



FEDVIP Vision Plan Comparison

Plan	Website	Bi-Weekly Premiums			Months Between Covered Services			Copay	
		Self	Self + One	Self and Family	Exam	Lenses	Frames	Exam	Lens/Frames
Aetna Vision STANDARD	aetnafeds.com	\$3.09	\$6.18	\$9.27	12	12	24	\$0	\$10
Aetna Vision HIGH		\$5.61	\$11.20	\$16.81	12	12	12	\$0	\$0
FEP BlueVision STANDARD	fepblue.org	\$3.50	\$6.99	\$10.49	12	12	24	\$0	\$10
FEP BlueVision HIGH		\$5.49	\$10.97	\$16.46	12	12	12	\$0	\$0
MetLife STANDARD	https://federaldental.metlife.c om/vision	\$3.25	\$6.49	\$9.74	12	12	12	\$0	\$20
MetLife HIGH		\$5.46	\$10.91	\$16.37	12	12	12	\$0	\$0
United HealthCare STANDARD	myuhcvision.com/fedvip	\$3.34	\$6.50	\$9.68	12	12	12	\$10	\$25
United HealthCare HIGH		\$5.20	\$10.14	\$15.09	12	12	12	\$0	\$10
VSP STANDARD	<u>choosevsp.com</u>	\$3.51	\$7.01	\$10.53	12	12	12	\$10	\$20
VSP HIGH		\$6.65	\$13.32	\$19.99	12	12	12	\$10	\$10

IN ORDER TO ENROLL INTO A FEDVIP VISION PLAN, PLEASE VISIT WWW.BENEFEDS.COM