



Having a vision plan you can count on. That matters.

UnitedHealthcare vision plans were designed with your eyecare — and your lifestyle — in mind. Featuring benefits that offer both quality and convenience, UnitedHealthcare FEDVIP Vision plans include access to 156,000 providers and major retailers nationwide, discounts on trendy frames and more. Take a look at the plans inside — you're going to love what you see.

**Finding a plan that's right for you is easy.
Learn more inside or visit uhcfeds.com.**





You deserve a vision plan that's focused on you

New for 2024

Enhanced frame allowance

Increased to \$225 on the High Plan

Reduced material copay

Now \$0 material copay on the High Plan

Reduced exam copay

Now \$0 annual exam on both the High Plan and Standard Plan



We take a comprehensive view of eye care

Each year, you'll get a complete and thorough eye exam to check your vision and evaluate your eye health. It may also help identify health issues such as diabetes, high cholesterol, hypertension and more.



You also get a suite of quality offerings at no additional cost:

- A second annual eye exam and additional pair of glasses for expectant mothers and children up to 13*
- Wellness resources such as online events and educational information
- Member discounts on state-of-the-art hearing aids
- Exclusive discounts on the following and more:
 - Up to 35% laser vision correction at QualSight® LASIK
 - An exclusive 40% off blue light-blocking screen filters from Eyesafe®
 - Discounts on over 200 items and services on our online FEDVIP BenefitHub

Endless options you can see yourself in

Whether you love trying on glasses in the comfort of your own home, or getting your frames in person at your local provider, we've got you covered. Some of our national network locations include:



LENSCRAFTERS



WARBY PARKER

*With a diopter change of 0.5 or more



Visit uhcfeds.com

Vision at a glance

Glasses

Every year after applicable copay

Frames

- Frame allowance:
High option: \$225 (New for 2024)
Standard option: \$200

Lenses

- Standard single vision
- Lined trifocal
- Standard lenticular lenses

Lens enhancements

- Progressive lenses
- High-index plastic (up to 1.73)
- Tinted lenses
- Polycarbonate lenses
- Tier 1 anti-reflective coating
- Standard scratch-resistant coating
- UV coating

Contact lenses

Every year (instead of glasses)

Elective contact lenses

- \$125 contact lens allowance on both the High and Standard plans
- Allowance is applied toward the purchase of contact lenses
- Copay does not apply

Elective contact lens fitting/evaluation

- \$40 allowance
- Allowance is applied toward the contact lens fitting/evaluation fees
- Copay does not apply

All plans also include:

- At least 20% off many lens enhancements
- 10% off contacts at: uhcontacts.com

Experience ExpressExam

With your UnitedHealthcare FEDVIP Vision plan, you'll get access to ExpressExam, an online prescription renewal service, provided at no additional cost. There is no appointment necessary and it does not replace or impact the exam benefit included in your plan.

EXPRESS
exam



What's the cost?

Premiums for plans	Standard option		High option	
	Bi-Weekly	Monthly	Bi-Weekly	Monthly
Self only	\$3.53	\$7.65	\$5.53	\$11.98
Self + 1	\$7.04	\$15.25	\$11.06	\$23.96
Self + family	\$10.57	\$22.90	\$16.59	\$35.95

Our Vision Plan is national and international.

What's the benefit?

Vision plans	Standard option	High option
	Copay	Copay
Annual eye exam	\$0 (New for 2024)	\$0
Eye glasses	\$25	\$0 (New for 2024)
Standard scratch-resistant coating	\$0	\$0
Polycarbonate lenses	\$0	\$0
Transitions™ lenses	\$0	\$0
Tier 1 anti-reflective coating	Up to \$30	\$0
Tinted lenses	\$0	\$0
UV coating	\$0	\$0
Tier 1 progressive	\$25	\$0
High-end (Tier 2–5) progressive	Up to \$250	\$65
High-index plastic up to 1.73	Up to \$69	Up to \$69

Are there allowances?

	Standard option	High option
Frame allowance	\$200	\$225 (New for 2024)
Contact lens allowance	\$125	\$125

This is intended as a summary only. For a detailed description of your benefits, exclusions and limitations, please refer to the Certificate of Coverage at [uhcfeds.com](https://www.uhcfeds.com). Click the Vision Plans button to learn more.



When and how to enroll?

Sign up during Federal Benefits Open Season, Nov. 13–Dec. 11, 2023 (Midnight EST), or if you are a new hire, you have 60 days from your start date to enroll.

**Visit benefeds.com or call
1-877-888-3337 (TTY: 1-877-889-5680)**

Who is eligible?

- Anyone who is eligible for the Federal Employees Health Benefits (FEHB) program is also eligible for a FEDVIP Vision plan — no matter what medical plan they are on
- Federal employees and their dependents up to age 22 (actual birthday)
- Federal annuitants and survivor annuitants and their dependents up to age 22
- TRICARE retired uniformed service members and their dependents
- TRICARE active-duty family members when enrolled in specific TRICARE plans (Note: TRICARE dependents are covered up to age 21 and up to age 23 if full-time students)
- Certain temporary, seasonal and intermittent federal employees

Visit benefeds.com for complete information and up-to-date eligibility.

**Learn more about UnitedHealthcare
FEDVIP Vision plans at uhcfeds.com/look**





You're always serving others. We're proud to serve you.

For almost two decades, federal employees have been counting on UnitedHealthcare to provide easy, convenient and affordable access to vision care.

Our vision plans are focused on helping you see your best self. Before you make your choice of contacts, tinted lenses, bifocals or blue light blockers, choose a UnitedHealthcare FEDVIP Vision plan.



**Recognized as one of the most
Military Friendly® Employers in the nation.***

*No. 7 in the nation on the 2023 Military Friendly® Employers list and a Top Ten 2023 Military Spouse Friendly® Employer.



Federal Employees Dental and Vision Insurance Program



Visit uhcfeds.com

The fine print.

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

Mail: UnitedHealthcare Civil Rights Grievance
P.O. Box 30608, Salt Lake City, UT 84130

Online: UHC_Civil_Rights@uhc.com

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free member phone number listed on your ID card. You can also file a complaint with the U.S. Dept. of Health and Human Services:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at:

<http://www.hhs.gov/ocr/complaints/index.html>

Phone: Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services,
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201

We provide free services to help you communicate with us such as letters in others languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

ATENCIÓN: Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意: 如果您說中文 (**Chinese**), 我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (**Vietnamese**), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русский (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

دیناجملہ ذیو غللا دتداسملا تامادخ ناف، ذیبرعل شحتت تنك اذ: یبنت فیرعتلا قاطب یلع جردملا یناجملا فتادل مقرب لاصتال یجری. لکل عحاتم کب فصاغل.

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION: Si vous parlez français (**French**), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (**Polish**), udostępniłmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação. **ACHTUNG:** Falls Sie Deutsch

(**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप हिंदी (**Hindi**) बोलते हैं, आपको भाषा सहायता सेवाएं, नई:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

DÍJ BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yánilti'go, saad bee áka'anida'awo'igií, t'áá jiik'eh, bee ná'ahóót'i'. T'áá shóodí ninaaltsos nít'i'izi bee nééhoziniigí bine'déé' t'áá jiik'ehgo béesh bee hane'i biká'igií bee hodilnih.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

All trademarks are the property of their respective owners.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

Member phone number services should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through the member phone number service is for informational purposes only and provided as part of your health plan. Wellness nurses, coaches and other representatives cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Member phone number services are not an insurance program and may be discontinued at any time.

The health care reform law requires the coverage of certain preventive services, based on your age, gender and other health factors, with no cost-sharing. The preventive care services covered are those preventive services specified in the health care reform law. UnitedHealthcare also covers other routine services, which may require a copayment, coinsurance or deductible. Always refer to your plan documents for your specific coverage.

Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX, VPOL.13.TX or VPOL.18.TX and associated COC form number VCOC.INT.06.TX, VCOC.CER.13.TX or VCOC.18.TX. Plans sold in Virginia use policy form number VPOL.06.VA, VPOL.13.VA or VPOL.18.VA and associated COC form number VCOC.INT.06.VA, VCOC.CER.13.VA or VCOC.18.VA. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company.

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**United
Healthcare
Vision**



Federal Employees Dental and Vision Insurance Program