

BlueCross Vision Small Group Rates (2-99)

(Effective dates of November 1, 2012 – January 31, 2013)

	Plan Max 200	Plan 12/10	Plan 12/10 Voluntary	Plan 12/10 Plus	Plan 12/0	Plan 24/10	Plan 24/10 Plus	Plan 24/10 Plus Voluntary	Discount Plan	Discount Plan Plus
Single	\$8.45*	\$4.24*	\$6.98	\$5.50*	\$3.54*	\$3.65*	\$3.16*	\$5.35	\$0.50*	\$2.00*
Family	\$23.63*	\$11.83*	\$19.41	\$15.41*	\$9.87*	\$10.21*	\$8.86*	\$14.95	\$0.50*	\$4.45*

**Multi coverage credit may be available when purchased in conjunction with Capital BlueCross medical coverage.*



BlueCrossVision

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