

## Federal Employees Dental and Vision Insurance Program (FEDVIP) 2008 Nationwide and Regional Dental Rates

### 2008 Nationwide Dental Rates

**Please note:** Rating areas for each carrier are not the same for all plans. Please see the specific plan brochure/website or call the plan's customer service number to determine your specific region and premium.

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

### 2008 Regional 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
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