

## Federal Employees Dental and Vision Insurance Program (FEDVIP)

### *Nationwide Dental Rates*

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

Plan Name	Option	Rating Region	Biweekly Premium			Monthly Premium		
			Self Only	Self Plus One	Self & Family	Self Only	Self Plus One	Self & Family
Aetna PPO	High (In and Out-of-Network benefits)	1	\$13.56	\$27.13	\$40.69	\$29.38	\$58.78	\$88.16
		2	\$14.94	\$29.87	\$44.81	\$32.37	\$64.72	\$97.09
		3	\$15.89	\$31.80	\$47.68	\$34.43	\$68.90	\$103.31
		4	\$17.53	\$35.08	\$52.61	\$37.98	\$76.01	\$113.99
		5	\$19.04	\$38.08	\$57.12	\$41.25	\$82.51	\$123.76
Delta Dental PPO	Standard (In and Out-of-Network benefits)	1	\$8.74	\$17.48	\$26.22	\$18.94	\$37.87	\$56.81
		2	\$9.52	\$19.05	\$28.57	\$20.63	\$41.28	\$61.90
		3	\$10.27	\$20.53	\$30.81	\$22.25	\$44.48	\$66.76
		4	\$10.83	\$21.64	\$32.47	\$23.47	\$46.89	\$70.35
		5	\$12.37	\$24.74	\$37.11	\$26.80	\$53.60	\$80.41
Delta Dental PPO	High (In and Out-of-Network benefits)	1	\$16.72	\$33.44	\$50.16	\$36.23	\$72.45	\$108.68
		2	\$18.34	\$36.67	\$55.01	\$39.74	\$79.45	\$119.19
		3	\$20.11	\$40.22	\$60.33	\$43.57	\$87.14	\$130.72
		4	\$21.39	\$42.79	\$64.19	\$46.35	\$92.71	\$139.08
		5	\$24.88	\$49.77	\$74.65	\$53.91	\$107.84	\$161.74
FEP BlueDental PPO	Standard (In and Out-of-Network benefits)	1	\$9.42	\$18.85	\$28.27	\$20.41	\$40.84	\$61.25
		2	\$10.72	\$21.43	\$32.15	\$23.23	\$46.43	\$69.66
		3	\$11.87	\$23.74	\$35.61	\$25.72	\$51.44	\$77.16
		4	\$12.52	\$25.04	\$37.56	\$27.13	\$54.25	\$81.38
		5	\$13.84	\$27.69	\$41.53	\$29.99	\$60.00	\$89.98
FEP BlueDental PPO	High (In and Out-of-Network benefits)	1	\$16.37	\$32.74	\$49.11	\$35.47	\$70.94	\$106.41
		2	\$18.63	\$37.25	\$55.88	\$40.37	\$80.71	\$121.07
		3	\$20.64	\$41.28	\$61.92	\$44.72	\$89.44	\$134.16
		4	\$21.80	\$43.61	\$65.41	\$47.23	\$94.49	\$141.72
		5	\$24.11	\$48.22	\$72.33	\$52.24	\$104.48	\$156.72
GEHA PPO	Standard (In and Out-of-Network benefits)	1	\$9.03	\$18.07	\$27.12	\$19.57	\$39.15	\$58.76
		2	\$9.92	\$19.85	\$29.77	\$21.49	\$43.01	\$64.50
		3	\$11.27	\$22.53	\$33.79	\$24.42	\$48.82	\$73.21
		4	\$12.16	\$24.32	\$36.48	\$26.35	\$52.69	\$79.04
		5	\$13.50	\$27.01	\$40.50	\$29.25	\$58.52	\$87.75

GEHA PPO	High (In and Out-of- Network benefits)	1	\$15.28	\$30.57	\$45.86	\$33.11	\$66.24	\$99.36
		2	\$16.80	\$33.61	\$50.45	\$36.40	\$72.82	\$109.31
		3	\$19.07	\$38.16	\$57.23	\$41.32	\$82.68	\$124.00
		4	\$20.59	\$41.19	\$61.81	\$44.61	\$89.25	\$133.92
		5	\$22.87	\$45.76	\$68.66	\$49.55	\$99.15	\$148.76
MetLife PPO	Standard (In and Out-of- Network benefits)	1	\$8.96	\$17.92	\$26.89	\$19.41	\$38.83	\$58.26
		2	\$9.71	\$19.43	\$29.14	\$21.04	\$42.10	\$63.14
		3	\$10.78	\$21.55	\$32.33	\$23.36	\$46.69	\$70.05
		4	\$11.96	\$23.92	\$35.88	\$25.91	\$51.83	\$77.74
		5	\$13.14	\$26.28	\$39.43	\$28.47	\$56.94	\$85.43
MetLife PPO	High (In and Out-of- Network benefits)	1	\$16.58	\$33.16	\$49.74	\$35.92	\$71.85	\$107.77
		2	\$18.56	\$37.11	\$55.67	\$40.21	\$80.41	\$120.62
		3	\$20.22	\$40.44	\$60.66	\$43.81	\$87.62	\$131.43
		4	\$21.89	\$43.79	\$65.68	\$47.43	\$94.88	\$142.31
		5	\$24.50	\$49.00	\$73.50	\$53.08	\$106.17	\$159.25
United Concordia PPO	High (In-Network benefits only except for emergency services)	1	\$13.75	\$27.51	\$41.25	\$29.79	\$59.61	\$89.38
		2	\$15.44	\$30.89	\$46.32	\$33.45	\$66.93	\$100.36
		3	\$17.13	\$34.26	\$51.41	\$37.12	\$74.23	\$111.39
		4	\$18.83	\$37.65	\$56.48	\$40.80	\$81.58	\$122.37
		5	\$20.52	\$41.03	\$61.55	\$44.46	\$88.90	\$133.36

## Federal Employees Dental and Vision Insurance Program (FEDVIP)

### *2015 Regional Dental Rates*

**Please note:** Rating areas for each carrier are not the same for all plans.

Plan Name	Option	Rating Region	Biweekly Premium			Monthly Premium		
			Self Only	Self Plus One	Self & Family	Self Only	Self Plus One	Self & Family
Dominion Dental HMO	Standard (In-Network Benefits Only except for emergency services)	1	\$5.99	\$11.98	\$17.97	\$12.98	\$25.96	\$38.94
		2	\$6.25	\$12.50	\$18.75	\$13.54	\$27.08	\$40.63
		3	\$6.97	\$13.95	\$20.92	\$15.10	\$30.23	\$45.33
		4	\$8.32	\$16.64	\$24.96	\$18.03	\$36.05	\$54.08
		5	\$8.87	\$17.75	\$26.62	\$19.22	\$38.46	\$57.68
Dominion Dental HMO	High (In-Network Benefits Only except for emergency services)	1	\$10.21	\$20.42	\$30.63	\$22.12	\$44.24	\$66.37
		2	\$10.58	\$21.17	\$31.75	\$22.92	\$45.87	\$68.79
		3	\$11.12	\$22.25	\$33.37	\$24.09	\$48.21	\$72.30
		4	\$12.94	\$25.89	\$38.83	\$28.04	\$56.10	\$84.13
		5	\$15.20	\$30.41	\$45.61	\$32.93	\$65.89	\$98.82
Humana	High (In-Network Benefits Only except for emergency services)	1	\$9.74	\$19.46	\$29.20	\$21.10	\$42.16	\$63.27
		2	\$10.31	\$20.61	\$30.92	\$22.34	\$44.66	\$66.99
		3	\$11.16	\$22.33	\$33.48	\$24.18	\$48.38	\$72.54
		4	\$13.54	\$27.08	\$40.62	\$29.34	\$58.67	\$88.01
		5	\$14.49	\$28.98	\$43.47	\$31.40	\$62.79	\$94.19
EmblemHealth PPO	High (In and Out-of-Network Benefits)	1	\$17.28	\$34.54	\$51.82	\$37.44	\$74.84	\$112.28
Triple S Salud PPO	High (In-Network Benefits Only except for services rendered by orthodontists)	1	\$4.57	\$9.14	\$11.98	\$9.90	\$19.80	\$25.96