

## Federal Employees Dental and Vision Insurance Program (FEDVIP) 2019 Dental Premium Rate Charts

		2019 Biweekly premium rates			2019 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 PPO - High Option

	1	\$15.04	\$30.07	\$45.11	\$32.59	\$65.15	\$97.74
	2	\$16.56	\$33.12	\$49.67	\$35.88	\$71.76	\$107.62
(In and Out-of-Network Benefits)	3	\$17.62	\$35.26	\$52.86	\$38.18	\$76.40	\$114.53
	4	\$19.45	\$38.89	\$58.33	\$42.14	\$84.26	\$126.38
	5	\$21.11	\$42.23	\$63.34	\$45.74	\$91.50	\$137.24

### Delta Dental PPO - Standard Option

	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
(In and Out-of-Network Benefits)	3	\$10.18	\$20.37	\$30.56	\$22.06	\$44.14	\$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 Option

	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
(In and Out-of-Network Benefits)	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 Option

	1	\$9.17	\$18.34	\$27.52	\$19.87	\$39.74	\$59.63
	2	\$10.05	\$20.11	\$30.16	\$21.78	\$43.57	\$65.35
(In and Out-of-Network Benefits)	3	\$11.43	\$22.85	\$34.25	\$24.77	\$49.51	\$74.21
	4	\$12.34	\$24.66	\$36.97	\$26.74	\$53.43	\$80.10
	5	\$13.64	\$27.28	\$40.92	\$29.55	\$59.11	\$88.66

### FEP BlueDental PPO - High Option

	1	\$17.32	\$34.65	\$51.97	\$37.53	\$75.08	\$112.60
	2	\$19.41	\$38.79	\$58.19	\$42.06	\$84.05	\$126.08
(In and Out-of-Network Benefits)	3	\$21.13	\$42.25	\$63.38	\$45.78	\$91.54	\$137.32
	4	\$22.89	\$45.74	\$68.62	\$49.60	\$99.10	\$148.68
	5	\$25.61	\$51.19	\$76.80	\$55.49	\$110.91	\$166.40

### GEHA PPO - Standard Option

	1	\$9.78	\$19.57	\$29.34	\$21.19	\$42.40	\$63.57
	2	\$10.74	\$21.47	\$32.20	\$23.27	\$46.52	\$69.77
(In and Out-of-Network Benefits)	3	\$12.20	\$24.36	\$36.54	\$26.43	\$52.78	\$79.17
	4	\$13.16	\$26.30	\$39.45	\$28.51	\$56.98	\$85.48
	5	\$14.60	\$29.18	\$43.78	\$31.63	\$63.22	\$94.86

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<b>GEHA PPO - High Option</b>							
	1	\$16.55	\$33.11	\$49.66	\$35.86	\$71.74	\$107.60
	2	\$18.19	\$36.38	\$54.60	\$39.41	\$78.82	\$118.30
(In and Out-of-Network Benefits)	3	\$20.65	\$41.31	\$61.95	\$44.74	\$89.51	\$134.23
	4	\$22.30	\$44.59	\$66.91	\$48.32	\$96.61	\$144.97
	5	\$24.74	\$49.51	\$74.31	\$53.60	\$107.27	\$161.01
<b>MetLife PPO - Standard Option</b>							
	1	\$9.77	\$19.55	\$29.32	\$21.17	\$42.36	\$63.53
	2	\$10.60	\$21.19	\$31.79	\$22.97	\$45.91	\$68.88
(In and Out-of-Network Benefits)	3	\$11.76	\$23.52	\$35.28	\$25.48	\$50.96	\$76.44
	4	\$13.04	\$26.08	\$39.13	\$28.25	\$56.51	\$84.78
	5	\$14.34	\$28.67	\$43.01	\$31.07	\$62.12	\$93.19
<b>MetLife PPO - High Option</b>							
	1	\$17.84	\$35.69	\$53.53	\$38.65	\$77.33	\$115.98
	2	\$19.98	\$39.96	\$59.94	\$43.29	\$86.58	\$129.87
(In and Out-of-Network Benefits)	3	\$21.76	\$43.53	\$65.29	\$47.15	\$94.32	\$141.46
	4	\$23.57	\$47.14	\$70.70	\$51.07	\$102.14	\$153.18
	5	\$26.38	\$52.75	\$79.13	\$57.16	\$114.29	\$171.45
<b>United Concordia PPO</b>							
	1	\$14.10	\$28.20	\$42.28	\$30.55	\$61.10	\$91.61
	2	\$15.82	\$31.67	\$47.49	\$34.28	\$68.62	\$102.90
(In and Out-of-Network Benefits)	3	\$17.56	\$35.12	\$52.69	\$38.05	\$76.09	\$114.16
	4	\$19.30	\$38.60	\$57.89	\$41.82	\$83.63	\$125.43
	5	\$21.03	\$42.05	\$63.07	\$45.57	\$91.11	\$136.65
<b>Dominion Dental HMO - Standard Option</b>							
(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	\$7.76	\$15.51	\$23.27	\$16.81	\$33.61	\$50.42
	5	\$8.89	\$17.79	\$26.68	\$19.26	\$38.55	\$57.81
<b>Dominion Dental HMO - High Option</b>							
	1	\$9.98	\$19.96	\$29.94	\$21.62	\$43.25	\$64.87
	2	\$10.35	\$20.70	\$31.05	\$22.43	\$44.85	\$67.28
(In-Network Benefits Only except for emergency services)	3	\$10.73	\$21.46	\$32.19	\$23.25	\$46.50	\$69.75
	4	\$11.13	\$22.27	\$33.40	\$24.12	\$48.25	\$72.37
	5	\$14.80	\$29.59	\$44.40	\$32.07	\$64.11	\$96.20

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<b>Humana - High Option</b>							
	1	\$11.18	\$22.36	\$33.54	\$24.22	\$48.45	\$72.67
(In-Network Benefits Only except for emergency services)	2	\$11.85	\$23.68	\$35.52	\$25.68	\$51.31	\$76.96
	3	\$12.82	\$25.66	\$38.47	\$27.78	\$55.60	\$83.35
	4	\$15.56	\$31.12	\$46.67	\$33.71	\$67.43	\$101.12
	5	\$16.65	\$33.30	\$49.95	\$36.08	\$72.15	\$108.23
<b>EmblemHealth PPO</b>							
(In and Out-of-Network Benefits)	1	\$20.21	\$40.40	\$60.61	\$43.79	\$87.53	\$131.32
<b>Triple S Salud PPO</b>							
(In-Network Benefits Only except for services rendered by orthodontists)	1	\$4.59	\$9.18	\$12.04	\$9.95	\$19.89	\$26.09