



# A vision plan you can count on. It matters.

UnitedHealthcare vision plans were designed with your eye care – and your lifestyle – in mind. Featuring benefits that offer both quality and convenience, UnitedHealthcare FEDVIP Vision plans include access to 175,000\* providers and major retailers nationwide, discounts on trendy frames and more.

**Take a look at the plans – you’re going to love what you see.  
Learn more inside or visit [uhcfeds.com](https://uhcfeds.com).**

\*As of June 2024.





# A vision plan focused on you

## 2025 benefits highlights

**\$0**

**exam copay**

\$0 exam copay on both the High and Standard Plans

**\$225**

**frame allowance**

The High Plan offers a \$225 frame allowance

**35%**

**off LASIK**

Up to 35% laser vision correction at QualSight® LASIK





# 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.



## Quality offerings at no additional cost:

- A second annual eye exam and additional pair of glasses for expectant mothers and children **up to age 19\***
- Wellness resources such as online events and educational information
- Preferred pricing on custom-programmed hearing aids
- Discounts on the following, and more:
  - Up to 35% off laser vision correction at QualSight® LASIK
  - Up to 30% off blue-light blocking screen filters
  - 10% off contacts and shop popular eyeglasses and sunglasses at [uhcglasses.com](https://uhcglasses.com)
  - Discounts on over 200 items and services on our online UnitedHealthcare FEDVIP BenefitHub

## Over 175,000 in-network providers with the choice and convenience you'll love

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.

# Glasses and contacts benefits to enjoy every year

## Glasses

(annual benefit after copay)

### Frames

- Frame allowance:  
High option: \$225  
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

(annually 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 contact lenses and discounts on eyeglasses and sunglasses at: [uhccontacts.com](https://www.uhccontacts.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	
	Biweekly	Monthly	Biweekly	Monthly
Self only	\$3.63	\$7.87	\$5.63	\$12.20
Self + 1	\$7.26	\$15.73	\$11.25	\$24.38
Self + family	\$10.89	\$23.60	\$16.88	\$36.57

Our Vision Plan is national and international.

## What's the benefit?

Vision plans	Standard option	High option
	Copay	Copay
Annual eye exam	\$0	\$0
Eyeglasses	\$25	\$0
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
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://uhcfeds.com). Click the Vision Plans button to learn more.

# Who is eligible?

- Anyone who is eligible for the Federal Employees Health Benefits (FEHB)/Postal Service Health Benefits (PSHB) 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
- Postal Service employees, annuitants and their eligible family members

**Visit [BENEFEDS.gov](https://BENEFEDS.gov) for complete information and up-to-date eligibility.**



## When and how to enroll

Sign up during Federal Benefits Open Season, Nov. 11 – Dec. 9, 2024 (Midnight EST); or, if you are a new hire, you have 60 days from your start date to enroll. FEDVIP benefits are selected individually and completely separate from your potential FEHBP benefits. You have the ability and flexibility to select the best plan for you and your family.



**Visit**  
**[BENEFEDS.gov](https://BENEFEDS.gov)**



**Call**  
**1-877-888-FEDS (TTY: 1-877-889-5680)**

**Learn more**

**Explore plans at [uhcfeds.com/look](https://uhcfeds.com/look)**





## What's next?

After you enroll in a UnitedHealthcare FEDVIP Vision Plan, we will mail you a welcome letter and a new member checklist to help you access your benefits, download a digital ID card and see all of the benefits your new FEDVIP Vision plan has to offer.

## 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.\***

\*UnitedHealthcare is a 2024 Gold Military Friendly® Employer and is No. 3 on the Military Spouse Friendly® Employer list.



Federal Employees Dental and Vision Insurance Program



Visit [uhcfeds.com](https://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](mailto: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.

هذه الخدمة متاحة للأشخاص الذين يتحدثون لغتهم الأم (**Arabic**)، دون مقابل. يرجى الاتصال بالرقم المجاني المذكور على بطاقة هويتك.

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**), udostępniliśmy 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, नैःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

DÍÍ BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yánilti'go, saad bee áka'anida'awo'ígíí, t'áá jíílk'eh, bee ná'ahóót'i'. T'áá shóodí ninaaltsoos nít'izi bee nééhozinígíí bine'déé' t'áá jíílk'ehgo béésh bee hane'i biká'ígíí bee hodiilnih.

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The examples provided are for general knowledge purposes only and should not be interpreted as a preference or recommendation of any particular provider, brand, or company. We encourage members to choose providers based on their individual needs and preferences.

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.

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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Federal Employees Dental and Vision Insurance Program