## 2024 Federal Employees Dental and Vision Insurance Program (FEDVIP) Vision Premium Rate Chart

| Plan - Option                                | 2024 Biweekly<br>Premium Rates -<br>Self-Only | 2024 Biweekly<br>Premium Rates -<br>Self Plus One | 2024 Biweekly Premium<br>Rates - Self & Family | 2024 Monthly Premium<br>Rates - Self-Only | 2024 Monthly Premium<br>Rates - Self Plus One | 2024 Monthly<br>Premium Rates - Self<br>& 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  |