

Federal Employees Dental and Vision Insurance Program (FEDVIP) 2013 Nationwide Dental Rates

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	\$12.48	\$24.95	\$37.43	\$27.04	\$54.06	\$81.10
		2	\$13.74	\$27.48	\$41.22	\$29.77	\$59.54	\$89.31
		3	\$14.63	\$29.25	\$43.87	\$31.70	\$63.38	\$95.05
		4	\$16.14	\$32.27	\$48.41	\$34.97	\$69.92	\$104.89
		5	\$17.52	\$35.05	\$52.57	\$37.96	\$75.94	\$113.90
GEHA PPO	Standard (In and Out-of-Network benefits)	1	\$9.00	\$18.00	\$27.02	\$19.50	\$39.00	\$58.54
		2	\$9.89	\$19.78	\$29.67	\$21.43	\$42.86	\$64.29
		3	\$11.24	\$22.46	\$33.69	\$24.35	\$48.66	\$73.00
		4	\$12.13	\$24.25	\$36.38	\$26.28	\$52.54	\$78.82
		5	\$13.47	\$26.94	\$40.40	\$29.19	\$58.37	\$87.53
GEHA PPO	High (In and Out-of-Network benefits)	1	\$15.25	\$30.50	\$45.76	\$33.04	\$66.08	\$99.15
		2	\$16.77	\$33.54	\$50.35	\$36.34	\$72.67	\$109.09
		3	\$19.04	\$38.09	\$57.13	\$41.25	\$82.53	\$123.78
		4	\$20.56	\$41.12	\$61.71	\$44.55	\$89.09	\$133.71
		5	\$22.84	\$45.69	\$68.56	\$49.49	\$99.00	\$148.55
MetLife PPO	Standard (In and Out-of-Network benefits)	1	\$8.57	\$17.17	\$25.76	\$18.57	\$37.20	\$55.81
		2	\$9.28	\$18.57	\$27.86	\$20.11	\$40.24	\$60.36
		3	\$10.30	\$20.56	\$30.86	\$22.32	\$44.55	\$66.86
		4	\$11.44	\$22.87	\$34.30	\$24.79	\$49.55	\$74.32
		5	\$12.56	\$25.12	\$37.70	\$27.21	\$54.43	\$81.68
MetLife PPO	High (In and Out-of-Network benefits)	1	\$15.82	\$31.63	\$47.41	\$34.28	\$68.53	\$102.72
		2	\$17.70	\$35.43	\$53.12	\$38.35	\$76.77	\$115.09
		3	\$19.30	\$38.56	\$57.85	\$41.82	\$83.55	\$125.34
		4	\$20.89	\$41.74	\$62.61	\$45.26	\$90.44	\$135.66
		5	\$23.39	\$46.78	\$70.16	\$50.68	\$101.36	\$152.01
United Concordia PPO	High (In and Out-of-Network benefits)	1	\$14.10	\$28.17	\$42.27	\$30.55	\$61.04	\$91.59
		2	\$16.19	\$32.34	\$48.53	\$35.08	\$70.07	\$105.15
		3	\$17.59	\$35.13	\$52.71	\$38.11	\$76.12	\$114.21
		4	\$18.98	\$37.90	\$56.89	\$41.12	\$82.12	\$123.26
		5	\$20.46	\$40.91	\$61.36	\$44.33	\$88.64	\$132.95

**Federal Employees Dental and Vision Insurance Program (FEDVIP)
2013 Regional Dental Rates**

Plan Name	Option	Rating Region	Biweekly Premium			Monthly Premium		
			Self Only	Self Plus One	Self & Family	Self Only	Self Plus One	Self & Family
Humana	High (In-Network Benefits Only except for emergency services)	1	\$9.57	\$19.12	\$28.69	\$20.74	\$41.43	\$62.16
		2	\$10.30	\$20.59	\$30.89	\$22.32	\$44.61	\$66.93
		3	\$10.37	\$20.73	\$31.10	\$22.47	\$44.92	\$67.38
		4	\$14.18	\$28.36	\$42.54	\$30.72	\$61.45	\$92.17
		5	\$14.25	\$28.49	\$42.74	\$30.88	\$61.73	\$92.60
GHI PPO	High (In and Out-of-Network Benefits)	1	\$17.68	\$35.32	\$53.00	\$38.31	\$76.53	\$114.83
Triple S Salud PPO	High (In-Network Benefits Only except for services rendered by orthodontists)	1	\$4.27	\$8.53	\$11.17	\$9.25	\$18.48	\$24.20