



## BENEFEDS Enrollee Portal Main Screen

Save Point

## ► SELECT YOUR ELIGIBILITY

### 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](#)



## ▶ CREATE YOUR ACCOUNT

### 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



## ▶ SELECT YOUR PLAN

### 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

**Enrollment terms**

**Eligibility**

1. I certify that:

- I am eligible to participate in the Federal Employees Health Benefits Program (FEHB)
- Any family member is not enrolled in any other health plan
- I will not be covered by any other health plan

I agree to the BE

[Submit vision enr](#)

### 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.

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**Selected vision plan** [Edit](#)

<p><b>Aetna Vision, PPO High</b></p> <p>National/International Self Only \$13.61 Monthly</p>	<p><b>Coverage effective date:</b> 01/01/2019 <a href="#">?</a></p> <p><b>Premium effective date:</b> 01/01/2019 <a href="#">?</a></p>
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**Other insurance** [Edit](#)

**Non-FEHB/non-FEDVIP insurance?** No      **FEHB?** Yes

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**Automatic bank withdrawal (ABW)** [Edit](#)

**Bank name:** BoA  
**Routing number:** 123456780  
**Account number:** \*\*\*\*\*  
**Account type:** Savings