

Sutter County Vision Insurance Rates 2026

(24 pp)

Plan Name	Exam Co-Pay	Contact Lenses / Frames	Allowance Frequency	Total Monthly Premium	County Monthly Contribution	Employee Monthly Contribution	Employee Bi-weekly Contribution
VSP Vision Core							
Single	\$20.00	\$130 Allowance	24 Months	\$6.60	\$6.60	\$0.00	\$0.00
Employee + 1				\$13.10	\$13.10	\$0.00	\$0.00
Family				\$21.10	\$21.10	\$0.00	\$0.00
VSP Vision Buy-Up							
Single	\$10.00	\$150 Allowance	12 Months	\$10.60	\$6.60	\$4.00	\$2.00
Employee + 1				\$21.20	\$13.10	\$8.10	\$4.05
Family				\$34.10	\$21.10	\$13.00	\$6.50