

Federal Employees Dental and Vision Insurance Program (FEDVIP) 2011 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	\$13.45	\$26.90	\$40.35	\$29.14	\$58.28	\$87.43
		2	\$14.79	\$29.59	\$44.38	\$32.05	\$64.11	\$96.16
		3	\$15.73	\$31.47	\$47.20	\$34.08	\$68.19	\$102.27
		4	\$17.35	\$34.69	\$52.03	\$37.59	\$75.16	\$112.73
		5	\$18.82	\$37.65	\$56.47	\$40.78	\$81.58	\$122.35
GEHA PPO	Standard (In and Out-of- Network benefits)	1	\$9.24	\$18.49	\$27.73	\$20.02	\$40.06	\$60.08
		2	\$10.14	\$20.27	\$30.41	\$21.97	\$43.92	\$65.89
		3	\$11.49	\$22.97	\$34.46	\$24.90	\$49.77	\$74.66
		4	\$12.39	\$24.78	\$37.17	\$26.85	\$53.69	\$80.54
		5	\$13.74	\$27.49	\$41.22	\$29.77	\$59.56	\$89.31
GEHA PPO	High (In and Out-of- Network benefits)	1	\$14.66	\$29.33	\$44.02	\$31.76	\$63.55	\$95.38
		2	\$16.12	\$32.23	\$48.37	\$34.93	\$69.83	\$104.80
		3	\$18.26	\$36.54	\$54.81	\$39.56	\$79.17	\$118.76
		4	\$19.71	\$39.43	\$59.16	\$42.71	\$85.43	\$128.18
		5	\$21.87	\$43.77	\$65.66	\$47.39	\$94.84	\$142.26
MetLife PPO	Standard (In and Out-of- Network benefits)	1	\$8.56	\$17.15	\$25.72	\$18.55	\$37.16	\$55.73
		2	\$9.26	\$18.52	\$27.77	\$20.06	\$40.13	\$60.17
		3	\$10.24	\$20.47	\$30.70	\$22.19	\$44.35	\$66.52
		4	\$11.36	\$22.72	\$34.08	\$24.61	\$49.23	\$73.84
		5	\$12.46	\$24.93	\$37.40	\$27.00	\$54.02	\$81.03
MetLife PPO	High (In and Out-of- Network benefits)	1	\$15.32	\$30.64	\$45.92	\$33.19	\$66.39	\$99.49
		2	\$17.13	\$34.27	\$51.40	\$37.12	\$74.25	\$111.37
		3	\$18.65	\$37.27	\$55.92	\$40.41	\$80.75	\$121.16
		4	\$20.17	\$40.32	\$60.48	\$43.70	\$87.36	\$131.04
		5	\$22.57	\$45.14	\$67.70	\$48.90	\$97.80	\$146.68
United Concordia PPO	High (In and Out-of- Network benefits)	1	\$13.77	\$27.53	\$41.30	\$29.84	\$59.65	\$89.48
		2	\$15.78	\$31.55	\$47.33	\$34.19	\$68.36	\$102.55
		3	\$17.14	\$34.23	\$51.36	\$37.14	\$74.17	\$111.28
		4	\$18.47	\$36.91	\$55.39	\$40.02	\$79.97	\$120.01
		5	\$19.90	\$39.81	\$59.70	\$43.12	\$86.26	\$129.35

**Federal Employees Dental and Vision Insurance Program (FEDVIP)
2011 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
Humana/CompBenefits	High (In-Network Benefits Only except for emergency services)	1	\$9.88	\$19.75	\$29.63	\$21.41	\$42.79	\$64.20
		2	\$10.13	\$20.26	\$30.39	\$21.95	\$43.90	\$65.85
		3	\$10.69	\$21.39	\$32.08	\$23.16	\$46.35	\$69.51
		4	\$13.89	\$27.77	\$41.66	\$30.10	\$60.17	\$90.26
		5	\$14.63	\$29.26	\$43.89	\$31.70	\$63.40	\$95.10
GHI PPO	High (In and Out-of-Network Benefits)	1	\$17.53	\$35.04	\$52.57	\$37.98	\$75.92	\$113.90
Triple S Salud PPO	High (In-Network Benefits Only except for services rendered by orthodontists)	1	\$4.50	\$9.00	\$11.85	\$9.75	\$19.50	\$25.68