

Vision Care Plan (VCP)

Individual Vision

Rates quoted are for plans with effective dates between 4/23/2025 and 12/31/2025

- > One time, non-refundable enrollment fee: \$35
- > Monthly Administration Fee: \$1 (included in rates below, waived for non monthly payers)
- > Association Fee: \$0.75 Monthly or \$9.00 Yearly (Included in rates below) *Indicates states where applicable

State	Rate/Month (Single)	Rate/Month (2 people)	Rate/Month (3+ people)	Rate/Year (Single)	Rate/Year (2 people)	Rate/Year (3+ people)
South Carolina*	\$16.74	\$29.74	\$50.74	\$188.88	\$344.88	\$596.88

Humana.

Agent Use Only
GCHML87EN