

Appendix J Federal Employees Dental and Vision Insurance Program (FEDVIP)

Nationwide and International Dental Plans Open to All

Plan Name	Telephone & Website	You Pay:				Deductible	Calendar Year Maximum
		Class A	Class B	Class C	Class D		
Aetna High (In-Network Benefits)	1-800-537-9384 www.aetnafeds.com	0%	40%	60%	70%	\$0	\$1,200 per year per person \$1,500 lifetime max per person (orthodontic services only) 24-month waiting period for orthodontia services
Aetna High (Out-of-Network Benefits)		0%	40%	60%	70%	\$0	
GEHA Standard (In-Network Benefits)	1-877-434-2336 www.gehadental.com	\$10 Copay	45%	65%	70%	\$0	\$1,200 per year (standard and high option) per person \$1,500 lifetime max per person (orthodontic services only) 24 month waiting period for orthodontia services
GEHA Standard (Out-of-Network Benefits)		\$10 Copay	45%	65%	70%	\$0	
GEHA High (In-Network Benefits)		0%	20%	50%	70%	\$0	
GEHA High (Out-of-Network Benefits)		0%	20%	50%	70%	\$0	
MetLife Standard (In-Network Benefits)	1-888-865-6854 www.federaldental.metlife.com	0%	45%	65%	50%	\$0	\$1,200 standard option in-network annual non-orthodontic maximum per person \$600 standard option out-network annual non-orthodontic maximum per person \$3,000 high option non-orthodontic maximum per person \$1,500 standard option in-network lifetime max per person for orthodontics \$1,000 standard option out-of-network lifetime max per person for orthodontics There is no calendar year deductible for Class D services 24-month waiting period for orthodontia services
MetLife Standard (Out-of-Network Benefits)		40%	60%	80%	50%	\$100/person	
MetLife High (In-Network Benefits)		0%	30%	50%	50%	\$0	
MetLife High (Out-of-Network Benefits)		10%	40%	60%	50%	\$50/person	
United Concordia High	1-877-438-8224 (Open Season) 1-877-394-8224 (General) www.uccifedvip.com	0%	20%	50%	50%	\$25 self/\$50 self & family/self plus one Class B and Class C	\$1,200 per year per person \$1,500 lifetime max per person (orthodontic services only) There is no calendar year deductible for Class A and D services Out-of-network benefits NOT provided 24-month waiting period for orthodontia services

Please Note: Out-of-Network Benefits – members are responsible for paying the difference between the plan’s payment and the non-network provider’s billed charges.

Appendix J

Federal Employees Dental and Vision Insurance Program (FEDVIP)

Regional Dental Plans *Only Open to Persons Living in Specific Geographic Areas*

						You pay:	Calendar Year Maximum
Plan Name	Telephone & Website	Class A	Class B	Class C	Class D	Deductible	
CompBenefits High (Open to residents of the Southeastern, Midwestern, and Mid-Atlantic states)	1-877-692-2468 www.fed.dentaladvantage.compbenefits.com	0%	Flat Rate	Flat Rate	Flat Rate	\$0	No maximum Unlimited lifetime orthodontic coverage Out-of-network benefits NOT provided 24-month waiting period for orthodontia services
GHI High (In-network benefits) (Open to NY and Northern NJ residents and parts of CT and PA)	212-501-4444 www.ghi.com	0%	0%	0%	0%	\$50 self/\$150 self & family/self plus one Class B and Class C	\$1,200 per year per person \$2,000 lifetime max per person (orthodontic services only) There is no calendar year deductible for Class A and D services Out-of-network benefits available – paid at the same in-network rate
GHI High (Out-of-network benefits)		0%	0%	0%	0%		
Triple S High (Open to Puerto Rico residents)	787-774-6060 787-749-4777 1-800-981-3241 TTY 787-774-6098 www.ssspr.com	0%	30%	60% / 30%	50%	0%	No maximum \$1,500 lifetime max per person (orthodontic services only) Out-of-network benefits NOT provided 24 month waiting period for orthodontia services

Please Note: Out-of-Network Benefits – members are responsible for paying the difference between the plan's payment and the non-network provider's billed charges.

Appendix J

Federal Employees Dental and Vision Insurance Program (FEDVIP)

Nationwide and International Vision Plans Open to All

The table below highlights the selected features of available vision plans. Always consult plan brochures before making a decision. The chart does not show all of your possible out-of-pocket costs.

Vision plans provide comprehensive eye examinations and coverage for lenses, frames and contact lenses (in lieu of eye glasses). There are no deductibles or waiting periods. Other benefits such as discounts on lasik surgery may also be available.

Plan Name	Frames	Lenses	Exams	Co-payments	Lenses Options Covered	Additional Features
FEP BlueVision Standard	Every 24 months	Every 12 months	Every 12 months	\$0	Single Conventional Bifocal Conventional Trifocal Lenticular	Breakage warranty; Laser vision corrections discount; low vision coverage. \$130 plus 20% of remaining cost frame allowance. Additional lenses options covered with a co-pay. Out-of-network benefits NOT provided. Flat rate reimbursement limited access services.
FEP BlueVision High	Every 12 months	Every 12 months	Every 12 months	\$0	Single Lined Bifocal Lined Trifocal Lenticular	Breakage warranty; Laser vision corrections discount; low vision coverage. \$130 plus 20% of remaining cost frame allowance. Additional lenses options covered with a co-pay. Out-of-network benefits NOT provided Flat rate reimbursement limited access services
Spectera Standard	Every 12 months	Every 12 months	Every 12 months	\$10 exam/ \$25 material	Single Lined Bifocal Lined Trifocal Lenticular Polycarbonate Scratch-resistant coating	Low vision; prosthetic eye; vision therapy; Laser vision corrections discount. \$130 frame allowance. Additional lenses option discounts. Out-of-network benefits available— paid at a lower rate. Flat rate reimbursement for international, out-of-network and limited access services.
Spectera High	Every 12 months	Every 12 months	Every 12 months	\$10 exam/ \$10 material	Single Lined Bifocal Lined Trifocal Lenticular Polycarbonate Scratch-resistant coating Tinted lenses UV coating	Low vision; prosthetic eye; vision therapy; Laser vision corrections discount. \$130 frame allowance. Additional lenses option discounts. Out-of-network benefits available— paid at a lower rate. Flat rate reimbursement for international, out-of-network and limited access services.
VSP (Vision Service Plan) Standard	Every 12 months	Every 12 months	Every 12 months	\$10 exam/ \$20 material	Single Lined Bifocal Lined Trifocal Lenticular Polycarbonate Scratch-resistant coating	Laser vision corrections discount. \$120 frame allowance. Additional lenses options covered at a discount. Out-of-network benefits available – paid at a lower rate. Additional lenses option and contact lens exam discounts. Additional prescription glasses and sunglasses discounts. FSAFEDS paperless reimbursement available.
VSP (Vision Service Plan) High	Every 12 months	Every 12 months	Every 12 months	\$10 exam and glasses	Single Lined Bifocal Lined Trifocal Lenticular Polycarbonate Scratch-resistant coating Anti-reflective coating Lenses that transition to light UV coating Select tints	Laser vision corrections discount. \$150 frame allowance. Out-of-network benefits available – paid at a lower rate. Additional lenses option and contact lens exam discounts. Additional prescription glasses and sunglasses discounts. FSAFEDS paperless reimbursement available