

**Federal Employees Vision Insurance Program  
2020 Vision Premium Rates**

	2020 Biweekly Premium Rates			2020 Monthly Premium Rates		
<b>Plan - Option</b>	Self-Only	Self Plus One	Self & Family	Self-Only	Self Plus One	Self & Family
<b>Aetna Vision Preferred - High</b>	\$5.77	\$11.53	\$17.29	\$12.50	\$24.98	\$37.46
<b>Aetna Vision Preferred - Standard</b>	\$3.18	\$6.36	\$9.55	\$6.89	\$13.78	\$20.69
<b>FEP BlueVision - High</b>	\$5.49	\$10.97	\$16.46	\$11.90	\$23.77	\$35.66
<b>FEP BlueVision - Standard</b>	\$3.50	\$6.99	\$10.49	\$7.58	\$15.15	\$22.73
<b>UnitedHealthcare Vision - High</b>	\$4.93	\$9.61	\$14.30	\$10.68	\$20.82	\$30.98
<b>UnitedHealthcare Vision - Standard</b>	\$3.28	\$6.38	\$9.50	\$7.11	\$13.82	\$20.58
<b>VSP - High</b>	\$6.65	\$13.32	\$19.99	\$14.41	\$28.86	\$43.31
<b>VSP - Standard</b>	\$3.51	\$7.01	\$10.53	\$7.61	\$15.19	\$22.82