

Federal Employees Dental and Vision Insurance Program (FEDVIP) 2018 Premium Rate Charts

Nationwide Dental Rates

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.

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	\$14.89	\$29.78	\$44.67	\$32.26	\$64.52	\$96.79
		2	\$16.40	\$32.79	\$49.19	\$35.53	\$71.05	\$106.58
		3	\$17.45	\$34.91	\$52.35	\$37.81	\$75.64	\$113.43
		4	\$19.26	\$38.50	\$57.76	\$41.73	\$83.42	\$125.15
		5	\$20.90	\$41.81	\$62.71	\$45.28	\$90.59	\$135.87
Delta Dental PPO	Standard (In and Out-of-Network Benefits)	1	\$8.68	\$17.35	\$26.03	\$18.81	\$37.59	\$56.40
		2	\$9.45	\$18.91	\$28.35	\$20.48	\$40.97	\$61.43
		3	\$10.18	\$20.37	\$30.56	\$22.06	\$44.17	\$66.21
		4	\$10.74	\$21.47	\$32.21	\$23.27	\$46.52	\$69.79
		5	\$12.27	\$24.54	\$36.81	\$26.59	\$53.17	\$79.76
Delta Dental PPO	High (In and Out-of-Network Benefits)	1	\$16.74	\$33.48	\$50.22	\$36.27	\$72.54	\$108.81
		2	\$18.36	\$36.71	\$55.07	\$39.78	\$79.54	\$119.32
		3	\$20.13	\$40.26	\$60.39	\$43.62	\$87.23	\$130.85
		4	\$21.41	\$42.83	\$64.25	\$46.39	\$92.80	\$139.21
		5	\$24.90	\$49.81	\$74.71	\$53.95	\$107.92	\$161.87
FEP BlueDental PPO	Standard (In and Out-of-Network Benefits)	1	\$9.91	\$19.83	\$29.74	\$21.47	\$42.97	\$64.44
		2	\$11.27	\$22.54	\$33.50	\$24.42	\$48.84	\$73.23
		3	\$12.48	\$24.96	\$37.44	\$27.04	\$54.08	\$81.12
		4	\$13.16	\$26.32	\$39.49	\$28.51	\$57.03	\$85.56
		5	\$14.56	\$29.11	\$43.67	\$31.55	\$63.07	\$94.62
FEP BlueDental PPO	High (In and Out-of-Network Benefits)	1	\$18.40	\$36.79	\$55.19	\$39.87	\$79.71	\$119.58
		2	\$20.92	\$41.84	\$62.76	\$45.33	\$90.65	\$135.98
		3	\$23.20	\$46.39	\$69.59	\$50.27	\$100.51	\$150.78
		4	\$24.50	\$49.00	\$73.50	\$53.08	\$106.17	\$159.25
		5	\$27.10	\$54.19	\$81.29	\$58.72	\$117.41	\$176.13
GEHA PPO	Standard (In and Out-of-Network Benefits)	1	\$9.24	\$18.48	\$27.72	\$20.02	\$40.04	\$60.06
		2	\$10.14	\$20.28	\$30.41	\$21.97	\$43.94	\$65.89
		3	\$11.52	\$23.01	\$34.51	\$24.96	\$49.86	\$74.77
		4	\$12.43	\$24.84	\$37.25	\$26.93	\$53.82	\$80.71
		5	\$13.78	\$27.56	\$41.34	\$29.86	\$59.71	\$89.57
GEHA PPO	High (In and Out-of-Network Benefits)	1	\$16.23	\$32.47	\$48.70	\$35.17	\$70.35	\$105.52
		2	\$17.84	\$35.68	\$53.55	\$38.65	\$77.31	\$116.03
		3	\$20.25	\$40.51	\$60.75	\$43.88	\$87.77	\$131.63
		4	\$21.86	\$43.73	\$65.61	\$47.36	\$94.75	\$142.16
		5	\$24.26	\$48.55	\$72.87	\$52.56	\$105.19	\$157.89
MetLife PPO	Standard (In and Out-of-Network Benefits)	1	\$9.87	\$19.75	\$29.62	\$21.39	\$42.79	\$64.18
		2	\$10.70	\$21.39	\$32.09	\$23.18	\$46.35	\$69.53
		3	\$11.88	\$23.76	\$35.64	\$25.74	\$51.48	\$77.22
		4	\$13.17	\$26.34	\$39.52	\$28.54	\$57.07	\$85.63
		5	\$14.48	\$28.95	\$43.43	\$31.37	\$62.73	\$94.10
MetLife PPO	High (In and Out-of-Network Benefits)	1	\$18.02	\$36.05	\$54.07	\$39.04	\$78.11	\$117.15
		2	\$20.18	\$40.36	\$60.54	\$43.72	\$87.45	\$131.17
		3	\$21.98	\$43.97	\$65.95	\$47.62	\$95.27	\$142.89
		4	\$23.80	\$47.60	\$71.40	\$51.57	\$103.13	\$154.70
		5	\$26.64	\$53.27	\$79.91	\$57.72	\$115.42	\$173.14
United Concordia PPO	High (In and Out-of-Network Benefits)	1	\$12.90	\$25.79	\$38.67	\$27.95	\$55.88	\$83.79
		2	\$14.47	\$28.96	\$43.43	\$31.35	\$62.75	\$94.10
		3	\$16.06	\$32.11	\$48.18	\$34.80	\$69.57	\$104.39
		4	\$17.64	\$35.29	\$52.93	\$38.22	\$76.46	\$114.68
		5	\$19.23	\$38.44	\$57.65	\$41.67	\$83.29	\$124.91

Federal Employees Dental and Vision Insurance Program (FEDVIP) 2018 Premium Rate Charts

Regional 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
Dominion Dental HMO	Standard (In-Network Benefits Only except for emergency services)	1	\$6.01	\$12.02	\$18.03	\$13.02	\$26.04	\$39.07
		2	\$6.27	\$12.54	\$18.81	\$13.59	\$27.17	\$40.76
		3	\$6.99	\$13.99	\$20.98	\$15.15	\$30.31	\$45.46
		4	\$8.34	\$16.68	\$25.02	\$18.07	\$36.14	\$54.21
		5	\$8.89	\$17.79	\$26.68	\$19.26	\$38.55	\$57.81
Dominion Dental HMO	High (In-Network Benefits Only except for emergency services)	1	\$10.23	\$20.46	\$30.69	\$22.17	\$44.33	\$66.50
		2	\$10.60	\$21.21	\$31.81	\$22.97	\$45.96	\$68.92
		3	\$11.14	\$22.29	\$33.43	\$24.14	\$48.30	\$72.43
		4	\$12.96	\$25.93	\$38.89	\$28.08	\$56.18	\$84.26
		5	\$15.22	\$30.45	\$45.67	\$32.98	\$65.98	\$98.95
Humana	High (In-Network Benefits Only except for emergency services)	1	\$9.76	\$19.50	\$29.26	\$21.15	\$42.25	\$63.40
		2	\$10.33	\$20.65	\$30.98	\$22.38	\$44.74	\$67.12
		3	\$11.18	\$22.37	\$33.54	\$24.22	\$48.47	\$72.67
		4	\$13.56	\$27.12	\$40.68	\$29.38	\$58.76	\$88.14
		5	\$14.51	\$29.02	\$43.53	\$31.44	\$62.88	\$94.32
EmblemHealth PPO	High (In and Out-of-Network Benefits)	1	\$20.21	\$40.40	\$60.61	\$43.79	\$87.53	\$131.32
Triple S Salud PPO	High (In-Network Benefits Only except for services rendered by orthodontists)	1	\$4.59	\$9.18	\$12.04	\$9.95	\$19.89	\$26.09