

2017 FEDERAL EMPLOYEE HEALTH PLAN VISION COMPARISON

SOURCE: 2017 WASHINGTON CONSUMERS' CHECKBOOK

PLAN NAME	SELF	SELF + 1	FAMILY	ANNUAL	LENSES	CHEAP	FRAME	LASER
	YEARLY	YEARLY	YEARLY	EXAM	CO-PAY	FRAMES	ALLOWANCE	VISION
	COST	COST	COST					DISCOUNT
COSTS WITHOUT VISIT + EXAM AMOUNT ADDED								
AETNA VISION - HIGH OPTION	\$100.00	\$210.00	\$310.00	\$0.00	\$10.00	\$0.00	\$200 / 20%	15%
AETNA VISION - STANDARD	\$60.00	\$120.00	\$170.00	\$0.00	\$10.00	\$0.00	\$120 / 20%	15%
FEP BLUEVISION - HIGH OPTION	\$90.00	\$180.00	\$270.00	\$0.00	\$0.00	\$0.00	\$150 / 20%	25%
FEP BLUEVISION - STANDARD	\$60.00	\$130.00	\$200.00	\$0.00	\$0.00	\$0.00	\$130 / 20%	25%
UNITED HEALTHCARE - HIGH OPTION	\$70.00	\$140.00	\$210.00	\$10.00	\$10.00	\$0.00	\$130 / NA	15%
UNITED HEALTHCARE - STANDARD	\$50.00	\$100.00	\$150.00	\$10.00	\$25.00	\$0.00	\$130 / NA	15%
VSP VISION CARE - HIGH OPTION	\$110.00	\$220.00	\$330.00	\$10.00	\$0.00	\$0.00	\$150 / 20%	15%
VSP VISION CARE - STANDARD	\$60.00	\$130.00	\$190.00	\$10.00	\$20.00	\$0.00	\$120 / 20%	15%
TRUE COST OF EACH PLAN WITH YEARLY VISIT								
AETNA VISION - HIGH OPTION	\$110.00	\$230.00	\$340.00	\$0.00	\$10.00	\$0.00	\$200 / 20%	15%
AETNA VISION - STANDARD	\$70.00	\$140.00	\$200.00	\$0.00	\$10.00	\$0.00	\$120 / 20%	15%
FEP BLUEVISION - HIGH OPTION	\$90.00	\$180.00	\$270.00	\$0.00	\$0.00	\$0.00	\$150 / 20%	25%
FEP BLUEVISION - STANDARD	\$60.00	\$130.00	\$200.00	\$0.00	\$0.00	\$0.00	\$130 / 20%	25%
UNITED HEALTHCARE - HIGH OPTION	\$90.00	\$180.00	\$270.00	\$10.00	\$10.00	\$0.00	\$130 / NA	15%
UNITED HEALTHCARE - STANDARD	\$85.00	\$160.00	\$255.00	\$10.00	\$25.00	\$0.00	\$130 / NA	15%
VSP VISION CARE - HIGH OPTION	\$120.00	\$240.00	\$360.00	\$10.00	\$0.00	\$0.00	\$150 / 20%	15%
VSP VISION CARE - STANDARD	\$90.00	\$190.00	\$280.00	\$10.00	\$20.00	\$0.00	\$120 / 20%	15%
BEST VALUE								