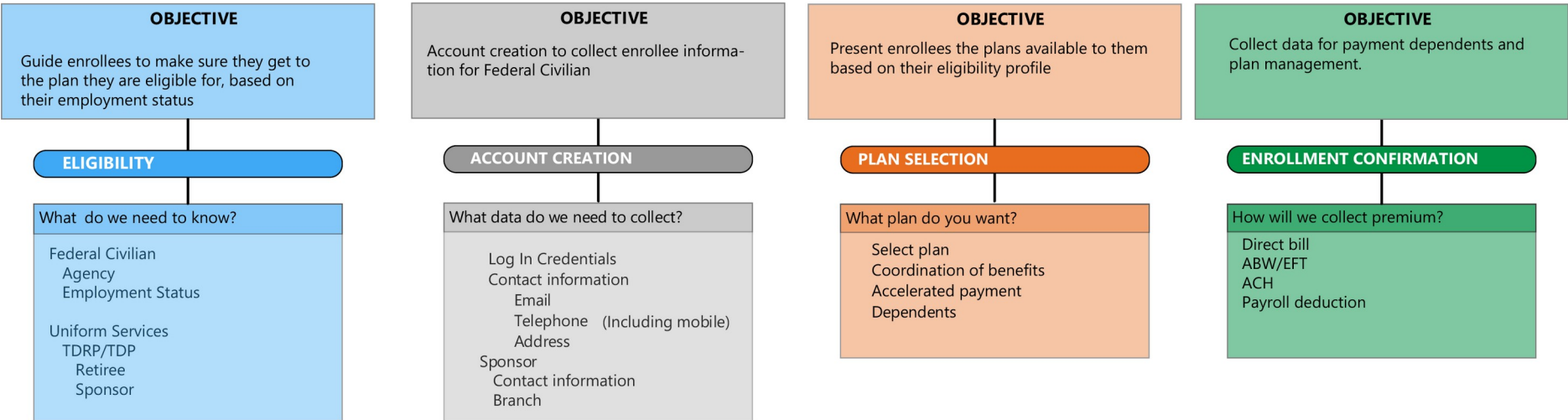




BENEFEDS Enrollee Portal
Main Screen Save Point



BENEFEDS+TRICARE Enrollment Journey Map



Start Eligibility Flow

Select your eligibility group

Before enrolling in the Federal Employees Dental and Vision Insurance Program (FEDVIP), we need to ask you some questions to determine which FEDVIP plans you are eligible for, or if you are eligible at all.

Which Federal family are you currently associated with?

- Federal or U.S. Postal Service (USPS) employee, retiree, or family member
- Uniformed service member, retiree, or family member

Continue

i Belong to both groups?

You can only enroll as part of one eligibility group. Select an option for more information on each group.

FEDVIP plans and premiums are the same for all eligible groups. They may only vary based on the region where you live or plan you select, not based on your eligibility.

Eligibility Confirmation

You are eligible to enroll in FEDVIP dental and vision coverage

Before enrolling, you will need to create a My BENEFEDS account to save your FEDVIP eligibility information (if you haven't already).

Certification of eligibility

I certify that I am eligible to enroll in the Federal Employees Dental and Vision Insurance Program (FEDVIP) as a Federal employee, U.S. Postal Service employee, annuitant, survivor annuitant, or compensationner as defined in the FEDVIP regulations (5 CFR Part 894).

I further certify that I will not be covered under more than one FEDVIP dental plan and/or FEDVIP vision plan, nor will any of my eligible family members. If I am or any of my eligible family members are covered or will be covered under someone else's FEDVIP dental plan and/or FEDVIP vision plan, I will not proceed with this enrollment.

I certify that the above statements are correct

Create a My BENEFEDS Account

Back



Account Creation

Create a BENEFEDS account

Before selecting a FEDVIP plan, you need to create an account to save your eligibility information. We'll finish building your profile in the next step.

Personal information

[Edit](#)

Mr. John Doe

***-**-1979

December 8, 1979

Male

email@email.com

Login credentials

[Edit](#)

User ID

email@email.com

What is the name of the city where you were born?

Boston

What is the name of your first pet?

Rex

Save account



Plan Selection

Compare FEDVIP plans — search

First, we need to know your residential zip code and pay frequency to show you all the plans that are available to you.

Program

- Dental
- Vision

Zip code

- This is outside the U.S.

Pay frequency

- Bi-Weekly
- Monthly
- Semi-Monthly
- OWCP Periodic Roll (Every 28 Days)

Plan year

Search plans



Enrollment Confirmation

Review and submit your enrollment

Make sure all your information is correct. Once you're enrolled, you'll only be able to edit certain information.

Selected vision plan

[Edit](#)**Aetna Vision, PPO High**

National/International

Self Only

\$13.61 Monthly

Coverage effective date: 01/01/2019 [?](#)**Premium effective date:** 01/01/2019 [?](#)

Enrollment terms & conditions

Eligibility

1. I certify that:

- I am eligible to enroll in a dental plan and/or Program (FEDVIP).
 - Any family members I have added are eligible.
 - I will not be covered under more than one dental plan.
- If I am or any of the eligible family members are currently covered under another dental plan, I agree to cancel that plan.

I agree to the BENEFEDS enrollment terms & conditions.

Other insurance

[Edit](#)**Non-FEHB/non-FEDVIP insurance?** No**FEHB?** Yes

Automatic bank withdrawal (ABW)

[Edit](#)**Bank name:** BoA**Routing number:** 123456780**Account number:** *******Account type:** Savings[Submit vision enrollment](#)[Back](#)