

Appendix K

Federal Employees Dental and Vision Insurance Program (FEDVIP)

Nationwide 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
Aetna PPO	High (In and Out-of-Network benefits)	1	\$12.16	\$24.33	\$36.49	\$26.35	\$52.72	\$79.06
		2	\$13.37	\$26.74	\$40.12	\$28.97	\$57.94	\$86.93
		3	\$14.21	\$28.44	\$42.65	\$30.79	\$61.62	\$92.41
		4	\$15.67	\$31.33	\$47.01	\$33.95	\$67.88	\$101.86
		5	\$17.00	\$33.99	\$50.99	\$36.83	\$73.65	\$110.48
GEHA PPO	Standard (In and Out-of-Network benefits)	1	\$9.37	\$18.75	\$28.12	\$20.30	\$40.63	\$60.93
		2	\$10.27	\$20.53	\$30.80	\$22.25	\$44.48	\$66.73
		3	\$11.62	\$23.23	\$34.85	\$25.18	\$50.33	\$75.51
		4	\$12.52	\$25.04	\$37.56	\$27.13	\$54.25	\$81.38
		5	\$13.87	\$27.74	\$41.61	\$30.05	\$60.10	\$90.16
GEHA PPO	High (In and Out-of-Network benefits)	1	\$13.06	\$26.12	\$39.18	\$28.30	\$56.59	\$84.89
		2	\$14.34	\$28.66	\$43.00	\$31.07	\$62.10	\$93.17
		3	\$16.22	\$32.45	\$48.67	\$35.14	\$70.31	\$105.45
		4	\$17.49	\$34.99	\$52.48	\$37.90	\$75.81	\$113.71
		5	\$19.40	\$38.79	\$58.19	\$42.03	\$84.05	\$126.08
MetLife PPO	Standard (In and Out-of-Network benefits)	1	\$7.92	\$15.85	\$23.77	\$17.16	\$34.34	\$51.50
		2	\$8.55	\$17.11	\$25.66	\$18.53	\$37.07	\$55.60
		3	\$9.45	\$18.90	\$28.35	\$20.48	\$40.95	\$61.43
		4	\$10.48	\$20.96	\$31.44	\$22.71	\$45.41	\$68.12
		5	\$11.49	\$23.00	\$34.49	\$24.90	\$49.83	\$74.73
MetLife PPO	High (In and Out-of-Network benefits)	1	\$13.03	\$26.05	\$39.07	\$28.23	\$56.44	\$84.65
		2	\$14.56	\$29.13	\$43.69	\$31.55	\$63.12	\$94.66
		3	\$15.84	\$31.67	\$47.50	\$34.32	\$68.62	\$102.92
		4	\$17.12	\$34.23	\$51.35	\$37.09	\$74.17	\$111.26
		5	\$19.16	\$38.30	\$57.46	\$41.51	\$82.98	\$124.50
United Concordia PPO	High (In-Network benefits only except for emergency services)	1	\$12.03	\$24.05	\$36.09	\$26.07	\$52.11	\$78.20
		2	\$13.78	\$27.55	\$41.32	\$29.86	\$59.69	\$89.53
		3	\$14.95	\$29.87	\$44.82	\$32.39	\$64.72	\$97.11
		4	\$16.11	\$32.20	\$48.32	\$34.91	\$69.77	\$104.69
		5	\$17.86	\$35.70	\$53.54	\$38.70	\$77.35	\$116.00

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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
CompBenefits PPO	High	1	\$10.00	\$20.00	\$30.00	\$21.67	\$43.33	\$65.00
		2	\$10.26	\$20.51	\$30.77	\$22.23	\$44.44	\$66.67
		3	\$10.82	\$21.65	\$32.47	\$23.44	\$46.91	\$70.35
		4	\$14.05	\$28.10	\$42.14	\$30.44	\$60.88	\$91.30
		5	\$14.80	\$29.60	\$44.40	\$32.07	\$64.13	\$96.20
GHI PPO	High	1	\$16.45	\$32.90	\$49.34	\$35.64	\$71.28	\$106.90
Triple S PPO	High	1	\$4.29	\$8.59	\$11.33	\$9.30	\$18.61	\$24.55

International Dental Rates

Please note: International premium rates are not regionally based.

Plan Name	Biweekly Premium			Monthly Premium		
	Self Only	Self Plus One	Self & Family	Self Only	Self Plus One	Self & Family
Aetna	\$18.15	\$36.31	\$54.46	\$39.33	\$78.67	\$118.00
GEHA Standard	\$9.37	\$18.75	\$28.12	\$20.30	\$40.63	\$60.93
GEHA High	\$13.06	\$26.12	\$39.18	\$28.30	\$56.59	\$84.89
MetLife Standard	\$11.49	\$23.00	\$34.49	\$24.90	\$49.83	\$74.73
MetLife High	\$19.16	\$38.30	\$57.46	\$41.51	\$82.98	\$124.50
United Concordia	\$17.86	\$35.70	\$53.54	\$38.70	\$77.35	\$116.00

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Federal Employees Dental and Vision Insurance Program (FEDVIP)

Nationwide Vision Rates

Plan Name	Telephone & Website	Plan Option	Biweekly Premium			Monthly Premium		
			Self Only	Self Plus One	Self & Family	Self Only	Self Plus One	Self & Family
FEP BlueVision	1-888-550-2583 fepblue.org	Standard	\$3.97	\$7.95	\$11.93	\$8.60	\$17.23	\$25.85
		High	\$5.01	\$10.02	\$15.03	\$10.86	\$21.71	\$32.57
Spectera	1-866-375-3263 spectera.com/myfedvision	Standard	\$2.76	\$5.41	\$8.05	\$5.98	\$11.72	\$17.44
		High	\$3.59	\$7.01	\$10.45	\$7.78	\$15.19	\$22.64
VSP (Vision Service Plan)	1-800-807-0764 choosevsp.com	Standard	\$3.82	\$7.66	\$11.48	\$8.28	\$16.60	\$24.87
		High	\$5.40	\$10.82	\$16.22	\$11.70	\$23.44	\$35.14

International Vision Rates

Plan Name	Telephone & Website	Plan Option	Biweekly Premium			Monthly Premium		
			Self Only	Self Plus One	Self & Family	Self Only	Self Plus One	Self & Family
FEP BlueVision	1-888-550-2583 fepblue.org	Standard	\$3.97	\$7.95	\$11.93	\$8.60	\$17.23	\$25.85
		High	\$5.01	\$10.02	\$15.03	\$10.86	\$21.71	\$32.57
Spectera	1-866-375-3263 spectera.com/myfedvision	Standard	\$2.76	\$5.41	\$8.05	\$5.98	\$11.72	\$17.44
		High	\$3.59	\$7.01	\$10.45	\$7.78	\$15.19	\$22.64
VSP (Vision Service Plan)	1-800-807-0764 choosevsp.com	Standard	\$3.82	\$7.66	\$11.48	\$8.28	\$16.60	\$24.87
		High	\$5.40	\$10.82	\$16.22	\$11.70	\$23.44	\$35.14

Summary Information

	New Hires Can Enroll	Federal Benefits Open Season	How to Enroll	OPM's Program Website
FEHB	Within 60 days from new hire date	Annual – November 12 to December 10, 2007	Varies by agency; automated enrollment or via SF 2809	www.opm.gov/insure/health
FEDVIP	Within 60 days from new hire date	Annual – November 12 to December 10, 2007	Go to www.BENEFEDS.com or call 1-877-888-3337	www.opm.gov/insure/dentalvision
FSAFEDS	Within 60 days from new hire date	Annual – November 12 to December 10, 2007	Go to www.FSAFEDS.com or call 1-877-372-3337	www.opm.gov/insure/pretax/fsa
FEGLI	Within 31 days from new hire date for optional insurance; automatically enrolled in Basic insurance until you take action to cancel	NO annual Open Season	Varies by agency; automated enrollment or via SF 2817 for new hires Others provide medical information on SF 2822	www.opm.gov/insure/life
FLTCIP	APPLY (not necessarily enroll) within 60 days from new hire date with abbreviated underwriting	NO annual Open Season	Go to www.LTCFEDS.com or call 1-800-582-3337	www.opm.gov/insure/ltc