



**2019**

## 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	<a href="http://aetnafeds.com">aetnafeds.com</a>	\$3.21	\$6.42	\$9.63	12	12	24	\$0	\$10
Aetna Vision HIGH		\$5.82	\$11.63	\$17.44	12	12	12	\$0	\$0
FEP BlueVision STANDARD	<a href="http://fepblue.org">fepblue.org</a>	\$3.95	\$7.90	\$11.85	12	12	24	\$0	\$0
FEP BlueVision HIGH		\$5.67	\$11.33	\$17.00	12	12	12	\$0	\$0
United HealthCare STANDARD	<a href="http://myuhcvision.com/fedvip">myuhcvision.com/fedvip</a>	\$3.01	\$5.89	\$8.76	12	12	12	\$10	\$25
United HealthCare HIGH		\$4.48	\$8.73	\$13.00	12	12	12	\$10	\$10
VSP STANDARD	<a href="http://choosevsp.com">choosevsp.com</a>	\$3.52	\$7.03	\$10.56	12	12	12	\$10	\$20
VSP HIGH		\$6.66	\$13.34	\$20.02	12	12	12	\$10	\$10

**IN ORDER TO ENROLL INTO A FEDVIP VISION INSURANCE PLAN  
PLEASE VISIT [WWW.BENEFEDS.COM](http://WWW.BENEFEDS.COM).**