

**University System of New Hampshire Vision Rates
Effective January 1, 2019**

		Single				Two Person				Family			
		Bi-Weekly	Monthly	Annual	Monthly COBRA	Bi-Weekly	Monthly	Annual	Monthly COBRA	Bi-Weekly	Monthly	Annual	Monthly COBRA
VSP Vision	Employee	\$ 2.82	\$ 6.11	\$ 73.32	\$ 6.23	\$ 5.64	\$ 12.22	\$ 146.64	\$ 12.46	\$ 9.06	\$ 19.64	\$ 235.68	\$20.03

The vision plan is all employee paid

Assumes 26 Pay periods