Sutter County Vision Insurance Rates 2025							
Dian Name	Exam	Contact Lenses /	Allowance	Total Monthly	County Monthly Contribution	Employee Monthly Contribution	(24 pp) Employee Bi-weekly
Plan Name	Co-Pay	Frames	Frequency	Premium	Contribution	Contribution	Contribution
VSP Vision Core							
Single	\$20.00	\$130 Allowance	24 Months	\$6.60	\$6.60	\$0.00	\$0.00
Employee + 1	+ 23.65	+ 100 / mondmoo		\$13.10	\$13.10	\$0.00	\$0.00
Family				\$21.10	\$21.10	\$0.00	\$0.00
VOD Vision Donalla							
VSP Vision Buy-Up Single	\$10.00	\$150 Allowance	12 Months	\$10.60	\$6.60	\$4.00	\$2.00
Employee + 1	+	V 100 /		\$21.20	\$13.10	\$8.10	\$4.05
Family				\$34.10	\$21.10	\$13.00	\$6.50