

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 |