

**Federal Employees Dental and Vision Insurance Program (FEDVIP)
2009 Nationwide Dental Rates**

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	\$12.85	\$25.70	\$38.55	\$27.84	\$55.68	\$83.53
		2	\$14.11	\$28.24	\$42.35	\$30.57	\$61.19	\$91.76
		3	\$15.00	\$30.02	\$45.02	\$32.50	\$65.04	\$97.54
		4	\$16.53	\$33.06	\$49.59	\$35.82	\$71.63	\$107.45
		5	\$17.92	\$35.85	\$53.77	\$38.83	\$77.68	\$116.50
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	\$8.41	\$16.84	\$25.26	\$18.22	\$36.49	\$54.73
		2	\$9.08	\$18.16	\$27.24	\$19.67	\$39.35	\$59.02
		3	\$10.02	\$20.04	\$30.06	\$21.71	\$43.42	\$65.13
		4	\$11.11	\$22.21	\$33.32	\$24.07	\$48.12	\$72.19
		5	\$12.17	\$24.35	\$36.53	\$26.37	\$52.76	\$79.15
MetLife PPO	High (In and Out-of- Network benefits)	1	\$14.05	\$28.11	\$42.15	\$30.44	\$60.91	\$91.33
		2	\$15.70	\$31.41	\$47.11	\$34.02	\$68.06	\$102.07
		3	\$17.07	\$34.14	\$51.21	\$36.99	\$73.97	\$110.96
		4	\$18.45	\$36.90	\$55.34	\$39.98	\$79.95	\$119.90
		5	\$20.64	\$41.27	\$61.91	\$44.72	\$89.42	\$134.14
United Concordia PPO	High (In-Network benefits only except for emergency services)	1	\$12.60	\$25.18	\$37.78	\$27.30	\$54.56	\$81.86
		2	\$14.41	\$28.82	\$43.22	\$31.22	\$62.44	\$93.64
		3	\$15.63	\$31.23	\$46.86	\$33.87	\$67.67	\$101.53
		4	\$16.84	\$33.65	\$50.50	\$36.49	\$72.91	\$109.42
		5	\$18.65	\$37.29	\$55.93	\$40.41	\$80.80	\$121.18

**Federal Employees Dental and Vision Insurance Program (FEDVIP)
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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
Humana/CompBenefits	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	\$17.35	\$34.69	\$52.04	\$37.59	\$75.16	\$112.75
Triple S PPO	High	1	\$4.51	\$9.02	\$11.93	\$9.77	\$19.54	\$25.85