# 2024
# 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 | $3.13 | $6.26 | $9.39 | 12 | 12 | 24 | $0 | $10 |
| Aetna Vision HIGH | | $5.65 | $11.28 | $16.93 | 12 | 12 | 12 | $0 | $0 |
| FEP BlueVision STANDARD | fepblue.org | $3.53 | $7.05 | $10.58 | 12 | 12 | 24 | $0 | $10 |
| FEP BlueVision HIGH | | $5.63 | $11.25 | $16.88 | 12 | 12 | 12 | $0 | $0 |
| United HealthCare STANDARD | myuhcvision.com/fedvip | $3.53 | $7.04 | $10.57 | 12 | 12 | 12 | $10 | $25 |
| United HealthCare HIGH | | $5.53 | $11.06 | $16.59 | 12 | 12 | 12 | $0 | $10 |
| The MetLife STANDARD | fedvip.metlife.com | $3.31 | $6.61 | $9.92 | 12 | 12 | 12 | $0 | $20 |
| The MetLife HIGH | | $4.82 | $9.65 | $14.47 | 12 | 12 | 12 | $0 | $0 |
| VSP STANDARD | choosevsp.com | $3.55 | $7.09 | $10.65 | 12 | 12 | 12 | $10 | $20 |
| VSP HIGH | | $6.69 | $13.40 | $20.11 | 12 | 12 | 12 | $10 | $10 |

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