Weekly

FEP BlueVision, PPO (Standard) - National/International — Add to Compare | View Details

Self Only	Self Plus One	Self and Family
$3.73 Bi-Weekly	$7.45 Bi-Weekly	$11.18 Bi-Weekly

UnitedHealthcare Vision, PPO (High) - National/International — Add to Compare | View Details

Self Only	Self Plus One	Self and Family
$4.12 Bi-Weekly	$8.04 Bi-Weekly	$11.97 Bi-Weekly

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UnitedHealthcare Vision, PPO (Standard) - National/International

Add to Compare | View Details

Self Only	Self Plus One	Self and Family
$2.91 Bi-Weekly	$5.69 Bi-Weekly	$8.47 Bi-Weekly

VSP, PPO (High) - National/International

Add to Compare | View Details

Self Only	Self Plus One	Self and Family
$6.34 Bi-Weekly	$12.69 Bi-Weekly	$19.04 Bi-Weekly

VSP, PPO (Standard) - National/International

Add to Compare | View Details

Self Only	Self Plus One	Self and Family
$3.67 Bi-Weekly	$7.33 Bi-Weekly	$11.01 Bi-Weekly