

Vision

VSP 2019

		Single	Two Party	Family
Premium Rate		\$11.88	\$24.81	\$35.65
Copay: Office Visit \$10				
Hour:	FTE	Employee Portion		
8.00	100.00%	\$0.59	\$2.48	\$5.35
7.00	87.50%	\$2.00	\$5.27	\$9.14
6.00	75.00%	\$3.41	\$8.06	\$12.92
5.00	62.50%	\$4.82	\$10.85	\$16.71
4.00	50.00%	\$6.23	\$13.64	\$20.50

VSP "Premium Plan" 2020

		Single	Two Party	Family
Premium Rate		\$12.92	\$25.83	\$48.82
Copay: Office Visit \$5				
Hour:	FTE	Employee Portion		
8.00	100.00%	\$4.82	\$10.48	\$21.44
7.00	87.50%	\$5.83	\$12.40	\$24.86
6.00	75.00%	\$6.84	\$14.32	\$28.28
5.00	62.50%	\$7.86	\$16.24	\$31.71
4.00	50.00%	\$8.87	\$18.15	\$35.13

VSP "High Plan" 2020

		Single	Two Party	Family
Premium Rate		\$8.53	\$17.05	\$32.21
Copay: Office Visit \$15				
Hour:	FTE	Employee Portion		
8.00	100.00%	\$0.43	\$1.70	\$4.83
7.00	87.50%	\$1.44	\$3.62	\$8.25
6.00	75.00%	\$2.45	\$5.54	\$11.67
5.00	62.50%	\$3.47	\$7.46	\$15.10
4.00	50.00%	\$4.48	\$9.37	\$18.52

VSP "Low Plan" 2020

		Single	Two Party	Family
Premium Rate		\$6.24	\$12.48	\$23.59
Copay: Office Visit \$15				
Hour:	FTE	Employee Portion		
8.00	100.00%	\$0.31	\$1.25	\$3.54
7.00	87.50%	\$1.05	\$2.65	\$6.05
6.00	75.00%	\$1.79	\$4.06	\$8.55
5.00	62.50%	\$2.53	\$5.46	\$11.06
4.00	50.00%	\$3.27	\$6.86	\$13.56