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

## 2014 Nationwide 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
Aetna PPO	High (In and Out-of- Network Benefits)	1 2 3 4 5	\$12.88 \$14.18 \$15.10 \$16.66 \$18.09	\$25.78 \$28.40 \$30.22 \$33.34 \$36.21	\$38.67 \$42.58 \$45.32 \$50.01 \$54.30	\$27.91 \$30.73 \$32.72 \$36.10 \$39.19	\$55.87 \$61.53 \$65.49 \$72.24 \$78.46	\$83.78 \$92.26 \$98.19 \$108.35 \$117.65
Delta Dental PPO	Standard (In and Out-of- Network Benefits)	1 2 3 4 5	\$8.71 \$9.49 \$10.24 \$10.80 \$12.34	\$17.44 \$19.01 \$20.49 \$21.60 \$24.70	\$26.15 \$28.50 \$30.74 \$32.40 \$37.04	\$18.87 \$20.56 \$22.19 \$23.40 \$26.74	\$37.79 \$41.19 \$44.40 \$46.80 \$53.52	\$56.66 \$61.75 \$66.60 \$70.20 \$80.25
Delta Dental PPO	High (In and Out-of- Network Benefits)	1 2 3 4 5	\$16.69 \$18.31 \$20.08 \$21.36 \$24.85	\$33.40 \$36.63 \$40.18 \$42.75 \$49.73	\$50.09 \$54.94 \$60.26 \$64.12 \$74.58	\$36.16 \$39.67 \$43.51 \$46.28 \$53.84	\$72.37 \$79.37 \$87.06 \$92.63 \$107.75	\$108.53 \$119.04 \$130.56 \$138.93 \$161.59
FEP BlueDental PPO	Standard (In and Out-of- Network Benefits)	1 2 3 4 5	\$9.39 \$10.69 \$11.84 \$12.49 \$13.81	\$18.81 \$21.39 \$23.70 \$25.00 \$27.65	\$28.20 \$32.08 \$35.54 \$37.49 \$41.46	\$20.35 \$23.16 \$25.65 \$27.06 \$29.92	\$40.76 \$46.35 \$51.35 \$54.17 \$59.91	\$61.10 \$69.51 \$77.00 \$81.23 \$89.83
FEP BlueDental PPO	High (In and Out-of- Network Benefits)	1 2 3 4 5	\$16.34 \$18.60 \$20.61 \$21.77 \$24.08	\$32.70 \$37.21 \$41.24 \$43.57 \$48.18	\$49.04 \$55.81 \$61.85 \$65.34 \$72.26	\$35.40 \$40.30 \$44.66 \$47.17 \$52.17	\$70.85 \$80.62 \$89.35 \$94.40 \$104.39	\$106.25 \$120.92 \$134.01 \$141.57 \$156.56
<b>GEHA PPO</b>	Standard (In and Out-of- Network Benefits)	1 2 3 4 5	\$9.00 \$9.89 \$11.24 \$12.13 \$13.47	\$18.03 \$19.81 \$22.49 \$24.28 \$26.97	\$27.05 \$29.70 \$33.72 \$36.41 \$40.43	\$19.50 \$21.43 \$24.35 \$26.28 \$29.19	\$39.07 \$42.92 \$48.73 \$52.61 \$58.44	\$58.61 \$64.35 \$73.06 \$78.89 \$87.60
<b>GEHA PPO</b>	High (In and Out-of- Network Benefits)	1 2 3 4 5	\$15.25 \$16.77 \$19.04 \$20.56 \$22.84	\$30.53 \$33.57 \$38.12 \$41.15 \$45.72	\$45.79 \$50.38 \$57.16 \$61.74 \$68.59	\$33.04 \$36.34 \$41.25 \$44.55 \$49.49	\$66.15 \$72.74 \$82.59 \$89.16 \$99.06	\$99.21 \$109.16 \$123.85 \$133.77 \$148.61
MetLife PPO	Standard (In and Out-of- Network Benefits)	1 2 3 4 5	\$8.68 \$9.40 \$10.44 \$11.59 \$12.73	\$17.38 \$18.83 \$20.89 \$23.20 \$25.48	\$26.06 \$28.23 \$31.33 \$34.79 \$38.21	\$18.81 \$20.37 \$22.62 \$25.11 \$27.58	\$37.66 \$40.80 \$45.26 \$50.27 \$55.21	\$56.46 \$61.17 \$67.88 \$75.38 \$82.79
MetLife PPO	High (In and Out-of- Network Benefits)	1 2 3 4 5	\$16.06 \$17.97 \$19.59 \$21.21 \$23.74	\$32.14 \$35.97 \$39.20 \$42.44 \$47.50	\$48.20 \$53.94 \$58.79 \$63.66 \$71.24	\$34.80 \$38.94 \$42.45 \$45.96 \$51.44	\$69.64 \$77.94 \$84.93 \$91.95 \$102.92	\$104.43 \$116.87 \$127.38 \$137.93 \$154.35

		Biweekly Premium			Monthly Premium			
Plan Name	Option	Rating Region	Self Only	Self Plus One	Self & Family	Self Only	Self Plus One	Self & Family
United Concordia PPO	High (In and Out-of- Network Benefits)	1 2 3 4 5	\$13.72 \$15.41 \$17.10 \$18.80 \$20.49	\$27.47 \$30.85 \$34.22 \$37.61 \$40.99	\$41.18 \$46.25 \$51.34 \$56.41 \$61.48	\$29.73 \$33.39 \$37.05 \$40.73 \$44.40	\$59.52 \$66.84 \$74.14 \$81.49 \$88.81	\$89.22 \$100.21 \$111.24 \$122.22 \$133.21

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

2014 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 2 3 4 5	\$5.96 \$6.22 \$6.94 \$8.29 \$8.84	\$11.94 \$12.46 \$13.91 \$16.60 \$17.71	\$17.90 \$18.68 \$20.85 \$24.89 \$26.55	\$12.91 \$13.48 \$15.04 \$17.96 \$19.15	\$25.87 \$27.00 \$30.14 \$35.97 \$38.37	\$38.78 \$40.47 \$45.18 \$53.93 \$57.53
Dominion Dental HMO	High (In-Network Benefits Only except for emergency services)	1 2 3 4 5	\$10.18 \$10.55 \$11.09 \$12.91 \$15.17	\$20.38 \$21.13 \$22.21 \$25.85 \$30.37	\$30.56 \$31.68 \$33.30 \$38.76 \$45.54	\$22.06 \$22.86 \$24.03 \$27.97 \$32.87	\$44.16 \$45.78 \$48.12 \$56.01 \$65.80	\$66.21 \$68.64 \$72.15 \$83.98 \$98.67
Humana	High (In-Network Benefits Only except for emergency services)	1 2 3 4 5	\$9.90 \$10.48 \$11.36 \$13.78 \$14.75	\$19.82 \$20.98 \$22.73 \$27.59 \$29.52	\$29.71 \$31.46 \$34.09 \$41.36 \$44.28	\$21.45 \$22.71 \$24.61 \$29.86 \$31.96	\$42.94 \$45.46 \$49.25 \$59.78 \$63.96	\$64.37 \$68.16 \$73.86 \$89.61 \$95.94
EmblemHealth PPO	High (In and Out-of- Network Benefits)	1	\$18.26	\$36.52	\$54.78	\$39.56	\$79.13	\$118.69
Triple S Salud PPO	High (In-Network Benefits Only except for services rendered by orthodontists)	1	\$4.54	\$9.10	\$11.91	\$9.84	\$19.72	\$25.81