

2020 Federal Employees Dental and Vision Insurance Program (FEDVIP) Dental Premium Rate Charts

		2020 Biweekly Premium Rates			2020 Monthly Premium Rates		
Plan - Option	Rating Region	Self-Only	Self Plus One	Self & Family	Self-Only	Self Plus One	Self & Family

Please note: Rating areas for each carrier are not the same for all plans. Please refer to the Dental Rating Chart to determine your specific region.

Aetna Dental - High

	0	\$17.65	\$35.31	\$52.95	\$38.24	\$76.51	\$114.73
	1	\$16.03	\$32.05	\$48.08	\$34.73	\$69.44	\$104.17
In and Out-of-Network Benefits	2	\$17.65	\$35.31	\$52.95	\$38.24	\$76.51	\$114.73
	3	\$18.79	\$37.58	\$56.35	\$40.71	\$81.42	\$122.09
	4	\$20.73	\$41.46	\$62.19	\$44.92	\$89.83	\$134.75
	5	\$22.52	\$45.03	\$67.54	\$48.79	\$97.57	\$146.34

Delta Dental - High

	0	\$27.06	\$54.11	\$81.17	\$58.63	\$117.24	\$175.87
	1	\$18.13	\$36.28	\$54.40	\$39.28	\$78.61	\$117.87
In and Out-of-Network Benefits	2	\$19.90	\$39.80	\$59.71	\$43.12	\$86.23	\$129.37
	3	\$21.83	\$43.68	\$65.51	\$47.30	\$94.64	\$141.94
	4	\$23.24	\$46.47	\$69.74	\$50.35	\$100.69	\$151.10
	5	\$27.06	\$54.11	\$81.17	\$58.63	\$117.24	\$175.87

Delta Dental - Standard

	0	\$13.33	\$26.66	\$39.99	\$28.88	\$57.76	\$86.65
	1	\$9.38	\$18.75	\$28.13	\$20.32	\$40.63	\$60.95
In and Out-of-Network Benefits	2	\$10.22	\$20.46	\$30.67	\$22.14	\$44.33	\$66.45
	3	\$11.03	\$22.07	\$33.11	\$23.90	\$47.82	\$71.74
	4	\$11.64	\$23.29	\$34.93	\$25.22	\$50.46	\$75.68
	5	\$13.33	\$26.66	\$39.99	\$28.88	\$57.76	\$86.65

Dominion Dental Services - High

	1	\$9.58	\$19.15	\$28.73	\$20.76	\$41.49	\$62.25
In-Network Benefits Only Except for Emergency Services	2	\$9.94	\$19.88	\$29.80	\$21.54	\$43.07	\$64.57
	3	\$10.30	\$20.60	\$30.90	\$22.32	\$44.63	\$66.95
	4	\$10.69	\$21.37	\$32.07	\$23.16	\$46.30	\$69.49
	5	\$14.21	\$28.41	\$42.62	\$30.79	\$61.56	\$92.34

Dominion Dental Services - Standard

	1	\$5.66	\$11.30	\$16.96	\$12.26	\$24.48	\$36.75
In-Network Benefits Only Except for Emergency Services	2	\$5.90	\$11.80	\$17.69	\$12.78	\$25.57	\$38.33
	3	\$6.58	\$13.15	\$19.73	\$14.26	\$28.49	\$42.75
	4	\$7.30	\$14.59	\$21.89	\$15.82	\$31.61	\$47.43
	5	\$8.36	\$16.72	\$25.08	\$18.11	\$36.23	\$54.34

Emblemhealth FEDVIP Dental Program - High

In and Out-of-Network Benefits	1	\$19.20	\$38.38	\$57.58	\$41.60	\$83.16	\$124.76
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Humana Federal Advantage Plan - High

	1	\$10.63	\$21.24	\$31.88	\$23.03	\$46.02	\$69.07
In-Network Benefits Only Except for Emergency Services	2	\$11.25	\$22.50	\$33.75	\$24.38	\$48.75	\$73.13
	3	\$12.18	\$24.38	\$36.55	\$26.39	\$52.82	\$79.19
	4	\$14.78	\$29.57	\$44.34	\$32.02	\$64.07	\$96.07
	5	\$15.82	\$31.65	\$47.46	\$34.28	\$68.58	\$102.83

FEP BlueDental - High

	0	\$25.60	\$51.17	\$76.77	\$55.47	\$110.87	\$166.34
	1	\$17.31	\$34.63	\$51.94	\$37.51	\$75.03	\$112.54
In and Out-of-Network Benefits	2	\$19.40	\$38.77	\$58.16	\$42.03	\$84.00	\$126.01
	3	\$21.12	\$42.23	\$63.35	\$45.76	\$91.50	\$137.26
	4	\$22.88	\$45.72	\$68.59	\$49.57	\$99.06	\$148.61
	5	\$25.60	\$51.17	\$76.77	\$55.47	\$110.87	\$166.34

FEP BlueDental - Standard

	0	\$13.63	\$27.26	\$40.89	\$29.53	\$59.06	\$88.60
	1	\$9.16	\$18.32	\$27.49	\$19.85	\$39.69	\$59.56
In and Out-of-Network Benefits	2	\$10.04	\$20.09	\$30.13	\$21.75	\$43.53	\$65.28
	3	\$11.42	\$22.83	\$34.22	\$24.74	\$49.47	\$74.14
	4	\$12.33	\$24.64	\$36.94	\$26.72	\$53.39	\$80.04
	5	\$13.63	\$27.26	\$40.89	\$29.53	\$59.06	\$88.60

GEHA Connection Dental Federal - High

	0	\$17.27	\$34.56	\$51.84	\$37.42	\$74.88	\$112.32
	1	\$17.27	\$34.56	\$51.84	\$37.42	\$74.88	\$112.32
In and Out-of-Network Benefits	2	\$19.00	\$37.97	\$57.00	\$41.17	\$82.27	\$123.50
	3	\$21.56	\$43.13	\$64.68	\$46.71	\$93.45	\$140.14
	4	\$23.28	\$46.55	\$69.85	\$50.44	\$100.86	\$151.34
	5	\$25.83	\$51.70	\$77.59	\$55.97	\$112.02	\$168.11

GEHA Connection Dental Federal - Standard

	0	\$10.06	\$20.12	\$30.17	\$21.80	\$43.59	\$65.37
	1	\$10.06	\$20.12	\$30.17	\$21.80	\$43.59	\$65.37
In and Out-of-Network Benefits	2	\$11.04	\$22.08	\$33.11	\$23.92	\$47.84	\$71.74
	3	\$12.55	\$25.05	\$37.58	\$27.19	\$54.28	\$81.42
	4	\$13.54	\$27.06	\$40.58	\$29.34	\$58.63	\$87.92
	5	\$15.02	\$30.02	\$45.04	\$32.54	\$65.04	\$97.59

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MetLife Federal Dental Plan - High

	0	\$28.25	\$56.50	\$84.75	\$61.21	\$122.42	\$183.63
	1	\$19.10	\$38.19	\$57.29	\$41.38	\$82.75	\$124.13
In and Out-of-Network Benefits	2	\$21.39	\$42.79	\$64.18	\$46.35	\$92.71	\$139.06
	3	\$23.31	\$46.62	\$69.92	\$50.51	\$101.01	\$151.49
	4	\$25.24	\$50.48	\$75.73	\$54.69	\$109.37	\$164.08
	5	\$28.25	\$56.50	\$84.75	\$61.21	\$122.42	\$183.63

MetLife Federal Dental Plan - Standard

	0	\$15.12	\$30.23	\$45.35	\$32.76	\$65.50	\$98.26
	1	\$10.30	\$20.59	\$30.89	\$22.32	\$44.61	\$66.93
In and Out-of-Network Benefits	2	\$11.17	\$22.33	\$33.50	\$24.20	\$48.38	\$72.58
	3	\$12.39	\$24.78	\$37.17	\$26.85	\$53.69	\$80.54
	4	\$13.75	\$27.51	\$41.26	\$29.79	\$59.61	\$89.40
	5	\$15.12	\$30.23	\$45.35	\$32.76	\$65.50	\$98.26

Triple S PPO - High

In-Network Benefits Only Except for Services

Rendered by Orthodontists

1	\$4.58	\$9.16	\$12.01	\$9.92	\$19.85	\$26.02
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United Concordia Dental - High

	0	\$23.04	\$46.06	\$69.08	\$49.92	\$99.80	\$149.67
	1	\$15.44	\$30.87	\$46.28	\$33.45	\$66.89	\$100.27
In and Out-of-Network Benefits	2	\$17.32	\$34.68	\$52.00	\$37.53	\$75.14	\$112.67
	3	\$19.24	\$38.45	\$57.70	\$41.69	\$83.31	\$125.02
	4	\$21.13	\$42.27	\$63.41	\$45.78	\$91.59	\$137.39
	5	\$23.04	\$46.06	\$69.08	\$49.92	\$99.80	\$149.67