

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

Plan Name	Option	Rating Region	Biweekly Premium			Monthly Premium		
			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	\$13.72	\$27.47	\$41.18	\$29.73	\$59.52	\$89.22
		2	\$15.41	\$30.85	\$46.25	\$33.39	\$66.84	\$100.21
		3	\$17.10	\$34.22	\$51.34	\$37.05	\$74.14	\$111.24
		4	\$18.80	\$37.61	\$56.41	\$40.73	\$81.49	\$122.22
		5	\$20.49	\$40.99	\$61.48	\$44.40	\$88.81	\$133.21

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