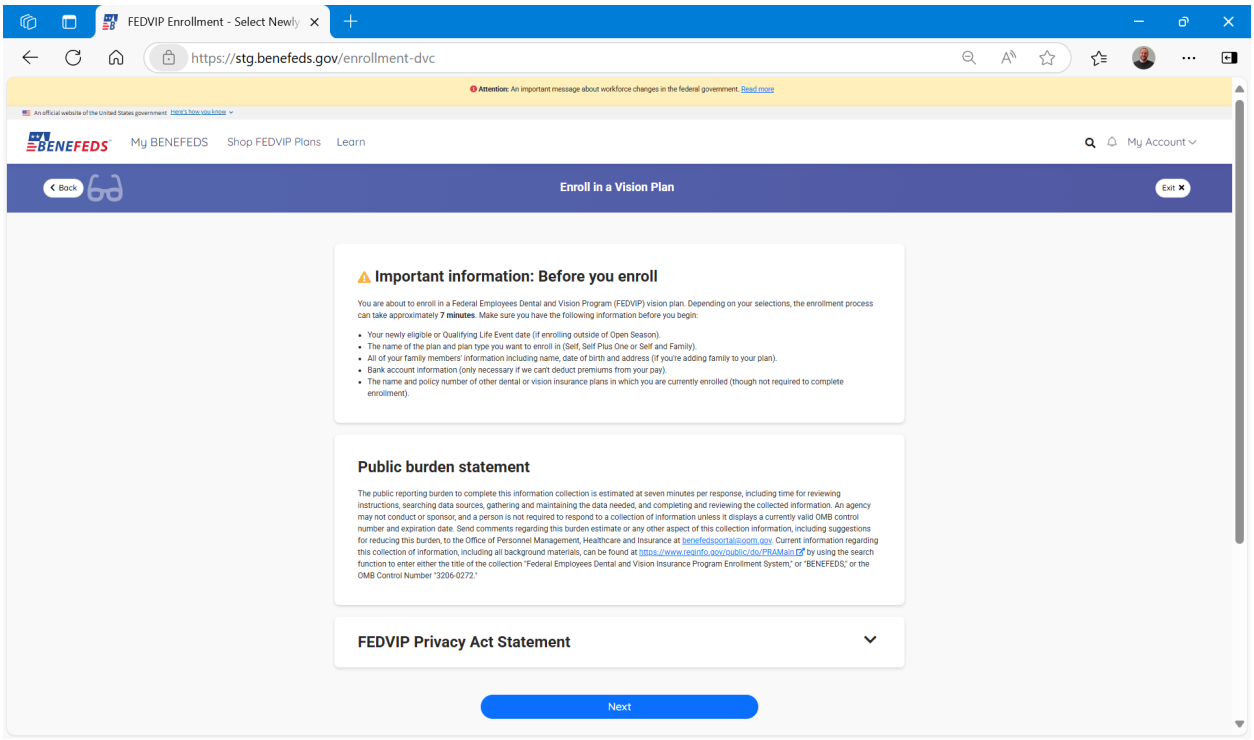
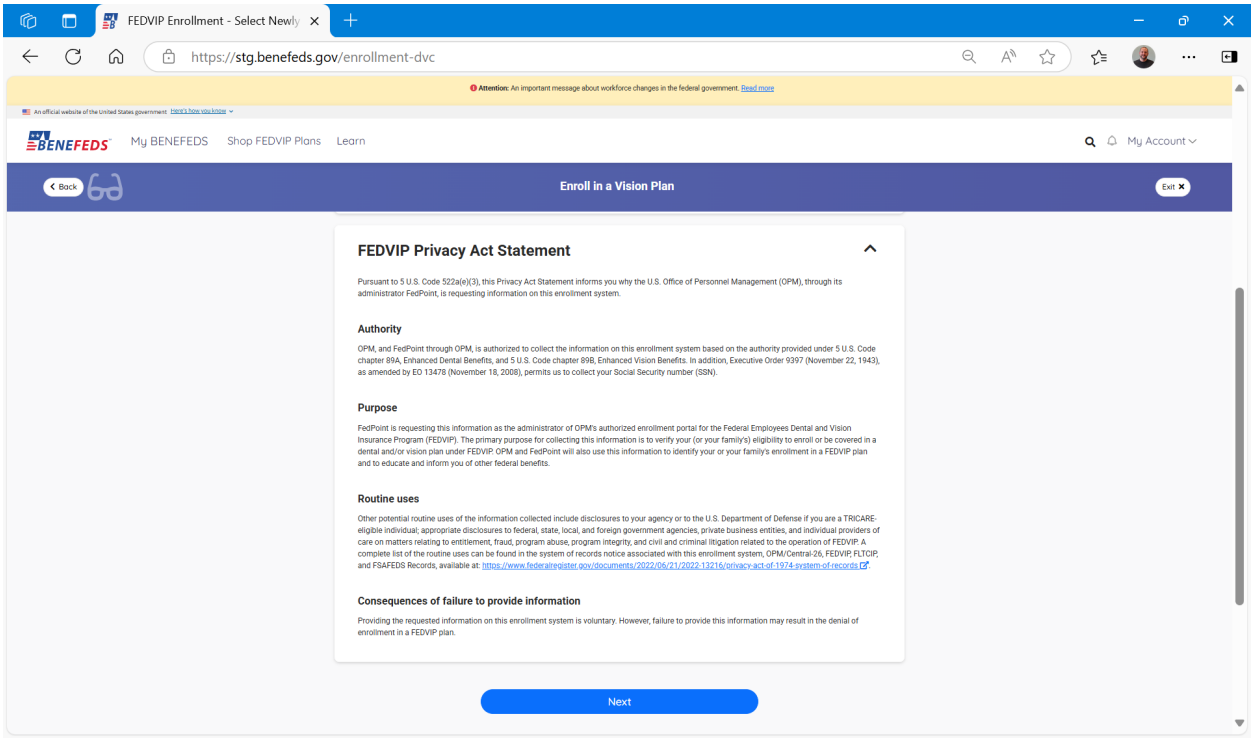

FEDVIP Enrollment - Select Newly
https://stg.benefeds.gov/enrollment-dvc
Attention: An important message about workforce changes in the federal government. Read more
An official website of the United States government here's how you know
BENEFEDS
My BENEFEDS
Shop FEDVIP Plans
Learn
My Account
Back
Enroll in a Vision Plan
Exit
Important information: Before you enroll
You are about to enroll in a Federal Employees Dental and Vision Program (FEDVIP) vision plan. Depending on your selections, the enrollment process can take approximately 7 minutes. Make sure you have the following information before you begin:
Your newly eligible or Qualifying Life Event date (if enrolling outside of Open Season).
The name of the plan and plan type you want to enroll in (Self, Self Plus One or Self and Family).
All of your family members' information including name, date of birth and address (if you're adding family to your plan).
Bank account information (only necessary if we can't deduct premiums from your pay).
The name and policy number of other dental or vision insurance plans in which you are currently enrolled (though not required to complete enrollment).
Public burden statement
The public reporting burden to complete this information collection is estimated at seven minutes per response, including time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and completing and reviewing the collected information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number and expiration date. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, to the Office of Personnel Management, Healthcare and Insurance at benefedsportal@opm.gov. Current information regarding this collection of information, including all background materials, can be found at https://www.reginfo.gov/public/do/PRAMain by using the search function to enter either the title of the collection "Federal Employees Dental and Vision Insurance Program Enrollment System," or "BENEFEDS," or the OMB Control Number "3206-0272."
FEDVIP Privacy Act Statement
Next


FEDVIP Enrollment - Select Newly
https://stg.benefeds.gov/enrollment-dvc
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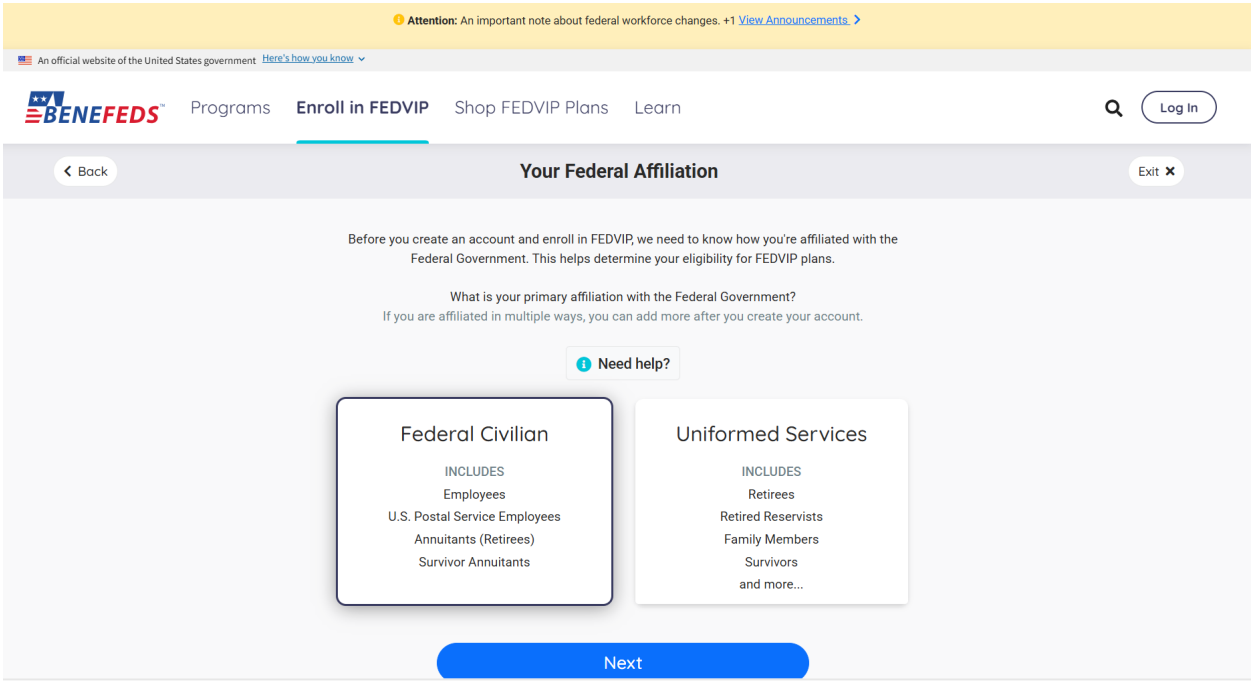
FEDVIP Privacy Act Statement
Pursuant to 5 U.S. Code 522a(e)(3), this Privacy Act Statement informs you why the U.S. Office of Personnel Management (OPM), through its administrator FedPoint, is requesting information on this enrollment system.
Authority
OPM, and FedPoint through OPM, is authorized to collect the information on this enrollment system based on the authority provided under 5 U.S. Code chapter 89A, Enhanced Dental Benefits, and 5 U.S. Code chapter 89B, Enhanced Vision Benefits. In addition, Executive Order 9397 (November 22, 1943), as amended by EO 13478 (November 18, 2008), permits us to collect your Social Security number (SSN).
Purpose
FedPoint is requesting this information as the administrator of OPM's authorized enrollment portal for the Federal Employees Dental and Vision Insurance Program (FEDVIP). The primary purpose for collecting this information is to verify your (or your family's) eligibility to enroll or be covered in a dental and/or vision plan under FEDVIP. OPM and FedPoint will also use this information to identify your or your family's enrollment in a FEDVIP plan and to educate and inform you of other federal benefits.
Routine uses
Other potential routine uses of the information collected include disclosures to your agency or to the U.S. Department of Defense if you are a TRICARE-eligible individual; appropriate disclosures to federal, state, local, and foreign government agencies, private business entities, and individual providers of care on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of FEDVIP. A complete list of the routine uses can be found in the system of records notice associated with this enrollment system, OPM/Central-26, FEDVIP, FLTCIP, and FSAFEDS Records, available at: https://www.federalregister.gov/documents/2022/06/21/2022-13216/privacy-act-of-1974-system-of-records
Consequences of failure to provide information
Providing the requested information on this enrollment system is voluntary. However, failure to provide this information may result in the denial of enrollment in a FEDVIP plan.
Next


Attention: An important note about federal workforce changes. +1 View Announcements
An official website of the United States government Here's how you know
BENEFEDS
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Enroll in FEDVIP
Shop FEDVIP Plans
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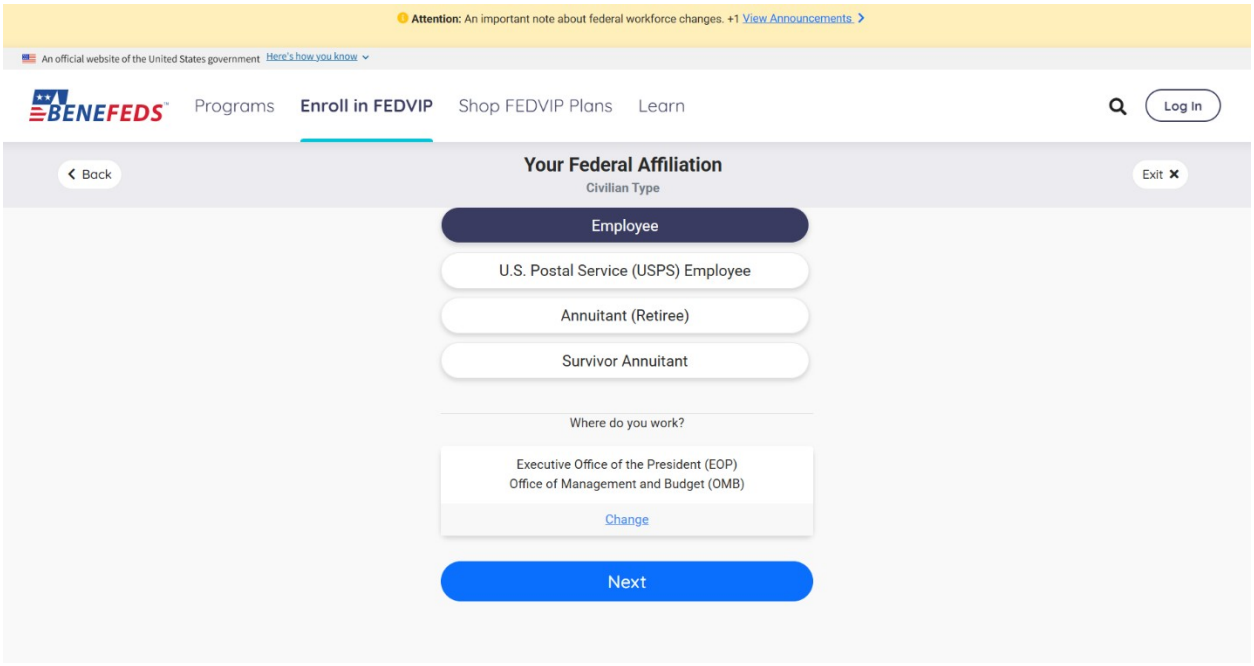
Log In
Back
Your Federal Affiliation
Exit
Before you create an account and enroll in FEDVIP, we need to know how you're affiliated with the Federal Government. This helps determine your eligibility for FEDVIP plans.
What is your primary affiliation with the Federal Government?
If you are affiliated in multiple ways, you can add more after you create your account.
Need help?
Federal Civilian
INCLUDES
Employees
U.S. Postal Service Employees
Annuitants (Retirees)
Survivor Annuitants
Uniformed Services
INCLUDES
Retirees
Retired Reservists
Family Members
Survivors
and more...
Next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An official website of the United States government Here's how you know
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Shop FEDVIP Plans
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Log In
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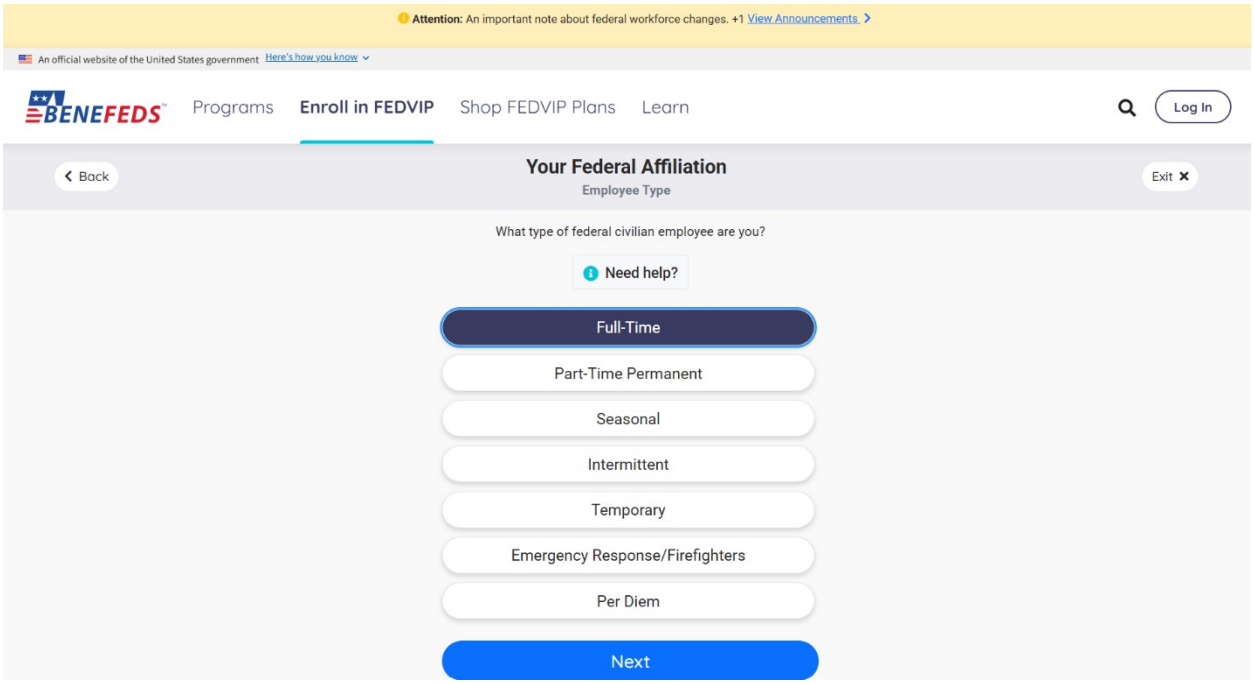
Your Federal Affiliation
Civilian Type
Exit
Employee
U.S. Postal Service (USPS) Employee
Annuitant (Retiree)
Survivor Annuitant
Where do you work?
Executive Office of the President (EOP)
Office of Management and Budget (OMB)
Change
Next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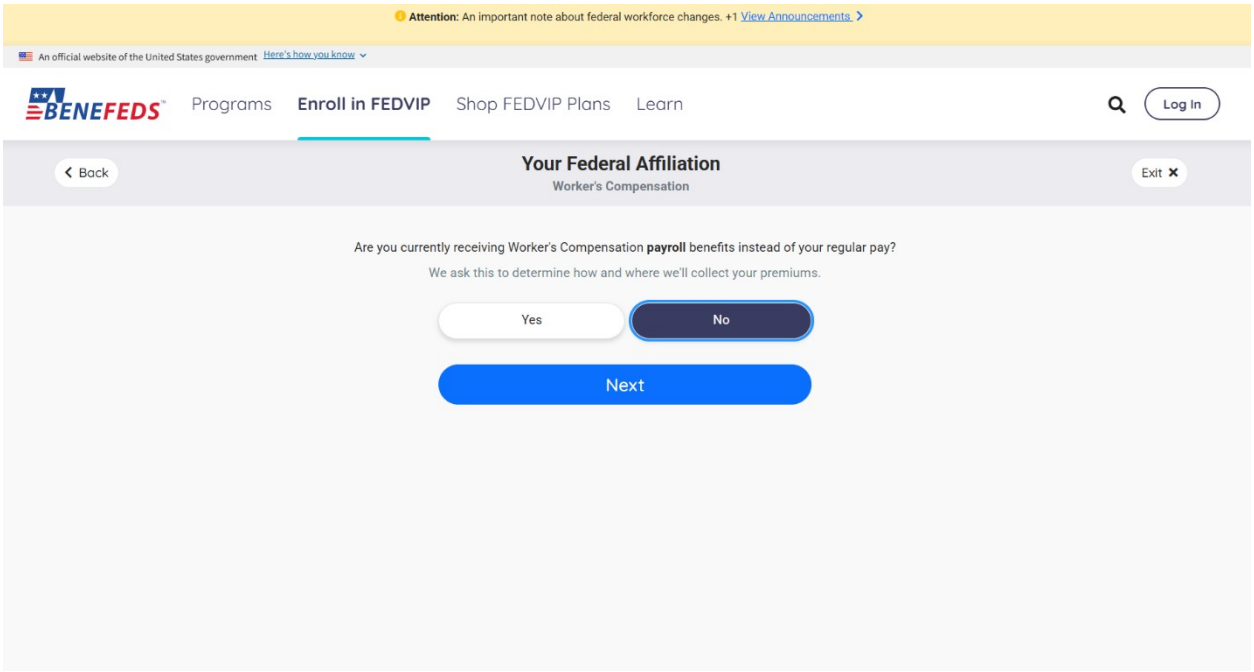
Your Federal Affiliation
Employee Type
Exit
What type of federal civilian employee are you?
Need help?
Full-Time
Part-Time Permanent
Seasonal
Intermittent
Temporary
Emergency Response/Firefighters
Per Diem
Next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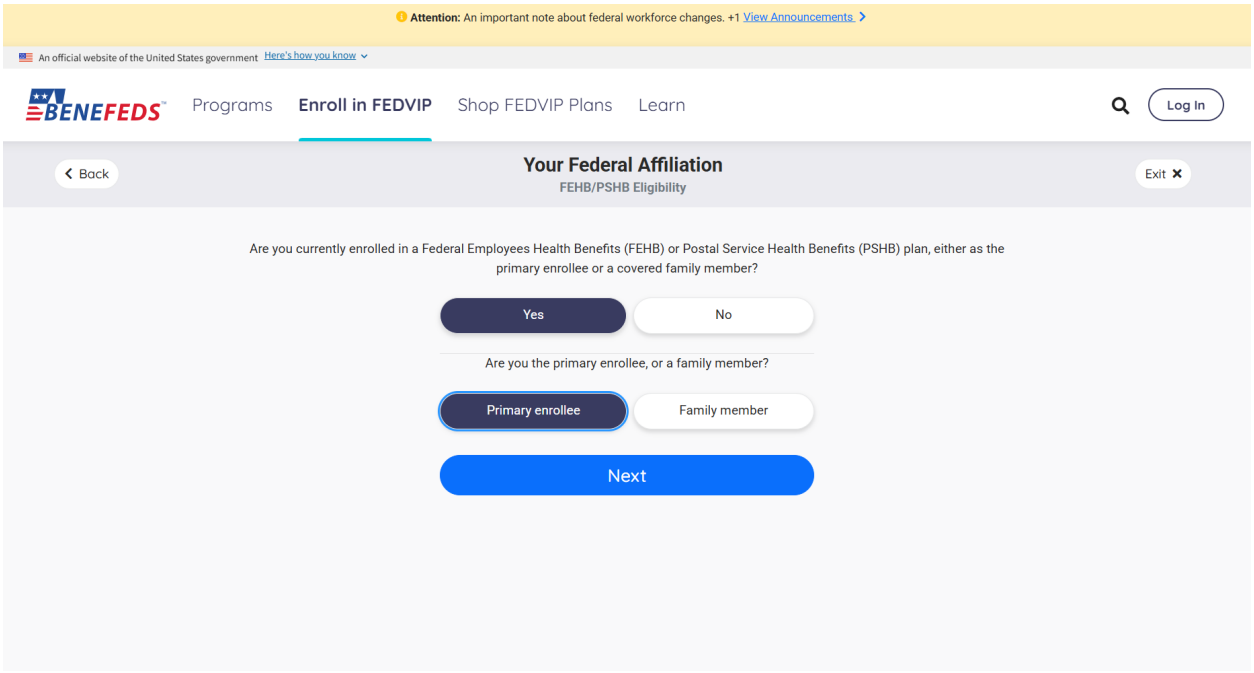
Your Federal Affiliation
Worker's Compensation
Exit
Are you currently receiving Worker's Compensation payroll benefits instead of your regular pay?
We ask this to determine how and where we'll collect your premiums.
Yes
No
Next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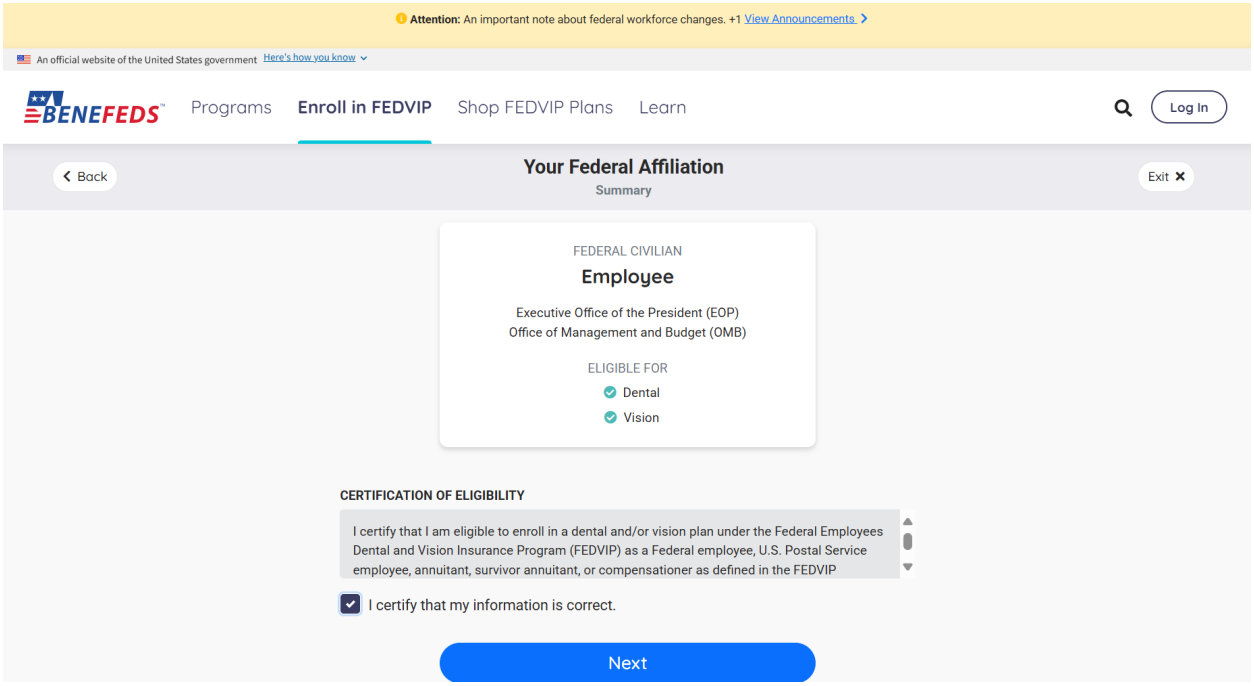
Your Federal Affiliation
FEHB/PSHB Eligibility
Exit
Are you currently enrolled in a Federal Employees Health Benefits (FEHB) or Postal Service Health Benefits (PSHB) plan, either as the primary enrollee or a covered family member?
Yes
No
Are you the primary enrollee, or a family member?
Primary enrollee
Family member
Next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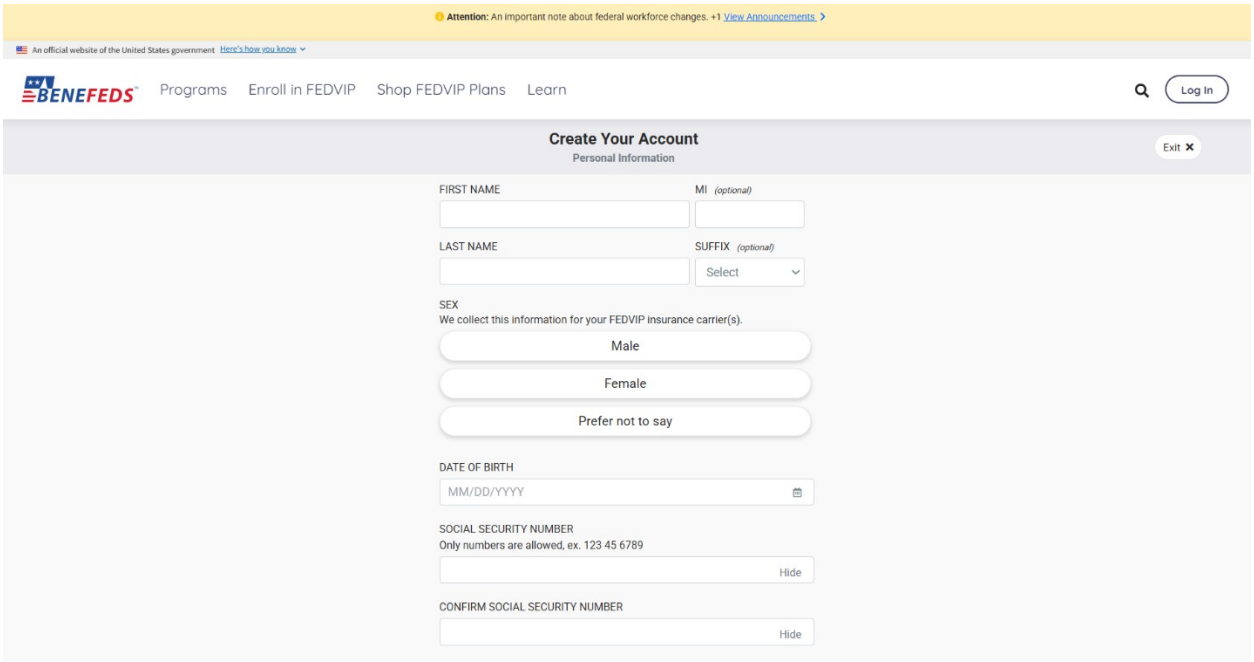
Your Federal Affiliation
Summary
Exit
FEDERAL CIVILIAN
Employee
Executive Office of the President (EOP)
Office of Management and Budget (OMB)
ELIGIBLE FOR
Dental
Vision
CERTIFICATION OF ELIGIBILITY
I certify that I am eligible to enroll in a dental and/or vision plan under the Federal Employees Dental and Vision Insurance Program (FEDVIP) as a Federal employee, U.S. Postal Service employee, annuitant, survivor annuitant, or compensationer as defined in the FEDVIP
I certify that my information is correct.
Next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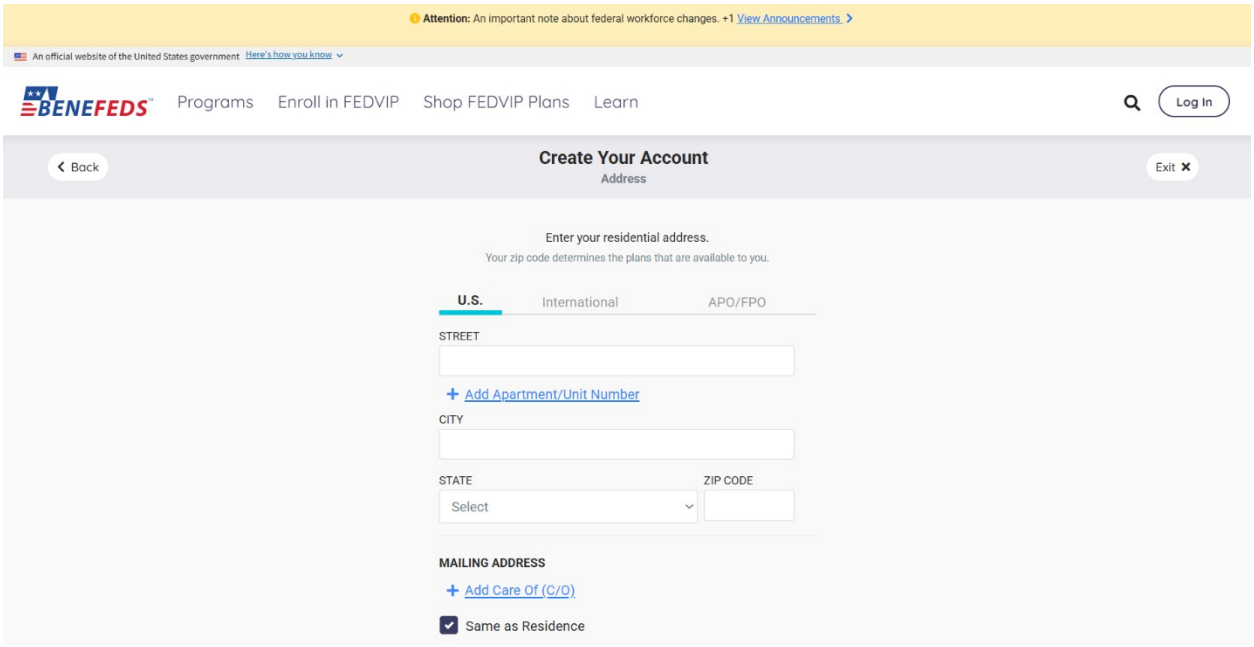
Enroll in FEDVIP
Shop FEDVIP Plans
Learn
Log In
Create Your Account
Personal Information
Exit
FIRST NAME
MI (optional)
LAST NAME
SUFFIX (optional)
Select
SEX
We collect this information for your FEDVIP insurance carrier(s).
Male
Female
Prefer not to say
DATE OF BIRTH
MM/DD/YYYY
SOCIAL SECURITY NUMBER
Only numbers are allowed, ex. 123 45 6789
Hide
CONFIRM SOCIAL SECURITY NUMBER
Hide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An official website of the United States government Here's how you know
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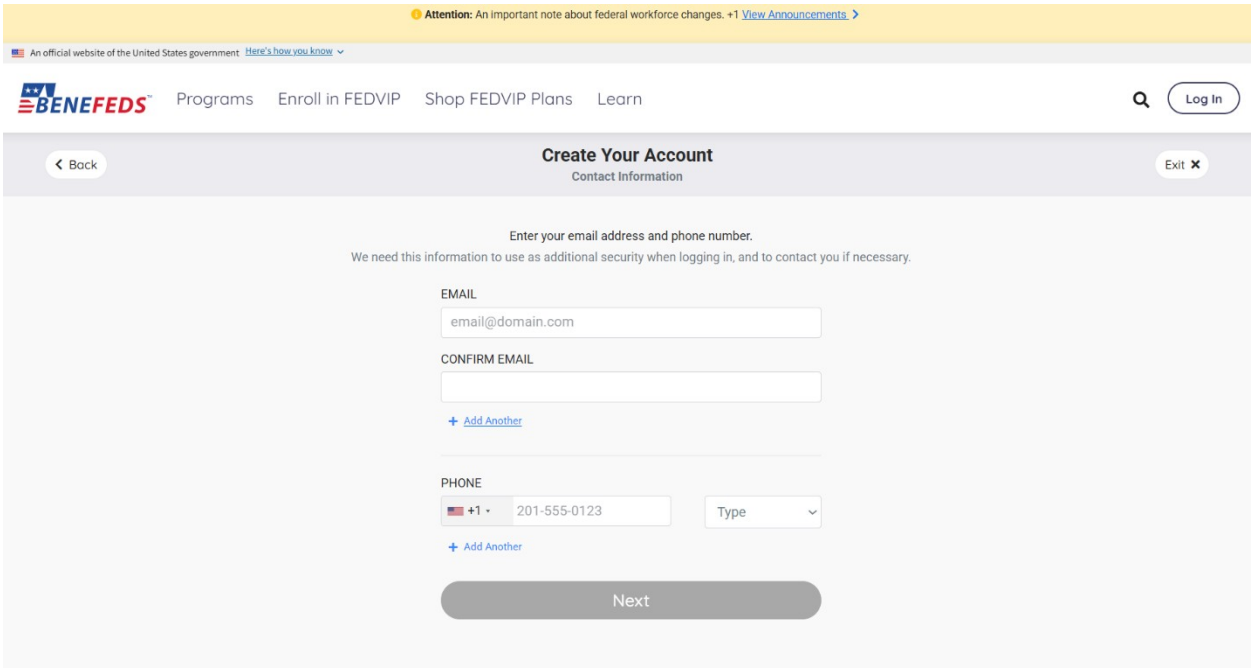
Programs
Enroll in FEDVIP
Shop FEDVIP Plans
Learn
Log In
Back
Create Your Account
Address
Exit
Enter your residential address.
Your zip code determines the plans that are available to you.
U.S.
International
APO/FPO
STREET
Add Apartment/Unit Number
CITY
STATE
Select
ZIP CODE
MAILING ADDRESS
Add Care Of (C/O)
Same as Residence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An official website of the United States government Here's how you know
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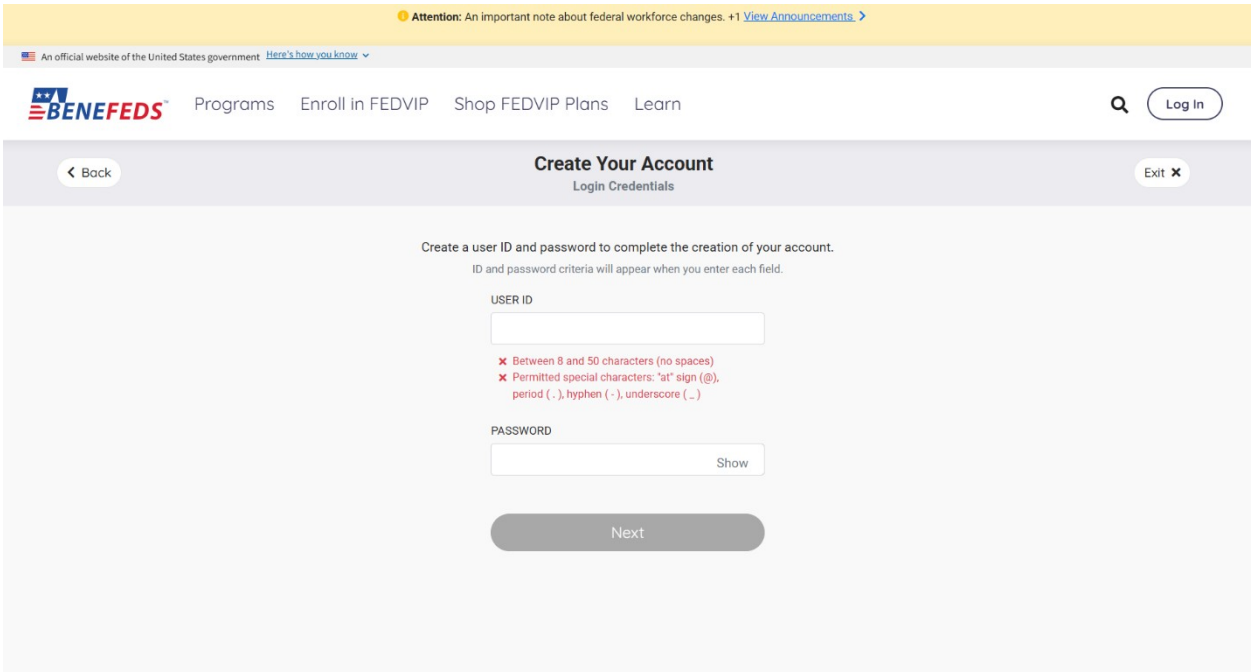
Shop FEDVIP Plans
Learn
Log In
Back
Create Your Account
Contact Information
Exit
Enter your email address and phone number.
We need this information to use as additional security when logging in, and to contact you if necessary.
EMAIL
email@domain.com
CONFIRM EMAIL
Add Another
PHONE
+1
201-555-0123
Type
Add Another
Next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An official website of the United States government Here's how you know
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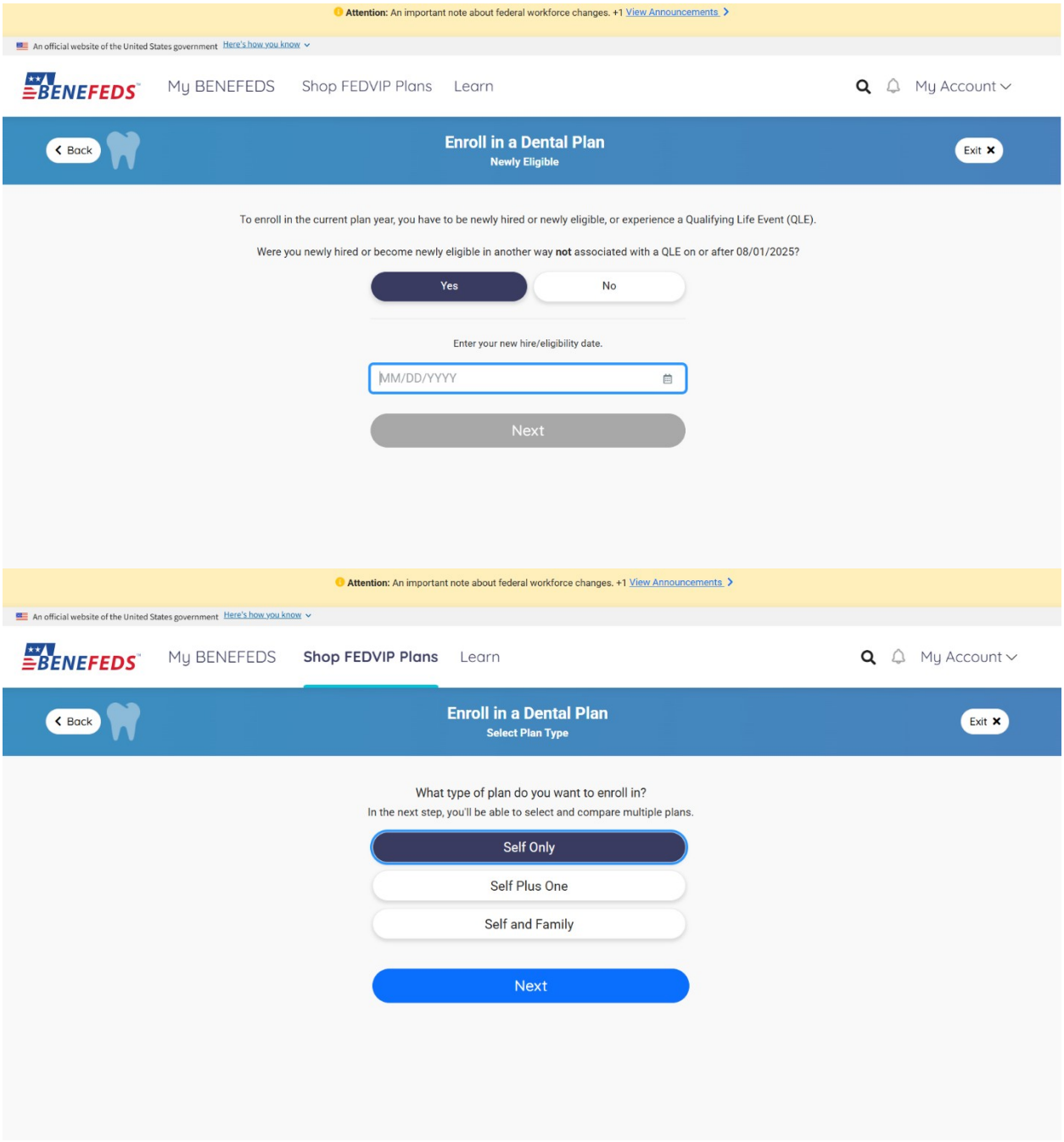
Shop FEDVIP Plans
Learn
Log In
Back
Create Your Account
Login Credentials
Exit
Create a user ID and password to complete the creation of your account.
ID and password criteria will appear when you enter each field.
USER ID
Between 8 and 50 characters (no spaces)
Permitted special characters: "at" sign (@), period (.), hyphen (-), underscore (_)
PASSWORD
Show
Next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BENEFEDS
My BENEFEDS
Shop FEDVIP Plans
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My Account
Back
Enroll in a Dental Plan
Newly Eligible
Exit
To enroll in the current plan year, you have to be newly hired or newly eligible, or experience a Qualifying Life Event (QLE).
Were you newly hired or become newly eligible in another way not associated with a QLE on or after 08/01/2025?
Yes
No
Enter your new hire/eligibility date.
MM/DD/YYYY
Next
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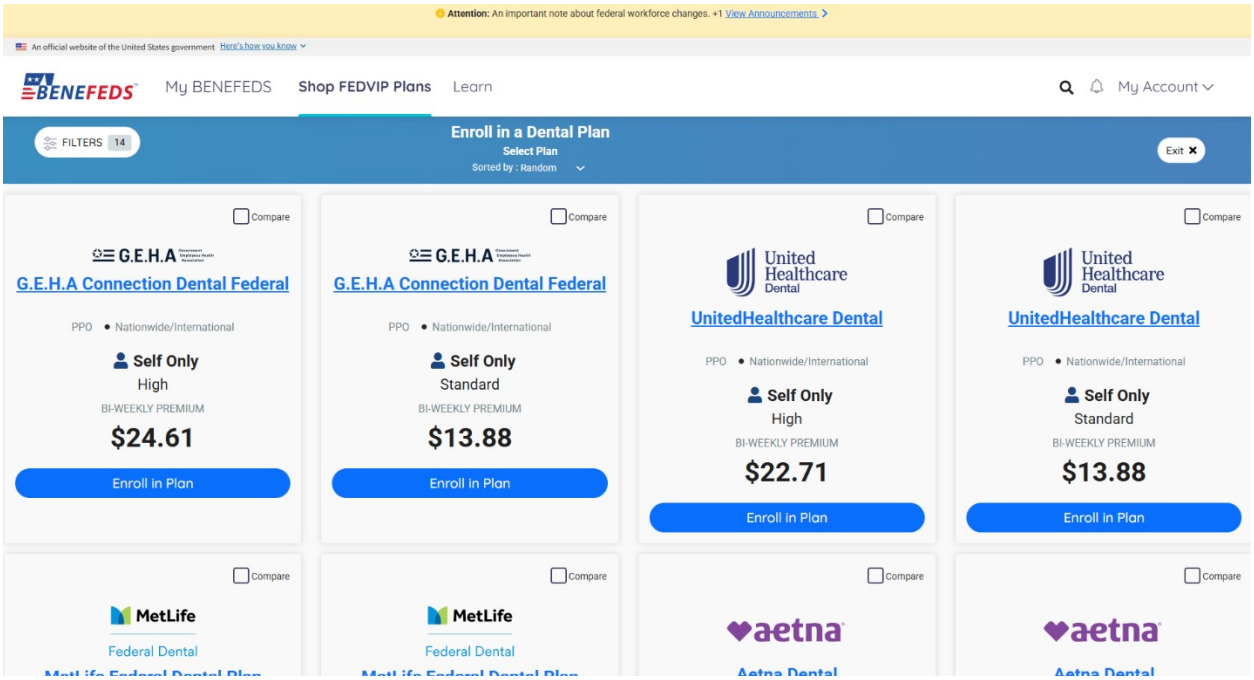
BENEFEDS
My BENEFEDS
Shop FEDVIP Plans
Learn
My Account
Back
Enroll in a Dental Plan
Select Plan Type
Exit
What type of plan do you want to enroll in?
In the next step, you'll be able to select and compare multiple plans.
Self Only
Self Plus One
Self and Family
Next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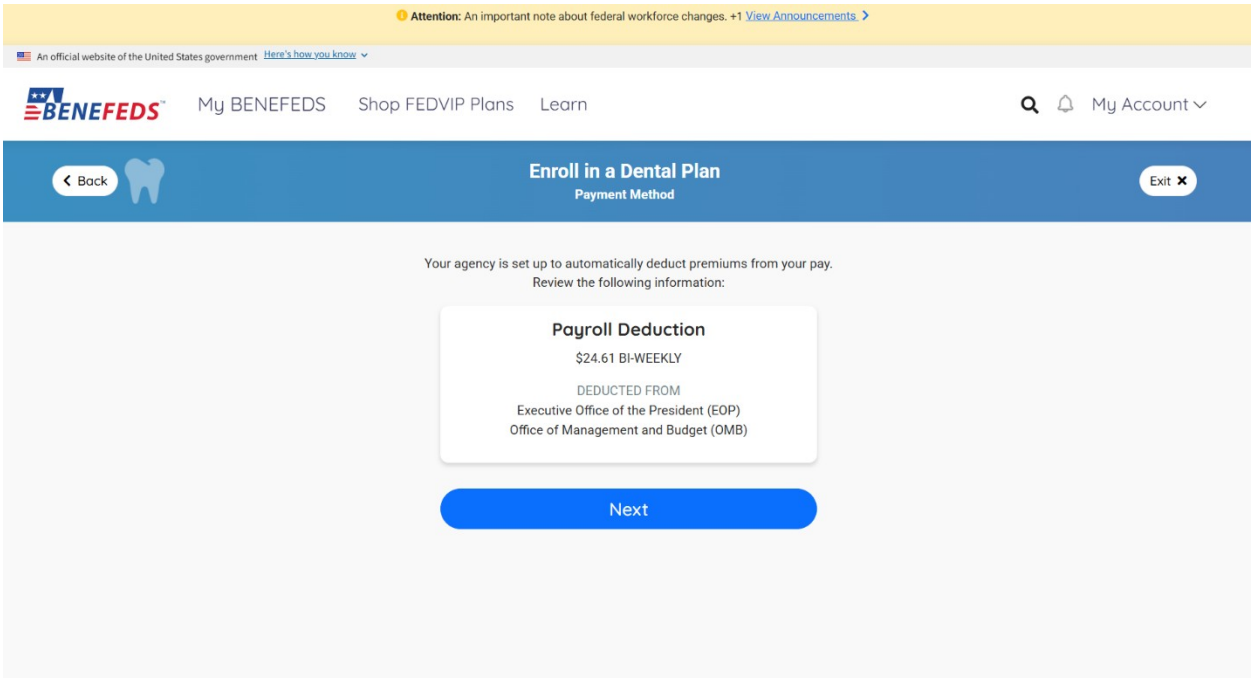
My BENEFEDS
Shop FEDVIP Plans
Learn
My Account
FILTERS 14
Enroll in a Dental Plan
Select Plan
Sorted by : Random
Exit
Compare
G.E.H.A Connection Dental Federal
PPO • Nationwide/International
Self Only
High
BI-WEEKLY PREMIUM
$24.61
Enroll in Plan
Compare
G.E.H.A Connection Dental Federal
PPO • Nationwide/International
Self Only
Standard
BI-WEEKLY PREMIUM
$13.88
Enroll in Plan
Compare
United Healthcare Dental
UnitedHealthcare Dental
PPO • Nationwide/International
Self Only
High
BI-WEEKLY PREMIUM
$22.71
Enroll in Plan
Compare
United Healthcare Dental
UnitedHealthcare Dental
PPO • Nationwide/International
Self Only
Standard
BI-WEEKLY PREMIUM
$13.88
Enroll in Plan
Compare
MetLife
Federal Dental
Compare
MetLife
Federal Dental
Compare
aetna
Compare
aetna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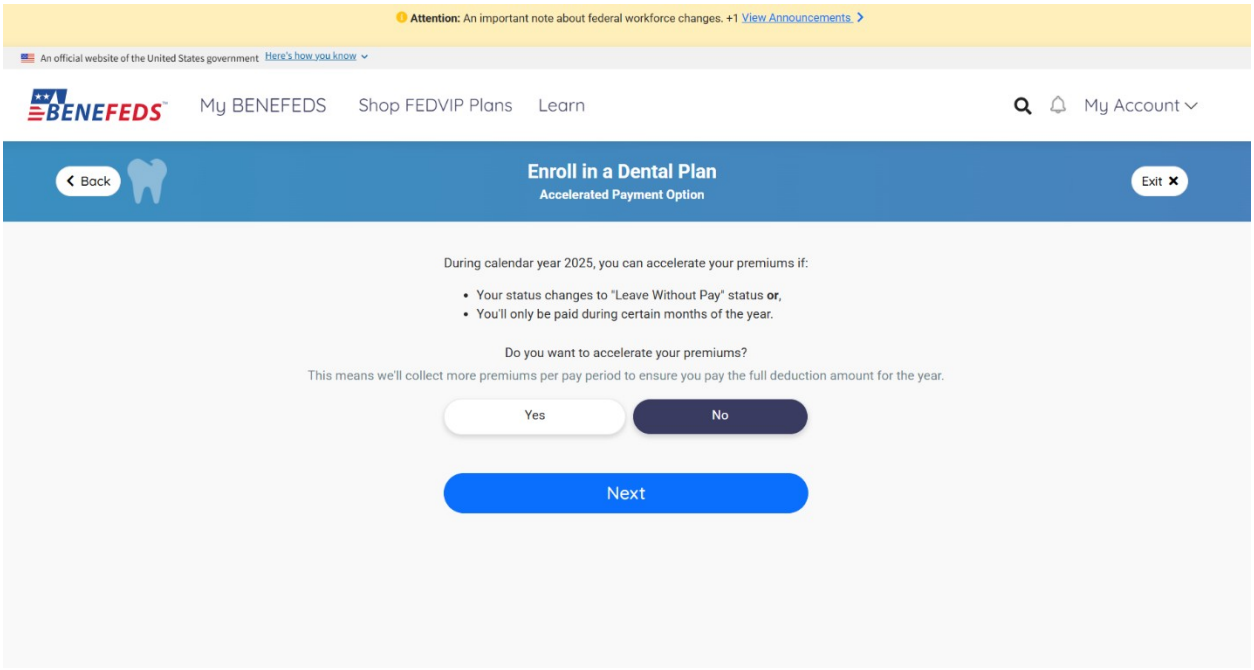
BENEFEDS
My BENEFEDS
Shop FEDVIP Plans
Learn
My Account
Back
Enroll in a Dental Plan
Payment Method
Exit
Your agency is set up to automatically deduct premiums from your pay.
Review the following information:
Payroll Deduction
$24.61 BI-WEEKLY
DEDUCTED FROM
Executive Office of the President (EOP)
Office of Management and Budget (OMB)
Next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An official website of the United States government Here's how you know
BENEFEDS
My BENEFEDS
Shop FEDVIP Plans
Learn
My Account
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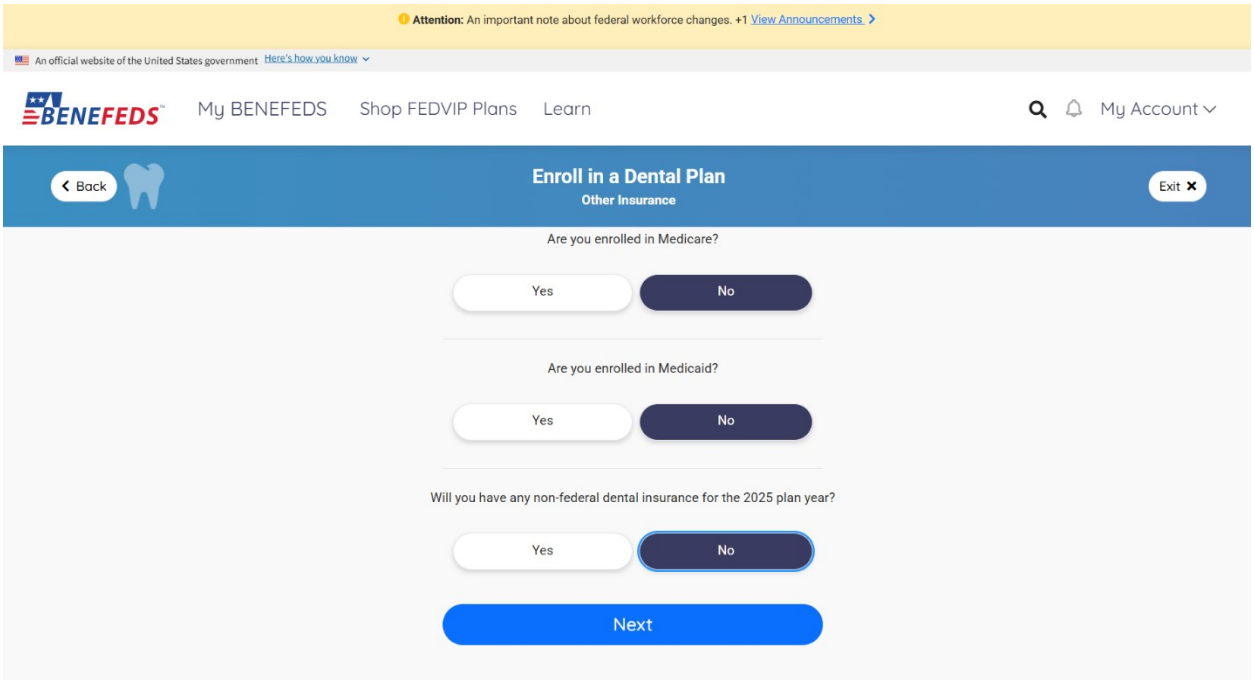
Enroll in a Dental Plan
Accelerated Payment Option
Exit
During calendar year 2025, you can accelerate your premiums if:
Your status changes to "Leave Without Pay" status or,
You'll only be paid during certain months of the year.
Do you want to accelerate your premiums?
This means we'll collect more premiums per pay period to ensure you pay the full deduction amount for the year.
Yes
No
Next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BENEFEDS
My BENEFEDS
Shop FEDVIP Plans
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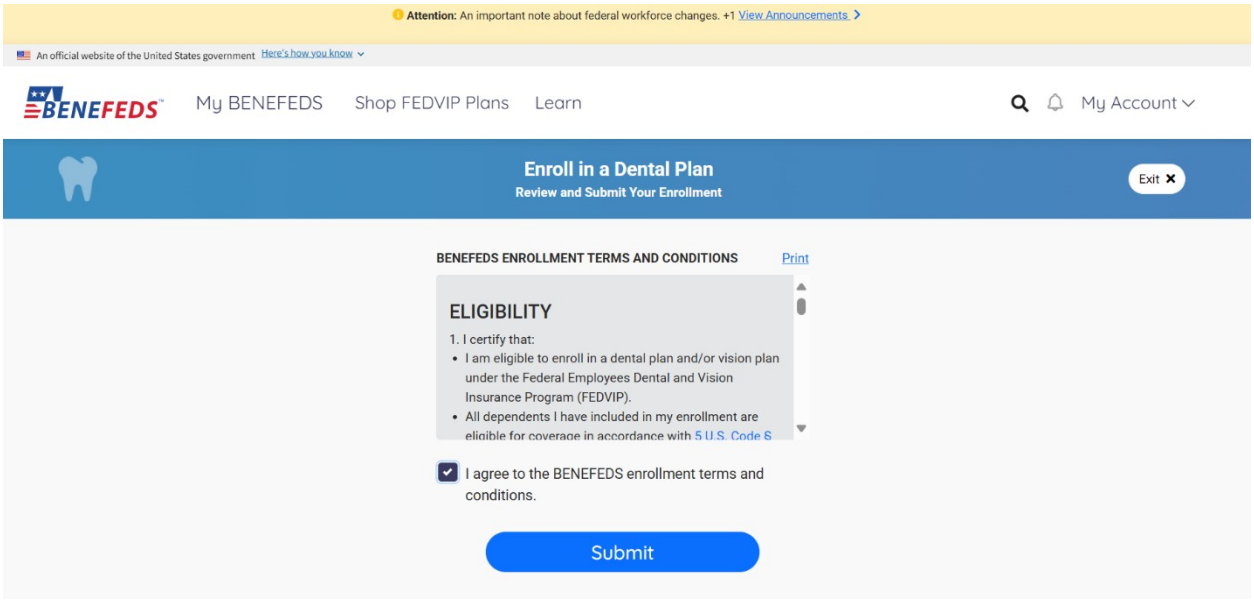
Enroll in a Dental Plan
Other Insurance
Exit
Are you enrolled in Medicare?
Yes
No
Are you enrolled in Medicaid?
Yes
No
Will you have any non-federal dental insurance for the 2025 plan year?
Yes
No
Next


Attention: An important note about federal workforce changes. +1 View Announcements
An official website of the United States government Here's how you know
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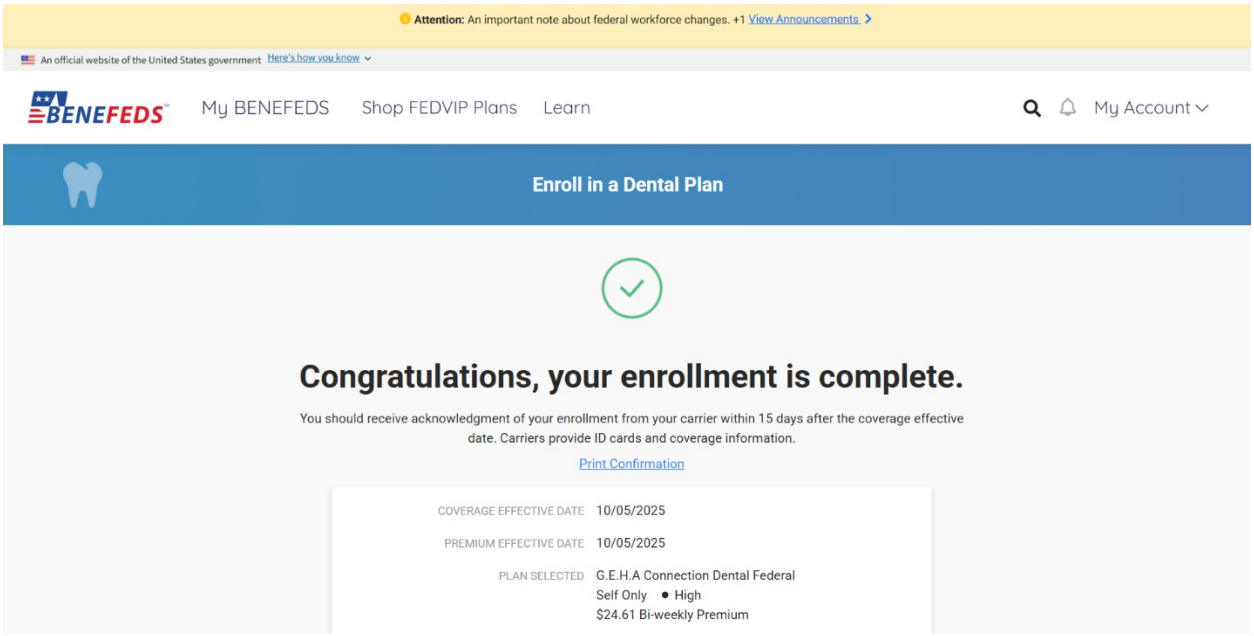
My BENEFEDS
Shop FEDVIP Plans
Learn
My Account
Enroll in a Dental Plan
Review and Submit Your Enrollment
Exit
BENEFEDS ENROLLMENT TERMS AND CONDITIONS
Print
ELIGIBILITY
1. I certify that:
• I am eligible to enroll in a dental plan and/or vision plan under the Federal Employees Dental and Vision Insurance Program (FEDVIP).
• All dependents I have included in my enrollment are eligible for coverage in accordance with 5 U.S. Code S
I agree to the BENEFEDS enrollment terms and conditions.
Submit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An official website of the United States government Here's how you know
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My Account
Enroll in a Dental Plan
Congratulations, your enrollment is complete.
You should receive acknowledgment of your enrollment from your carrier within 15 days after the coverage effective date. Carriers provide ID cards and coverage information.
Print Confirmation
COVERAGE EFFECTIVE DATE 10/05/2025
PREMIUM EFFECTIVE DATE 10/05/2025
PLAN SELECTED G.E.H.A Connection Dental Federal
Self Only • High
$24.61 Bi-weekly Premium