UnitedHealthcare Vision Plan

https://fedvip.myuhcvision.com

1-866-249-1999 or TTY 711

United Healthcare

2027

A Nationwide PPO Vision Plan

Who may enroll in this plan:

All Federal and U.S. Postal Service (USPS) employees, DC Court employees, certain seasonal, intermittent, and temporary employees, annuitants, survivor annuitants, compensationers, certain firefighters and emergency response personnel, uniformed service retirees, and active-duty families enrolled in a TRICARE health plan.

IMPORTANT

- Rates: Back Cover
- Changes for 2027: Page 4
- Summary of Benefits: Page 29

Enrollment Options for this Plan:

- High Option - Self Only
- High Option - Self Plus One
- High Option - Self and Family
- Standard Option - Self Only
- Standard Option - Self Plus One
- Standard Option - Self and Family

FEDVIP
Federal Employees
Dental And Vision Insurance Program

Authorized for distribution by the:

United States
Office of Personnel Management

Healthcare and Insurance
http://www.opm.gov/insure

Introduction

On December 23, 2004, President George W. Bush signed the Federal Employee Dental and Vision Benefits Enhancement Act of 2004 (Public Law 108-496). The law directed the Office of Personnel Management (OPM) to establish supplemental dental and vision benefit programs to be made available to Federal employees, annuitants, and their eligible family members. In response to the legislation, OPM established the Federal Employees Dental and Vision Insurance Program (FEDVIP). OPM has contracted with dental and vision insurers to offer an array of choices to Federal employees and annuitants. Section 715 of the National Defense Authorization Act for Fiscal Year 2017 (FY 2017 NDAA), Public Law 114-328, expanded FEDVIP eligibility to certain TRICARE-eligible individuals.

This brochure describes the benefits of UnitedHealthcare Vision Plan under UnitedHealthcare Vision Plan's (formerly Spectera) contract OPM02-FEDVIP-02AP-16 with OPM, as authorized by the FEDVIP law. The address for our administrative office is:

UnitedHealthcare Vision
10175 Little Patuxent Parkway
6th Floor
Columbia, MD 21044
1-866-249-1999, TTY 711
https://fedvip.myuhcvision.com

This brochure is the official statement of benefits. No oral statement can modify or otherwise affect the benefits, limitations, and exclusions of this brochure. It is your responsibility to be informed about your benefits.

If you are enrolled in this Plan, you are entitled to the benefits described in this brochure. If you are enrolled in Self Plus One, you and your designated family member are entitled to these benefits. If you are enrolled in Self and Family coverage, each of your eligible family members is also entitled to these benefits, if they are also listed on the coverage. You and your family members do not have a right to benefits that were available before January 1, 2027 unless those benefits are also shown in this brochure.

UnitedHealthcare Vision Plan is responsible for the selection of in-network providers in your area. Contact us at 1-866-249-1999 or TTY 711 - for the names of participating providers. You may view the most current directory via our web site at https://fedvip.myuhcvision.com. Continued participation of any specific provider cannot be guaranteed. Thus, you should choose your plan based on the benefits provided, not for a specific provider's participation. When you phone for an appointment, please remember to verify that the provider is currently in- network. If your provider is not currently participating in the provider network, you may nominate them to join. Nomination forms are available on our web site or call us and we will have a form sent to you. You cannot change plans outside of open season because of changes to the provider network.

Provider networks may be more extensive in some areas than others. We cannot guarantee the availability of every specialty in all areas. If you require the services of a specialist and one is not available in your area, please contact us for assistance.

This UnitedHealthcare Vision Plan and all other FEDVIP plans are not a part of the Federal Employees Health Benefits (FEHB) Program/Postal Service Health Benefits (PSHB) Program.

We want you to know that protecting the confidentiality of your individually identifiable health information is of the utmost importance to us. To review full details about our privacy practices, our legal duties, and your rights, please visit our website at https://fedvip.myuhcvision.com, and then click on the "Legal and Privacy Notices" link at the bottom of the page. If you do not have access to the internet or would like further information, please contact us by calling 1-866-249-1999, TTY 711.

Discrimination is Against the Law

UnitedHealthcare Vision complies with all applicable Federal civil rights laws, to include both Title VII of the Civil Rights Act of 1964 and Section 1557 of the Affordable Care Act. Pursuant to Section 1557, UnitedHealthcare Vision does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, or sex.

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FEDVIP Program Highlights

A Choice of Plans and Options	You can select from several nationwide, and in some areas, regional dental Preferred Provider Organization (PPO) or Health Maintenance Organization (HMO) plans, and high and standard coverage options. You can also select from several nationwide vision plans. You may enroll in a dental plan or a vision plan, or both. Some TRICARE beneficiaries may not be eligible to enroll in both. Visit www.opm.gov/dental or www.opm.gov/vision for more information.
Enroll Through BENEFEDS	You enroll online at www.BENEFEDS.gov. Please see Section 2, Enrollment, for more information.
Dual Enrollment	If you or one of your family members is enrolled in or covered by one FEDVIP plan, that person cannot be enrolled in or covered as a family member by another FEDVIP plan offering the same type of coverage; i.e., you (or covered family members) cannot be covered by two FEDVIP dental plans or two FEDVIP vision plans.
Coverage Effective Date	If you sign up for a dental and/or vision plan during the 2026 Open Season, your coverage will begin on January 1, 2027. Premium deductions will start with the first full pay period beginning on/after January 1, 2027. You may use your benefits as soon as your enrollment is confirmed.
Pre-Tax Salary Deduction for Employees	Employees automatically pay premiums through payroll deductions using pre-tax dollars. Annuitants automatically pay premiums through annuity deductions using post-tax dollars. TRICARE enrollees automatically pay premiums through payroll deduction or automatic bank withdrawal (ABW) using post-tax dollars.
Annual Enrollment Opportunity	Each year, an open season will be held, during which you may enroll or change your dental and/or vision plan enrollment. This year, open season runs from November 9th, 2026 through midnight EST December 14th, 2026. You do not need to re-enroll each open season, unless you wish to change plans or plan options; your coverage will continue from the previous year. In addition to the annual open season, there are certain events that allow you to make specific types of enrollment changes throughout the year. Please see Section 2, Enrollment, for more information.
Continued Group Coverage After Retirement	Your enrollment or your eligibility to enroll may continue after retirement. You do not need to be enrolled in FEDVIP for any length of time to continue enrollment into retirement. Your family members may also be able to continue enrollment after your death. Please see Section 1, Eligibility, for more information.

How We Have Changed For 2027

The following changes have been added for 2027:

High Plan

- Increase in the Contact Lens Allowance from $125 to $170

Standard Plan

- Increase in the Contact Lens Allowance from $125 to $150

High & Standard Plan

- **Contact lens discounts***

  UnitedHealthcare FEDVIP Vision members have access to additional savings on contact lenses:

  MyEyeDr – Available in-store only

  Enjoy 10% off contact lenses, plus receive complimentary sunglasses (up to $80 value) when you purchase an annual supply of contacts. Mention you're a UnitedHealthcare FEDVIP Vision member when you visit to receive your discount. Find a location at www. myeyedr.com

  America's Best, Vista Optical, & Eyeglass World - Available in-store only

  Get 10% off contact lenses to help stretch your eyewear budget further. Mention you're a UnitedHealthcare FEDVIP Vision member when you visit to receive your discount. Find a location at www. americasbest.com, www. militaryoptical.com, or www. eyeglassworld.com

  uhcglasses.com – Available online only

  Stack your savings online and receive an extra 10% off, which can be combined with existing offers to maximize savings. Visit www. uhcglasses.com and use coupon code FEDVIP10 at checkout.

  *Discounts apply to non-insurance purchases only. Members may use these discounts after benefits are exhausted or choose to use them instead of insurance.

Section 1 Eligibility

Federal Employees

If you are a Federal or U.S. Postal Service employee, you are eligible to enroll in FEDVIP, if you are eligible for the Federal Employees Health Benefits (FEHB) Program, the Postal Service Health Benefits (PSHB) Program, or the Health Insurance Marketplace (Exchange) and your position is not excluded by law or regulation, you are eligible to enroll in FEDVIP. Enrollment in the FEHB/PSHB Program or a Health Insurance Marketplace (Exchange) plan is not required.

Temporary/Seasonal Employees

Certain temporary, intermittent, and seasonal Federal and U.S. Postal Service employees are now eligible to enroll in FEDVIP. To be eligible, these employees must be expected to work 130 hours per calendar month for at least 90 days. In addition, certain firefighters hired under a temporary appointment and intermittent emergency response personnel are eligible to enroll in FEDVIP. The employing agency must determine and notify these employees of their eligibility.

Federal Annuitants

You are eligible to enroll if you:

- retired on an immediate annuity under the Civil Service Retirement System (CSRS), the Federal Employees Retirement System (FERS) or another retirement system for employees of the Federal Government;
- retired for disability under CSRS, FERS, or another retirement system for employees of the Federal Government.

You may continue your FEDVIP enrollment into retirement, if you retire on an immediate annuity or for disability under CSRS, FERS or another retirement system for employees of the Government, regardless of the length of time you had FEDVIP coverage as an employee. There is no requirement to have coverage for 5 years of service prior to retirement in order to continue coverage into retirement as there is with the FEHB/PSHB Program.

Your FEDVIP coverage will end, if you retire on a Minimum Retirement Age (MRA) + 10 retirement and postpone receipt of your annuity. You may enroll in FEDVIP again when you begin to receive your annuity.

Survivor Annuitants

If you are a survivor of a deceased Federal/U.S. Postal Service employee or annuitant and you are receiving an annuity, you may enroll or continue the existing enrollment.

Compensationers

A compensationer is someone receiving monthly compensation from the Department of Labor's Office of Workers' Compensation Programs (OWCP) due to an on-the-job injury/ illness who is determined by the Secretary of Labor to be unable to return to duty. You are eligible to enroll in FEDVIP or continue FEDVIP enrollment into compensation status.

TRICARE-eligible individual

An individual who is eligible for FEDVIP dental coverage based on the individual's eligibility to previously be covered under the TRICARE Retiree Dental Program or an individual eligible for FEDVIP vision coverage based on the individual's enrollment in a specified TRICARE health plan.

Family Members

Except with respect to TRICARE-eligible individuals, family members include your spouse and unmarried dependent children under age 22. This includes legally adopted children and recognized natural children who meet certain dependency requirements. This also includes stepchildren and foster children who live with you in a regular parent-child relationship. Under certain circumstances, you may also continue coverage for a disabled child 22 years of age or older who is incapable of self-support. FEDVIP rules and FEHB/PSHB rules for family member eligibility are **NOT** the same. For more information on family member eligibility visit the website at www.opm.gov/healthcare-insurance/dental-vision/ or contact your employing agency or retirement system.

With respect to TRICARE-eligible individuals, family members include your spouse, unremarried widow, unremarried widower, unmarried child, and certain unmarried persons placed in your legal custody by a court. A unremarried former spouse who meets the U.S Department of Defense's 20-20-20 and/or 20-20-15 benefit eligibility requirements may only enroll in a self-only FEDVIP vision plan. Children include legally adopted children, stepchildren, and pre-adoptive children. Children and dependent unmarried persons must be under age 21 if they are not a student, under age 23 if they are a full-time student, or incapable of self-support because of a mental or physical incapacity.

Not Eligible

The following persons are not eligible to enroll in FEDVIP, regardless of FEHB/PSHB eligibility or receipt of an annuity or portion of an annuity:

- Deferred annuitants
- Former spouses of employees or annuitants. **Note:** Former spouses of TRICARE-eligible individuals may enroll in a FEDVIP vision plan.
- FEHB/PSHB Temporary Continuation of Coverage (TCC) enrollees
- Anyone receiving an insurable interest annuity who is not also an eligible family member
- Active duty uniformed service members. **Note:** If you are an active duty uniformed service member, your dental and vision coverage will be provided by TRICARE. Your family members will still be eligible to enroll in the TRICARE Dental Plan (TDP).
- Temporary/seasonal employees who do not meet the 130 hours per calendar month for 90 days.

Section 2 Enrollment

Enroll Through BENEFEDS

You must use BENEFEDS to enroll or change enrollment in a FEDVIP plan. BENEFEDS is a secure enrollment website (www.BENEFEDS.gov) sponsored by OPM. If you do not have access to a computer, call 1-877-888-FEDS (1-877-888-3337), TTY:711 International: 1-571-730-5942 to enroll or change your enrollment.

If you are currently enrolled in FEDVIP and do not want to change plans, your enrollment will continue automatically. Please Note: your plans' premiums may change for 2027.

Note: You cannot enroll or change enrollment in a FEDVIP plan using the Health Benefits Election Form (SF 2809) or through an agency self-service system, such as Employee Express, PostalEase, EBIS, MyPay, or Employee Personal Page. However, those sites may provide a link to BENEFEDS.

Enrollment Types

Self Only: A Self Only enrollment covers only you as the enrolled employee or annuitant. You may choose a Self Only enrollment even though you have a family, however, your family members will not be covered under FEDVIP.

Self Plus One: A Self Plus One enrollment covers you as the enrolled employee or annuitant plus one eligible family member whom you specify. You may choose a Self Plus One enrollment even though you have additional eligible family members, but the additional family members will not be covered under FEDVIP.

Self and Family: A Self and Family enrollment covers you as the enrolled employee or annuitant and all of your eligible family members. You must list all eligible family members when enrolling.

Dual Enrollment

If you or one of your family members is enrolled in or covered by one FEDVIP plan, that person cannot be enrolled in or covered as a family member by another FEDVIP plan offering the same type of coverage; i.e., you (or covered family members) cannot be covered by two FEDVIP dental plans or two FEDVIP vision plans.

Opportunities to Enroll or Change Enrollment

Open Season

If you are an eligible employee, annuitant, or TRICARE-eligible individual (TEI), you may enroll in a dental and/or vision plan during the November 9th, 2026 through midnight EST December 14th, 2026 Open Season. Coverage is effective January 1, 2027.

During future annual open seasons, you may enroll in a plan, or change or cancel your dental and/or vision coverage. The effective date of these open season enrollments and changes will be set by OPM. **If you want to continue your current enrollment, do nothing. Your enrollment carries over from year to year, unless you change it.**

New hire/Newly eligible

You may enroll within 60 days after you become eligible as:

- a new employee;
- a previously ineligible employee who transferred to a covered position;
- a survivor annuitant if not already covered under FEDVIP; or
- an employee returning to service following a break in service of at least 31 days;
- a TRICARE-eligible individual

Your enrollment will be effective the first day of the pay period following the one in which BENEFEDS receives and confirms your enrollment.

Qualifying Life Event

A qualifying life event (QLE) is an event that allows you to enroll, or if you are already enrolled, allows you to change your enrollment outside of an open season.

The following chart lists the QLE's and the enrollment actions you may take:

Qualifying Life Event: Marriage
From Not Enrolled to Enrolled: Yes
Increase Enrollment Type: Yes
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: Yes

Qualifying Life Event: Acquiring an eligible family member (non-spouse)
From Not Enrolled to Enrolled: No
Increase Enrollment Type: Yes
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: No

Qualifying Life Event: Losing a covered family member
From Not Enrolled to Enrolled: No
Increase Enrollment Type: No
Decrease Enrollment Type: Yes
Cancel: No
Change from One Plan to Another: No

Qualifying Life Event: Losing other dental/vision coverage (eligible or covered person)
From Not Enrolled to Enrolled: Yes
Increase Enrollment Type: Yes
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: No

Qualifying Life Event: Moving out of regional plan's service area
From Not Enrolled to Enrolled: No
Increase Enrollment Type: No
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: Yes

Qualifying Life Event: Going on active military duty, non- pay status (enrollee or spouse)
From Not Enrolled to Enrolled: No
Increase Enrollment Type: No
Decrease Enrollment Type: No
Cancel: Yes
Change from One Plan to Another: No

Qualifying Life Event: Returning to pay status from active military duty (enrollee or spouse)
From Not Enrolled to Enrolled: Yes
Increase Enrollment Type: No
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: No

Qualifying Life Event: Returning to pay status from Leave without pay
From Not Enrolled to Enrolled: Yes (if enrollment cancelled during LWOP)
Increase Enrollment Type: No
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: Yes (if enrollment cancelled during LWOP)

Qualifying Life Event: Annuity/ compensation restored
From Not Enrolled to Enrolled: Yes
Increase Enrollment Type: No
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: No

Qualifying Life Event: Transferring to an eligible position*
From Not Enrolled to Enrolled: No
Increase Enrollment Type: No
Decrease Enrollment Type: No
Cancel: Yes
Change from One Plan to Another: No

*Position must be in a Federal agency that provides dental and/or vision coverage with 50 percent or more employer paid premium.

The timeframe for requesting a QLE change is from 31 days before to 60 days after the event. There are two exceptions:

- There is no time limit for a change based on moving from a regional plan's service area; and
- You cannot request a new enrollment based on a QLE before the QLE occurs, except for enrollment because of the loss of dental or vision insurance. You must make the change no later than 60 days after the event.

Enrollments and enrollment changes made based on a QLE are effective on the first day of the pay period following the one in which BENEFEDS receives and confirms the enrollment or change. BENEFEDS will send you confirmation of your new coverage effective date.

Once you enroll in a plan, your 60-day window for that type of plan ends, even if 60 calendar days have not yet elapsed. That means once you have enrolled in either plan, you cannot change or cancel that particular enrollment until the next open season, unless you experience a QLE that allows such a change or cancellation.

VA Exception for Cancellation

Generally, you may cancel your enrollment only during the annual open season. However, if you are a FEDVIP enrollee paying premiums on a **post-tax basis**, and you, your family member, or TEI family member becomes eligible for VA dental or vision benefits, then you **may** change your enrollment type or cancel your enrollment within 60 days of receiving notification of VA dental or vision eligibility. This 60-day period may fall outside of open season. VA dental or vision eligibility documentation must be submitted to OPM via the BENEFEDS mailbox (benefedsportal@opm.gov) within 60 days of notification to support the FEDVIP enrollment change or cancellation.

Your cancellation is effective at the end of the day before the date OPM sets as the open season effective date. An eligible family member's coverage also ends upon the effective date of the cancellation.

If you are a FEDVIP enrollee paying premiums on a **pre-tax basis,** and you, your family member, or TEI family member becomes eligible for VA dental or vision benefits, then you **may not** change or cancel your FEDVIP enrollment until the next open season.

FEDVIP enrollees can verify if they are paying their premiums on a pre- or post- tax basis by contacting BENEFEDS at 1-877-888-3337, TTY:711 International: 1-571-730-5942.

When Coverage Stops

Coverage ends for active and retired Federal, U.S. Postal employees, and TRICARE-eligible individuals when you:

- no longer meet the definition of an eligible employee, annuitant, or TRICARE-eligible individual;
- as a Retired Reservist you begin active duty;
- as sponsor or primary enrollee leaves active duty;
- begin a period of non-pay status or pay that is insufficient to have your FEDVIP premiums withheld and you do not make direct premium payments to BENEFEDS;
- are making direct premium payments to BENEFEDS and you stop making the payments;
- cancel the enrollment during open season;
- a Retired Reservist begins active duty; or
- the sponsor or primary enrollee leaves active duty.

Coverage for a family member ends when:

- you as the enrollee lose coverage; or
- the family member no longer meets the definition of an eligible family member.

Continuation of Coverage

Under FEDVIP, there is no 31-day extension of coverage. The following are also NOT available under FEDVIP:

- Temporary Continuation of Coverage (TCC);
- spouse equity coverage; or
- right to convert to an individual policy (conversion policy).

FSAFEDS/High Deductible Health Plans and FEDVIP

If you are planning to enroll in a FSAFEDS Health Care Flexible Spending Account (HCFSA), Limited Expense Health Care Flexible Spending Account (LEX HCFSA), or any flexible spending account, you should consider how coverage under a FEDVIP plan will affect your annual expenses, and thus the amount that you should allot to an FSAFEDS account. Please note that insurance premiums are not eligible expenses for either type of FSA.

Please review IRS - Publication 969, Health Savings Accounts and Other Tax-Favored Health Plans (www.irs.gov/forms-pubs/about-publication-969) for additional information about carryover and contribution amounts for the upcoming tax year. If you have an HCFSA or LEX HCFSA FSAFEDS account and you have not exhausted your funds by December 31st of the plan year, FSAFEDS can automatically carry over a set maximum amount of unspent funds into another health care or limited expense account for the subsequent year. To be eligible for carryover, you must be employed by an agency that participates in FSAFEDS and actively making allotments from your pay through December 31st. You must also actively re-enroll in a health care or limited expense account during the next open season to be carryover eligible. Your re-enrollment must meet the minimum contribution amount for the plan year. If you do not re-enroll, or if you are not employed by an agency that participates in FSAFEDS and actively making allotments from your pay through December 31st, your funds will not be carried over.

Because of the tax benefits an FSA provides, the IRS requires that you forfeit any money for which you did not incur an eligible expense and file a claim in the time permitted. This is known as the “Use-it-or-Lose-it” rule. Carefully consider the amount you will elect.

Current FSAFEDS participants must re-enroll to participate in the program next year.

See www.fsafeds.gov or call 1-877-FSAFEDS (372-3337) or TTY: 1-866-353-8058. Note: FSAFEDS is not open to retired employees or to TRICARE eligible individuals.

If you enroll or are enrolled in a high deductible health plan with a health savings account (HSA) or health reimbursement arrangement (HRA), you may use your HSA or HRA to pay for qualified dental/vision costs not covered by your FEHB/PSHB and/or FEDVIP plans.

Section 3 How You Obtain Benefits

Identification Cards/ Enrollment Confirmation

Enroll online at www.BENEFEDS.gov. Upon confirmation of your enrollment, you will be sent welcome packet with a new member checklist. Your UnitedHealthcare Vision Plan identification card is available electronically at www.myuhc.com if you have a UnitedHealthcare Medical Plan or https://fedvip.myuhcvision.com if you do not have a UnitedHealthcare Medical Plan. You may contact customer service at 1-866-249-1999 or TTY 711 for a physical card to mailed to your home address.

Where You Get Covered Care

You may visit any provider in the UnitedHealthcare Vision network. Log on to https://fedvip.myuhcvision.com and select the provider locator option. You may also contact UnitedHealthcare Vision's 24-hour, toll-free Interactive Voice Response (IVR) system dedicated to Federal employees and annuitants at 1-866-249-1999 or TTY 711. You may elect to visit any vision provider to utilize your benefit, even if they are not part of the UnitedHealthcare Vision provider network.

Plan Providers

We list plan providers on our Web site at https://fedvip.myuhcvision.com. In addition, you can call UnitedHealthcare Vision Plan's 24-hour, toll-free Interactive Voice Response (IVR) system dedicated to Federal employees and annuitants at 1-866-249-1999 or TTY 711.

In-Network

Once you locate an in-network provider, call the provider directly to schedule your appointment. Identify yourself as having UnitedHealthcare Vision coverage and provide the primary insured's subscriber number and patient's name and date of birth. You can find participating providers at https://fedvip.myuhcvision.com.

Out-of-Network

If you choose to use an out-of-network provider, your reimbursement will not exceed the out-of-network maximums listed in this brochure. In order to receive reimbursement, please submit the itemized paid receipt(s), along with the primary insured's subscriber number and patient's name and date of birth to:

UnitedHealthcare Vision
Attention: Claims Department
P.O. Box 30978
Salt Lake City, UT 84130

It is important to note that you must pay the out-of-network provider in full at the time of service, and then submit your receipt(s) to UnitedHealthcare Vision for reimbursement. Receipts for services and materials purchased on different dates must be submitted together at the same time to receive reimbursement. Receipts must be submitted within 12 months of the date of service.

FEHB/PSHB First Payor

When you visit a provider who participates with both, your FEHB/PSHB plan and your FEDVIP plan, the FEHB/PSHB plan will pay benefits first. The FEDVIP plan allowance will be the prevailing charge, in these cases. You are responsible for the difference between the FEHB/PSHB and FEDVIP benefit payments and the FEDVIP plan allowance. UnitedHealthcare Vision is responsible for facilitating the process with the FEHB/PSHB first payor. You can assist with this process and ensure that you are receiving the maximum allowable benefit under each program by presenting both numbers when submitting the claim to the plans.

The amounts listed in the chart below are for example purposes only and *do not* reflect your FEHB/PSHB or UnitedHealthcare Vision benefits. The example does not include your copay which you are responsible for paying.

Services: Eye Exam $90
FEHB/PSHB Pays: $20
UnitedHealthcare Vision: $70

Services: Frame $130
FEHB/PSHB Pays: $0
UnitedHealthcare Vision: $130

Services: Lenses $60
FEHB/PSHB Pays: $30
UnitedHealthcare Vision: $30

Services: Total $280
FEHB/PSHB Pays: $50
UnitedHealthcare Vision: $230

Your FEHB/PSHB will pay $50.00. Your UnitedHealthcare Vision will then pay up to the Plan allowance not to exceed $230 in this example.

Coordination of Benefits

When you have vision coverage through a non-FEHB/non-PSHB Plan and UnitedHealthcare Vision coverage under FEDVIP, UnitedHealthcare Vision is the primary payor and your non-FEHB/non-PSHB plan is secondary.

We may request that you verify/identify your health insurance plan(s) annually or at time of service.

The amounts listed in chart below are for example purposes only and *do not* reflect your non-FEHB/non-PSHB or UnitedHealthcare Vision benefits. The example does not include your copay which you are responsible for paying.

Services: Eye Exam $90
In-Network UnitedHealthcare Vision Plan: $90 (fully covered)
Non-FEHB/Non-PSHB: $0

Services: Frame $200
In-Network UnitedHealthcare Vision Plan: $130
Non-FEHB/Non-PSHB: $70

Services: Lenses $60
In-Network UnitedHealthcare Vision Plan: $60 (fully covered)
Non-FEHB/Non-PSHB: $0

Services: Total $350
In-Network UnitedHealthcare Vision Plan: $280
Non-FEHB/Non-PSHB: $70

UnitedHealthcare Vision will pay up to the plan allowance not to exceed $280 in this example. Your non-FEHB/non-PSHB Plan will pay $70

Services: Eye Exam $90
Out of Network UnitedHealthcare Vision Plan: $40
Non-FEHB/Non-PSHB: $50

Services: Frame $200
Out of Network UnitedHealthcare Vision Plan: $45
Non-FEHB/Non-PSHB: $0

Services: Lenses $60
Out of Network UnitedHealthcare Vision Plan: $40
Non-FEHB/Non-PSHB: $20

Services: Total $350
Out of Network UnitedHealthcare Vision Plan: $125
Non-FEHB/Non-PSHB: $70

UnitedHealthcare Vision will pay up to the plan allowance not to exceed $125 in this example. Your non-FEHB/non-PSHB Plan will pay $70.

Limited Access Areas	If you live in an area that does not have a UnitedHealthcare Vision provider located within 15 miles of your primary residence for urban ZIP codes, or 35 miles of your primary residence for rural ZIP codes, we will pay 100% of your plan allowance when you receive covered services from an out-of-network provider. Follow the out-of-network claims submission instructions in Section 8, “How to file a claim for covered services.”

Section 4 Your Cost for Covered Services

This is what you will pay out-of-pocket for covered care:

Copayment	A copayment is a fixed amount of money you pay to the provider when you receive services. Example: In our plan, you have no eye exam copay and a copay for eyewear materials (if needed). For materials, Standard Option members have a $25 copay, while High Option members have a $0 materials copay. The materials copay is a single payment that applies to the entire purchase of eyeglasses (lenses and frames), or contacts in lieu of eyeglasses.
Coinsurance	Coinsurance is the percentage of billed charges that you must pay for your care. Coinsurance for your UnitedHealthcare Vision Plan only applies to coverage for low vision and vision therapy, and does not apply to any other portion of the UnitedHealthcare Vision benefit. Example: For either low vision or vision therapy services, you will follow the out-of-network process and pay the provider in full at the time of service. You then submit your receipts to our claims department, and will be reimbursed 75% of the billed charges, up to the lifetime benefit maximum for both vision therapy and low vision services.
Annual Benefit Maximum	For the UnitedHealthcare Vision Plan, you can receive an eye exam, frames, and lenses – or contact lenses in lieu of eyeglasses, once per year and other vision testing as described in Section 5, Vision Services and Supplies.
Lifetime Benefit Maximum	There is a lifetime maximum reimbursement of $1,000 for low vision and $1,000 for vision therapy services. There is also a lifetime maximum reimbursement of $1,500 for a prosthetic eye. There is no lifetime benefit maximum associated with any other portion of the UnitedHealthcare Vision Plan.
In-Network Services	When you receive services from a UnitedHealthcare Vision in-network provider, you are responsible only for the copays, coinsurance levels and amounts that exceed lifetime maximums as shown in Section 5, Vision Services and Supplies.
Out-of-Network Services	When visiting an out-of-network provider, pay the provider in full at the time of service and you will be reimbursed up to the amounts indicated below: Eye Exam: $40 Lens: Single Vision: $40 Lens: Lined bifocal: $60 Lens: Lined trifocal: $80 Lens: Lenticular: $80 Frames: $45 Elective Contact Lenses: **High Plan:** $170 / **Standard Plan:** $150 Necessary Contact Lenses: $210
Limited Access Areas	When visiting an out-of-network provider, in a limited access area, pay the provider in-full at the time of service and you will be reimbursed up to the amounts indicated below: Eye Exam: $100 Lens: Single Vision: $80 Lens: Lined bifocal: $100 Lens: Lined trifocal: $135 Lens: Lenticular: $150 Frames: $130 Elective Contact Lenses: **High Plan:** $170 / **Standard Plan:** $150 Necessary Contact Lenses: $210

Section 5 Vision Services and Supplies

Important things you should keep in mind about these benefits:

Please remember that all benefits are subject to the definitions, limitations and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care or treatment of a covered condition and meet generally accepted protocols

Benefit Description	You Pay	
Diagnostic	**Standard**	**High**
92002-92004 New patient examination 92012-92014 Established patient examination One of either listed above in a calendar year Covered dependent children, under age 19, are eligible for an additional eye exam each plan year for no copay (standard & high options). Children under age 19, whose prescription changes by a .5 diopter or greater will receive an additional pair of glasses in accordance with their Plan's materials copay and benefit design. Pregnant, post-partum, or breastfeeding members are eligible for an additional eye exam each plan year for no copay (standard & high options). Those whose prescription change by a .5 diopter or greater will receive an additional pair of glasses in accordance with their Plan's materials copay and benefit design. Receive a comprehensive eye examination from a state-licensed optometrist or ophthalmologist. An eye exam with refraction is a general evaluation of the complete visual system. This service includes: • Taking a complete medical and visual history • General medical observation • Visual acuities • Pupil evaluation • Ocular motility testing and binocular function tests • Color vision test • Keratometry • Retinoscopy • Refraction • External examination of the eye • Ophthalmoscope examination of the internal eye (includes a routine dilated eye exam) • Gross visual fields (confrontation fields) • Biomicroscopy • Tonometry • Initiation of diagnostic and treatment programs	No copay	No copay

Diagnostic - continued on next page

Benefit Description	You Pay	
Diagnostic (cont.)	**Standard**	**High**
The comprehensive eye exam will evaluate the eye for diseases of the visual system, such as glaucoma, cataracts, macular degeneration, diabetic retinopathy (includes retinal screening photography), and hypertensive retinopathy.	No copay	No copay
Eyewear	**Standard**	**High**
Lenses – One pair of standard single vision, lined bifocal, lined trifocal, standard lenticular lenses is covered-in-full. Covered dependent children, under age 19, are eligible for an additional eye exam each plan year for no copay (standard & high options). Children under age 19, whose prescription changes by a .5 diopter or greater will receive an additional pair of glasses in accordance with their Plan's materials copay and benefit design. Pregnant, post-partum, or breastfeeding members are eligible for an additional eye exam each plan year for no copay (standard & high options). Those whose prescription change by a .5 diopter or greater will receive an additional pair of glasses in accordance with their Plan's materials copay and benefit design. V2100 - V2114 Single Vision V2200 - V2214 Bifocal V2300 - V2314 Trifocal V2115 - Lenticular - Single Vision V2215 - Lenticular - Bifocal V2315 - Lenticular - Trifocal	$25 copay	No copay
Frames - *It is important to note that the materials copay is a single payment that applies to the entire purchase of eyeglasses (lenses and frames), or contacts in lieu of eyeglasses.*	$25 copay	No copay
(one every 12 months as needed) – Receive a frame allowance as indicated by plan V2020 Covered Frame V2025 Non-Covered Frame	Nothing for frames up to the $200 plan allowance	Nothing for frames up to the $225 plan allowance

Eyewear - continued on next page

Benefit Description	You Pay	
Eyewear (cont.)	**Standard**	**High**
Covered Patient Options		
Standard scratch-resistant coating	$0.00	$0.00
Polycarbonate	$0.00	$0.00
Non-glass Standard Photochromic Lenses covered	$0.00	$0.00
Tinted lenses, solid	$0.00	$0.00
UV Coating	$0.00	$0.00
V2781 Tier l Progressive Lenses	$25.00	$0.00
High-end (Tier ll-V) Progressive Lenses	$100.00 - $250.00	$65.00 copay
Tier l Anti-Reflective Coating	$30.00	$0.00
High Index Plastic up to 1.73	$30.00 - $69.00	$30.00 - $69.00
Note: Coverage for some Optical Lens Extras, which may include progressive lenses, may be included with eyeglass packages offered at some Network locations. For additional information, please contact Customer Service at 1-866-249-1999, TTY 711.		
Elective Contact Lenses		
Allowance is applied toward the purchase of contact lenses. *No copay applies.*	All charges over the $150 allowance for contact lenses.	All charges over the $170 allowance for contact lenses
Elective Contact Lenses Fitting & Evaluation	All charges over the $40 fitting/evaluation allowance for in-network	All charges over the $40 fitting/evaluation allowance for in-network
Allowance is applied toward the contact lens fitting/ evaluation fees. *No copay applies.*		
Necessary Contact lenses*:		
* Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: following post cataract surgery without intraocular lens implant; to correct extreme vision problems that cannot be corrected with spectacle lenses; with certain conditions of anisometropia; with certain conditions of keratoconus. **If your provider considers your contacts necessary, your provider must contact UnitedHealthcare Vision concerning the reimbursement that UnitedHealthcare Vision will make before you purchase such contacts.**	$25 materials copay	$0 materials copay

Other Vision Testing – A reimbursement for services that typically goes beyond what is covered by a routine vision examination. Claims are submitted following the out-of-network procedure for reimbursement. **Plan pays every calendar year:**

92060	Special Eye Evaluation	$85
92071-92072	Fit Contacts for Treatment of Disease	$114
92100	Serial Tonometry Exam(s)	$60
92136	Ophthalmic Biometry by Partial Coherence Interferometry	$220

Low Vision – Reimbursement for low vision services to ensure members are equipped to cope with visual impairment. Claims are submitted following the out-of-network procedure and **th**erapeutic services allow a lifetime maximum reimbursement of $1,000, in which we would pay 75% of the claim (member responsible for 25% coinsurance).

99242	Office consultation for a new or established patient. Usually the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99243	Office consultation for a new or established patient. Usually the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.
99244	Office consultation for a new or established patient. Usually the presenting problem(s) are of moderate to high severity.
92354	Fitting of spectacle mounted low vision aid; single element system
92355	Fitting of telescopic or other compound system
V2600	Hand held low vision aids and other nonspectacle aids
V2610	Single lens spectacle mounted low vision aids
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes, and compound microscopic lens system

Vision Therapy – Claims are submitted following the out-of-network procedure for reimbursement. Therapeutic services allow, **up to a lifetime maximum of $1000 in which we would pay 75% of the claim (member responsible for 25% coinsurance).**

99242	Office consultation for a new or established patient. Usually the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99243	Office consultation for a new or established patient. Usually the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.
99244	Office consultation for a new or established patient. Usually the presenting problem(s) are of moderate to high severity.
92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation.
92066	Orthoptic and/or pleoptic training, performed under the supervision of a physician or other qualified healthcare professional.

Prosthetic Eye – Claims are submitted following the out-of-network procedure and there is a **one-time reimbursement for the cost of a prosthetic eye, up to $1,500.**

V2632	Prosthetic eye
V2623	Prosthetic eye plastic custom
V2629	Prosthetic eye other type

Section 6 International Services and Supplies

If you live outside of the United States and its territories, you are still entitled to the benefits described in this brochure. Unless otherwise noted in this section, the same definitions, limitations and exclusions also apply.

International Claims Payment	When visiting an international provider, you will pay the provider in-full at the time of service, and you will be reimbursed up to the amounts shown below. Reimbursement will be converted from foreign currency into U.S. dollars. Eye Exam: $80 Lens: Single Vision: $60 Lens: Lined bifocal: $80 Lens: Lined trifocal: $115 Lens: Lenticular: $130 Frames: $110 Elective Contact Lenses: $130 Necessary Contact Lenses: $200
Finding an International Provider	You may choose any vision care provider.
Filing International Claims	Submit the itemized paid receipt(s), along with the primary insured's unique identification number and patient's name and date of birth, to: UnitedHealthcare Vision Attention: Claims Department P.O. Box 30978 Salt Lake City, UT 84130 Receipts for services and materials purchased on different dates must be submitted together at the same time to receive reimbursement. Receipts must be submitted within 12 months of the date of service.
Customer Service Website and Phone Numbers	Contact us at 1-866-249-1999 or TTY 711. You can also go to our Web site at https://fedvip.myuhcvision.com

Section 7 General Exclusions – Things We Do Not Cover

The exclusions in this section apply to all benefits. We do not cover the following:

- Any vision service or treatment not specifically listed as a covered service;
- Services and treatments that are experimental or investigational;
- Services and treatments which are for any illness or bodily injury which occurs in the course of employment if benefits or compensation is available, in whole or in part, under the provision of any legislation of any governmental unit. This exclusion applies whether or not you claim the benefits or compensation;
- Services and treatments for which the cost is later recovered in a lawsuit or in a compromise or settlement of any claim, except where prohibited by law;
- Services and treatments incurred after the termination date of your coverage unless otherwise indicated;
- Services and treatments not meeting accepted standards of vision practice;
- Services and treatments resulting from your failure to comply with professionally prescribed treatment;
- Telephone consultations;
- Any charges for failure to keep a scheduled appointment;
- Any services that are strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances;
- Services or treatments provided as a result of intentionally self-inflicted injury or illness;
- Services or treatments provided as a result of injuries suffered while committing or attempting to commit a felony, engaging in an illegal occupation, or participating in a riot, rebellion or insurrection;
- Office infection control charges;
- Charges for copies of your records, charts or x-rays, or any costs associated with forwarding/mailing copies of your records, charts or x-rays;
- State or territorial taxes on vision services performed.

The following services and materials are excluded from coverage under the policy:

- Post cataract lenses;
- Non-prescription items;
- Medical or surgical treatment for eye disease that requires the services of a physician;
- Workers' Compensation services or materials;
- Services or materials that the patient, without cost, obtains from any governmental organization or program;
- Services or materials that are not specifically covered by the policy;
- Replacement or repair of lenses and/or frames that have been lost or broken;
- Cosmetic extras, except as stated in the policy's table of benefits.

This plan is designed to cover your vision needs rather than cosmetic materials. If you select any of the following, you will be responsible for an additional charge: Cosmetic lenses.

The following professional services or materials are not covered:

- Plano lenses (non-prescription)
- Two pairs of glasses, in lieu of bifocals

- Lenses and frames furnished under this program that are lost or broken will not be replaced except at the normal intervals when services are otherwise available;
- Medical or surgical treatment of the eyes, except where specifically shown as a covered expense;
- Any eye examination, or any corrective eyewear, required by an employer as a condition of employment;
- Corrective vision services, treatments, and materials of an experimental nature.

Section 8 Claims Filing and Disputed Claims Processes

How to File a Claim for Covered Services

You do not need to file a claim when you visit a network provider. However, if you visit an out-of-network provider submit the itemized paid receipt(s), along with the primary insured's unique identification number and the patient's name and date of birth to:

UnitedHealthcare Vision
Attention: Claims Department
P.O. Box 30978
Salt Lake City, UT 84130

Receipts for services and materials purchased on different dates must be submitted together at the same time to receive reimbursement. Receipts must be submitted within 12 months of the date of service.

Deadline for Filing Your Claim

Receipts for out-of-network service must be submitted within 12 months of the date of service.

Disputed Claims Process

Follow this disputed claims process, if you disagree with our decision on your claim or request for services. **The FEDVIP law does not provide a role for OPM to review disputed claims.**

Disputed Claim Steps:

1. Ask us in writing to reconsider our initial decision. You must:

Submit your appeal in writing to:

UnitedHealthcare Vision Claims Department
Attention: Claims Appeals
P.O. Box 30978
Salt Lake City, UT 84130

Appeal requests must be in writing and received by UnitedHealthcare Vision within 180 days after your receipt of the Notice of Benefit Determination. Should you not receive the Notice of Benefit Determination within 30 days of submission of the original claim, you may submit your appeal within 180 days after this 30-day period has expired.

2. We have 30 days from the date we received your request to decide on your appeal. If an appeal is denied, a written Notice of Benefit Appeal Determination will be sent to you.

3. If the dispute is not resolved through the reconsideration process, you may request a review of the denial. You must submit your request for a reconsideration denial review in writing to:

UnitedHealthcare Vision
Attn: Reconsideration Review
P.O. Box 30978
Salt Lake City, UT 84130

Reconsideration review requests must be in writing and received by UnitedHealthcare Vision within 60 days after your receipt of the Notice of Benefit Appeal Determination. We have 30 days from the date we received your request to decide on the reconsideration.

4. If you do not agree with our final decision, you may request an independent third party, mutually agreed upon by us and OPM, review the decision.

The decision of the independent third party is binding and is the final review of your claim.

5. You cannot bring judicial action prior to exhausting the administrative review process outlined above. You cannot sue OPM, the independent third party reviewer or any other entity. If you prevail in court, you can only recover the amount of benefits in dispute.

Section 9 Definitions of Terms We Use in This Brochure

Annual Benefit Maximum	The maximum annual benefit that you can receive per person.
Annuitants	Federal retirees (who retired on an immediate annuity), and survivors (of those who retired on an immediate annuity or died in service) receiving an annuity. This also includes those receiving compensation from the Department of Labor's Office of Workers' Compensation Programs, who are called compensationers. Annuitants are sometimes called retirees.
BENEFEDS	The enrollment and premium administration system for FEDVIP.
Benefits	Covered services or payment for covered services to which enrollees and covered family members are entitled to the extent provided by this brochure.
Calendar Year	January 1 to December 31 of the same year. For new enrollees, the calendar year begins on the effective date of their enrollment and ends December 31 of the same year.
Enrollee	The Federal employee, annuitant, or TRICARE-eligible individual enrolled in this plan.
FEDVIP	Federal Employees Dental and Vision Insurance Program.
Low vision	Visual impairment where the person retains some usable vision.
Orthoptics	An ophthalmic field pertaining to the evaluation and treatment of patients with disorders of the visual system with an emphasis on binocular vision and eye movements.
Plan Allowance	The amount we use to determine our payment for certain vision care services, such as the frame allowance and contact lens allowance, as well as for out-of-network services.
Pleoptics	The study and treatment of defects in binocular vision resulting from defects in the optic musculature or of faulty visual habits. It involves a technique of eye exercises designed to correct the visual axes of eyes not properly coordinated for binocular vision.
Sponsor	Generally, a sponsor means the individual who is eligible for medical or dental benefits under 10 U.S.C. chapter 55 based on their direct affiliation with the uniformed services (including military members of the National Guard and Reserves).
TEI certifying family member	Under circumstances where a sponsor is not an enrollee, a TEI family member may accept responsibility to self-certify as an enrollee and enroll TEI family members.
TRICARE-eligible individual (TEI) family member	TEI family members include a sponsor's spouse, unremarried widow, unremarried widower, unmarried child, and certain unmarried persons placed in a sponsor's legal custody by a court. Children include legally adopted children, stepchildren, and pre-adoptive children. Children and dependent unmarried persons must be under age 21 if they are not a student, under age 23 if they are a full-time student, or incapable of self-support because of a mental or physical incapacity.
Vision Therapy	Therapeutic services used to treat common vision problems.
We/Us	UnitedHealthcare Vision
You	Enrollee or eligible family member.

Non-FEDVIP Benefits

Programs available at no additional premium cost to you.

UnitedHealthcare Hearing

As a UHC Specialty member, you and your family have access to savings on a wide selection of name-brand and private-labeled hearing aids as well as professional care through the UnitedHealthcare Hearing provider network.

*Up to 50% off MSRP on hundreds of name-brand and private-labeled hearing aids from major manufacturers, including Beltone™, Phonak, ReSound, Signia, Starkey®, Unitron™ and Widex®.

*6500+ credentialed hearing provider locations nationwide that provide hearing tests, hearing aid evaluations and follow-up support.

*Members can purchase state of the art technology programmed for members' unique hearing loss through a UnitedHealthcare Hearing network provider.

*Extended 3-year warranty, one-time loss or damage replacement, trial-period and free batteries or charging case with each hearing aid purchased.

*Professional, nationwide support plus online tutorials, hearing health tips and more to help you stay connected and get the most out of your hearing aids.

*One-time professional fee may apply. Hearing aids purchased in the Silver technology level receive 1 follow-up visit

To register, please visit www. uhchearing.com or call 1-855-523-9355, Monday through Friday, 8:00 am to 8:00 pm CT. You will also be able to access the hearing aid discount through the Benefit Hub.

Laser Vision Correction*

Discounts on Laser Vision Correction - UnitedHealthcare Vision participants have access to QualSight LASIK. QualSight offers a network of credentialed ophthalmologists with more than 900 locations in 46 states. QualSight LASIK provides FEDVIP members with up to 35% off the national average price of laser vision correction. Visit https://uhc.qualsight.com or call 1-855-321-2020, Monday through Friday 7:00 am to 7:00 pm CT and Saturday - Sunday, 9:00 am to 3:00 pm CT.

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.

Contact Lens discounts*

UnitedHealthcare FEDVIP Vision members have access to additional savings on contact lenses:

MyEyeDr – Available in-store only

Enjoy 10% off contact lenses, plus receive complimentary sunglasses (up to $80 value) when you purchase an annual supply of contacts. Mention you're a UnitedHealthcare FEDVIP Vision member when you visit to receive your discount. Find a location at www. myeyedr.com

America's Best, Vista Optical, & Eyeglass World - Available in-store only

Get 10% off contact lenses to help stretch your eyewear budget further. Mention you're a UnitedHealthcare FEDVIP Vision member when you visit to receive your discount. Find a location at www. americasbest.com, www. militaryoptical.com, or www. eyeglassworld.com

uhcglasses.com – Available online only

Stack your savings online and receive an extra 10% off, which can be combined with existing offers to maximize savings. Visit www. uhcglasses.com and use coupon code FEDVIP10 at checkout.

*Discounts apply to non-insurance purchases only. Members may use these discounts after benefits are exhausted or choose to use them instead of insurance.

***Programs may involve additional cost.**

Financial Wellness Options**

UnitedHealthcare family of companies are ready to help you with plans to fit your individual financial picture.

SafeTrip – Travel benefits if an emergency arises while out of the country. As part of your SafeTrip travel protection plan, UnitedHealthcare Global provides you with medical and travel-related assistance services.

To enroll visit https ://www. uhone.com/health-insurance/supplemental/safetrip-travel-insurance or call 1-800-586-0739.

Accidental Insurance - Program options that offer benefits paid in a lump sum directly to you for eligible expenses related to accidental injury. These benefits are paid regardless of other insurance coverage you have, up to your chosen annual maximum. Visit https ://www. uhone.com/health-insurance/supplemental/accident-insurance or call 1-800-273-8115 for details and plan cost and availability in your area.

Term Life - If your family relies on your income to keep up with their day-to-day living expenses, the financial implications of your death could be devastating for them. Term Life Insurance from UnitedHealthcare, underwritten by Golden Rule Insurance Company, can play a part in helping you to protect your family's finances in your absence. Visit https ://www. uhone.com/health-insurance/supplemental/term-life-insurance or call 1-800-273-8115 for details and plan cost and availability in your area.

Critical Illness Insurance - Critical Illness insurance, also known as Critical Care insurance or Critical Illness coverage, pays a lump sum cash benefit directly to the policyholder in the event of a qualifying serious illness.

Visit https ://www. uhone.com/health-insurance/supplemental/critical-illness-insurance or call 1-800-273-8115 for details and plan cost and availability in your area.

Stop Health Care Fraud!

Fraud increases the cost of health care for everyone and increases your Federal Employees Dental and Vision Insurance Program premium.

Here are some things that you can do to prevent fraud:

- Do not give your plan identification (ID) number over the telephone or to people you do not know, except to your providers, plan, BENEFEDS, or OPM.
- Let only the appropriate providers review your clinical record or recommend services.
- Avoid using providers who say that an item or service is not usually covered, but they know how to bill us to get it paid.
- Carefully review your explanation of benefits (EOB) statements.
- Do not ask your provider to make false entries on certificates, bills or records in order to get us to pay for an item or service.
- If you suspect that a provider has charged you for services you did not receive, billed you twice for the same service, or misrepresented any information, do the following:
  - Call the provider and ask for an explanation. There may be an error.
  - If the provider does not resolve the matter, call us at 1-866-249-1999 or TTY 711 and explain the situation.
- Do not maintain as a family member on your policy:
  - Your former spouse after a divorce decree or annulment is final (even if a court order stipulates otherwise); or
  - Your child over age 22 (unless they are disabled and incapable of self-support).

If you have any questions about the eligibility of a dependent, please contact BENEFEDS.

Be sure to review Section 1, Eligibility, of this brochure, prior to submitting your enrollment or obtaining benefits.

Fraud or intentional misrepresentation of material fact is prohibited under the Plan. You can be prosecuted for fraud and your agency may take action against you, if you falsify a claim to obtain FEDVIP benefits or try to obtain services for someone who is not an eligible family member or who is no longer enrolled in the plan, or enroll in the plan when you are no longer eligible.

Summary of Benefits

- **Do not rely on this chart alone.** This page summarizes specific expenses we cover. For more detail, please review the individual sections of this brochure.
- If you want to enroll, or change your enrollment in this plan, please visit www.BENEFEDS.gov or call 1-877-888-FEDS (1-877-888-3337), TTY:711 International: 1-571-730-5942.

Frequency:

Exam every year. Lenses every year. Frames every year.

Covered dependent children, under age 19, are eligible for an additional eye exam each year for no copay (standard & high options). Children under age 19 whose prescription changes by a .5 diopter or greater will receive an additional pair of glasses in accordance with their Plan's materials copay and benefit design.

Pregnant, post-partum, or breastfeeding members are eligible for an additional eye exam each year for no copay (standard & high options). Those whose prescription change by a .5 diopter or greater will receive an additional pair of glasses in accordance with their Plan's materials copay and benefit design.

Contacts (in lieu of glasses) every year.

Benefits/Services In-Network :
Eye Examination (includes dilation)
High Option You Pay: No Copay
Standard Option You Pay: No Copay

Lenses plus Frames (up to $200 Standard & $225 High Option Retail Frame Allowance): Single Vision Lenses, Bifocal Lenses, Trifocal Lenses, Lenticular lenses:
High Option You Pay: $0 Materials Copay
Standard Option You Pay: $25 Materials Copay

V2781 Tier l Progressive Lenses:
High Option You Pay: $0
Standard Option You Pay: $25

High End (Tier ll-V) Progressive Lenses:
High Option You Pay: $65
Standard Option You Pay: $100-$250

Non-glass Standard Photochromatic lenses:
High Option You Pay: Nothing – covered at 100%
Standard Option You Pay: Nothing – covered at 100%

Standard Scratch Resistant Coating:
High Option You Pay: Nothing – covered at 100%
Standard Option You Pay: Nothing – covered at 100%

Polycarbonate Lenses:
High Option You Pay: Nothing – covered at 100%
Standard Option You Pay: Nothing – covered at 100%

Tier l Anti-Reflective Coating:
High Option You Pay: Nothing – covered at 100%
Standard Option You Pay: $30

Tinted Lenses - Solid:
High Option You Pay: Nothing – covered at 100%
Standard Option You Pay: Nothing – covered at 100%

UV Coating:
High Option You Pay: Nothing – covered at 100%
Standard Option You Pay: Nothing – covered at 100%

High-Index Plastic up to 1.73:
High Option You Pay: $30-$69
Standard Option You Pay: $30-$69

Elective Contact Lenses (up to $150 Standard & $170 High Option Allowance):
High Option You Pay: No Copay
Standard Option You Pay: No Copay

Contact Lens Fitting/Evaluation (up to $40 Allowance):
High Option You Pay: No Copay
Standard Option You Pay: No Copay

Necessary Contact Lenses:
High Option You Pay: $0 Copay
Standard Option You Pay: $25 Copay

Many additional lens enhancements are offered with a discount of 20% or more off of retail prices.
Lasik Discount Program – see Non-FEDVIP Benefits section.
For Out-of-Network services and Limited Access Area reimbursements - see Section 4.
For International Services and Supplies reimbursements - see Section 6.

Notes

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Rate Information

These rates apply nationwide and internationally.

High - Bi-Weekly			High - Monthly		
Self Only	**Self Plus One**	**Self and Family**	**Self Only**	**Self Plus One**	**Self and Family**
$5.92	**$11.83**	**$17.75**	**$12.83**	**$25.63**	**$38.46**

Standard - Bi-Weekly			Standard - Monthly		
Self Only	**Self Plus One**	**Self and Family**	**Self Only**	**Self Plus One**	**Self and Family**
$3.87	**$7.74**	**$11.61**	**$8.39**	**$16.77**	**$25.16**