



2020

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	\$3.18	\$6.36	\$9.55	12	12	24	\$0	\$10
Aetna Vision HIGH		\$5.77	\$11.53	\$17.29	12	12	12	\$0	\$0
FEP BlueVision STANDARD	fepblue.org	\$3.50	\$6.99	\$10.49	12	12	24	\$0	\$0
FEP BlueVision HIGH		\$5.49	\$10.97	\$16.46	12	12	12	\$0	\$0
United HealthCare STANDARD	myuhcvision.com/fedvip	\$3.28	\$6.38	\$9.50	12	12	12	\$10	\$25
United HealthCare HIGH		\$4.93	\$9.61	\$14.30	12	12	12	\$10	\$10
VSP STANDARD	choosevsp.com	\$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 INSURANCE PLAN
PLEASE VISIT WWW.BENEFEDS.COM.**