

2024 Federal Employees Dental and Vision Insurance Program (FEDVIP)

VISION INSURANCE PREMIUM RATES

Plan - Option	2024 Biweekly Premium Rates - Self-Only	2024 Biweekly Premium Rates - Self Plus One	2024 Biweekly Premium Rates - Self & Family	2024 Monthly Premium Rates - Self-Only	2024 Monthly Premium Rates - Self Plus One	2024 Monthly Premium Rates - Self & Family
Aetna Vision Preferred - High	\$5.65	\$11.28	\$16.93	\$12.24	\$24.44	\$36.68
Aetna Vision Preferred - Standard	\$3.13	\$6.26	\$9.39	\$6.78	\$13.56	\$20.35
Blue Cross Blue Shield FEP Vision - High	\$5.63	\$11.25	\$16.88	\$12.20	\$24.38	\$36.57
Blue Cross Blue Shield FEP Vision - Standard	\$3.53	\$7.05	\$10.58	\$7.65	\$15.28	\$22.92
The MetLife Federal Vision Plan - High	\$4.82	\$9.65	\$14.47	\$10.44	\$20.91	\$31.35
The MetLife Federal Vision Plan - Standard	\$3.31	\$6.61	\$9.92	\$7.17	\$14.32	\$21.49
UnitedHealthcare Vision Plan - High	\$5.53	\$11.06	\$16.59	\$11.98	\$23.96	\$35.95
UnitedHealthcare Vision Plan - Standard	\$3.53	\$7.04	\$10.57	\$7.65	\$15.25	\$22.90
VSP Vision Care - High	\$6.69	\$13.40	\$20.11	\$14.50	\$29.03	\$43.57
VSP Vision Care - Standard	\$3.55	\$7.09	\$10.65	\$7.69	\$15.36	\$23.08