

**2020 Federal Employees Dental and Vision Insurance Program (FEDVIP) Vision Premium Rate Chart**

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