

Federal Employees Dental and Vision Insurance Program (FEDVIP) Vision Premium Rate Chart

	Biweekly Premium Rates			Monthly Premium Rates		
Plan - Option	Self-Only	Self Plus One	Self & Family	Self-Only	Self Plus One	Self & Family
	Career Bi-Weekly Premium /Payment			Retiree Monthly Premium		
Aetna Vision Preferred - High	\$5.68	\$11.34	\$17.02	\$12.31	\$24.57	\$36.88
Aetna Vision Preferred - Standard	\$3.17	\$6.33	\$9.50	\$6.87	\$13.72	\$20.58
Blue Cross Blue Shield FEP Vision - High	\$5.66	\$11.31	\$16.97	\$12.26	\$24.51	\$36.77
Blue Cross Blue Shield FEP Vision - Standard	\$3.56	\$7.12	\$10.68	\$7.71	\$15.43	\$23.14
The MetLife Federal Vision Plan - High	\$5.53	\$11.05	\$16.58	\$11.98	\$23.94	\$35.92
The MetLife Federal Vision Plan - Standard	\$3.67	\$7.34	\$11.01	\$7.95	\$15.90	\$23.86
UnitedHealthcare Vision Plan - High	\$5.71	\$11.41	\$17.12	\$12.37	\$24.72	\$37.09
UnitedHealthcare Vision Plan - Standard	\$3.74	\$7.48	\$11.22	\$8.10	\$16.21	\$24.31
VSP Vision Care - High	\$6.72	\$13.46	\$20.19	\$14.56	\$29.16	\$43.75
VSP Vision Care - Standard	\$3.58	\$7.16	\$10.75	\$7.76	\$15.51	\$23.29

