BENEFEDS™

2019

Dental Plan Comparison Chart

FEDVIP DENTAL (WWW.BENEFEDS.COM)

Nationwide Carriers	In-Network/Out -of-Network Benefits Plan Pays				Per Person Deductibles		Annual Max Benefit per Person (In-Network)	Annual Max Benefit per Person (Out-of-Network)	Orthodontic Lifetime Maximum
	Preventive (A)	Intermediate (B)	Major (C)	Orthodontic (D)	In-Network	Out-of-Network			
AETNA (High)	100%/100%	60%/60%	40%/40%	50%/50%	$0	$0	$30,000	$2,000	$2,000 per 12 month waiting period per person
DELTA DENTAL (Standard)	100%/60%	55%/40%	35%/20%	50%/50%	$0	$75	$1,500	$600	$2,000 per 12 month (in network), $1,000 per 12 month (out network) waiting period per person (Children up to age 19)
DELTA DENTAL (High)	100%/90%	70%/60%	50%/40%	50%/50%	$0	$50	$30,000	$3,000	$3,500 for children (Children up to age 19) , $2,000 for adults (12 months waiting period)
FEP BLUEDENTAL (Standard)	100%/60%	55%/40%	35%/20%	50%/50%	$0	$75	$1,500	$750	50% up to $2,000 (12 month waiting period per person), 50% up to $1,000 (12 month waiting period per person) (No age limits)
FEP BLUEDENTAL (High)	100%/90%	70%/60%	50%/40%	50%/50%	$0	$50	No annual maximum benefit	$3,000	50% up to $3,500 per person (NO waiting period, NO age limits)
GEHA (Standard)	100%/100%	55%/55%	35%/35%	70%/70%	$0	$0	$2,500	$2,500	$2,500 per 12 month waiting period per person (No age limits)
GEHA (High)	100%/100%	80%/80%	50%/50%	70%/70%	$0	$0	$35,000	$35,000	$2,500 per person (No age limits)
METLIFE (Standard)	100%/60%	55%/40%	35%/20%	50%/50%	$0	$100	$1,500	$1,000	$2,000 per child and adult
METLIFE (High)	100%/90%	70%/60%	50%/40%	70%/70%	$0	$50	Unlimited	Unlimited	$5,000 per child up to age 19. $3,000 per adult
UNITED CONCORDIA (High Option)	100%/80%	80%/60%	50%/40%	50%/50%	$0	$0	Unlimited	Unlimited	$3,000 per 12 month waiting period per person (No age limits)
HMO BENEFIT OPTION -- In the following Plan, the member pays solely a fixed co-payment based on a published schedule. Average plan coverage based on the balance after co-pay is shown below (In-Network only)									
DOMINON DENTAL (Standard)	100%	56%	40%	35%	$0		N/A	N/A	No Lifetime Maximum, no Waiting Period and no age limits
DOMINON DENTAL (High)	100%	77%	60%	35%	$0		N/A	N/A	No Lifetime Maximum, no Waiting Period and no age limits
HUMANA (High)	100%	75%	60%	40%	$0		$15,000	N/A	No Lifetime Maximum, no Waiting Period and no age limits

Rating Area Chart

State	State/Zip (first 3)	AETNA HIGH	DELTA DENTAL (STANDARD AND HIGH)	FEP BLUEDENTAL (STANDARD AND HIGH)	GEHA (STANDARD AND HIGH)	METLIFE (STANDARD AND HIGH)	UNITED CONCORDIA	DOMINION DENTAL (STANDARD AND HIGH)	HUMANA/ COMP BENEFITS
DC	entire state	2	5	3	4	4	4	4	3
MD	200, 202-212, 214, 217	2	5	3	4	4	4	4	3
MD	219	2	4	3	3	3	2	5	N/A
MD	rest of state	2	5	2	2	4	4	2	3
VA	200-205, 220-227	2	5	3	4	4	4	4	3
VA	231-232, 238	3	3	2	2	1	2	3	3
VA	rest of state	3	3	1	2	1	1	4	4

GROSS BI-WEEKLY

AETNA HIGH

Rating Area	Self	Self + 1	Self & Family
1	$15.04	$30.07	$45.11
2	$16.56	$33.12	$49.67
3	$17.62	$35.26	$52.86
4	$19.45	$38.89	$58.33
5	$21.11	$42.23	$63.34

GEHA STANDARD

Rating Area	Self	Self + 1	Self & Family
1	$9.78	$19.57	$29.34
2	$10.74	$21.47	$32.20
3	$12.20	$24.36	$36.54
4	$13.16	$26.30	$39.45
5	$14.60	$29.18	$43.78

DELTA DENTAL STANDARD

Rating Area	Self	Self + 1	Self & Family
1	$8.68	$17.35	$26.03
2	$9.45	$18.91	$28.35
3	$10.18	$20.37	$30.56
4	$10.74	$21.47	$32.21
5	$12.27	$24.54	$36.81

GEHA HIGH

Rating Area	Self	Self + 1	Self & Family
1	$16.55	$33.11	$49.66
2	$18.19	$36.38	$54.60
3	$20.65	$41.31	$61.95
4	$22.30	$44.59	$66.91
5	$24.74	$49.51	$74.31

DELTA DENTAL HIGH

Rating Area	Self	Self + 1	Self & Family
1	$16.74	$33.48	$50.22
2	$18.36	$36.71	$55.07
3	$20.13	$40.26	$60.39
4	$21.41	$42.83	$64.25
5	$24.90	$49.81	$74.71

MET LIFE STANDARD

Rating Area	Self	Self + 1	Self & Family
1	$9.77	$19.55	$29.32
2	$10.60	$21.19	$31.79
3	$11.76	$23.52	$35.28
4	$13.04	$26.08	$39.13
5	$14.34	$28.67	$43.01

FEP BLUEDENTAL STANDARD

Rating Area	Self	Self + 1	Family
1	$9.17	$18.34	$27.52
2	$10.05	$20.11	$30.16
3	$11.43	$22.85	$34.25
4	$12.34	$24.66	$36.97
5	$13.64	$27.28	$40.92

MET LIFE HIGH

Rating Area	Self	Self + 1	Family
1	$17.84	$35.69	$53.53
2	$19.98	$39.96	$59.94
3	$21.76	$43.53	$65.29
4	$23.57	$47.14	$70.70
5	$26.38	$52.75	$79.13

FEP BLUEDENTAL HIGH

Rating Area	Self	Self + 1	Family
1	$17.32	$34.65	$51.97
2	$19.41	$38.79	$58.19
3	$21.13	$42.25	$63.38
4	$22.89	$45.74	$68.62
5	$25.61	$51.19	$76.80

UNITED CONCORDIA HIGH

Rating Area	Self	Self + 1	Family
1	$14.10	$28.20	$42.28
2	$15.82	$31.67	$47.49
3	$17.56	$35.12	$52.69
4	$19.30	$38.60	$57.89
5	$21.03	$42.05	$63.07

DOMINION DENTAL STANDARD

Rating Area	Self	Self + 1	Self & Family
1	$6.01	$12.02	$18.03
2	$6.27	$12.54	$18.81
3	$6.99	$13.99	$20.98
4	$7.76	$15.51	$23.27
5	$8.89	$17.79	$26.68

DOMINION DENTAL HIGH

Rating Area	Self	Self + 1	Family
1	$9.98	$19.96	$29.94
2	$10.35	$20.70	$31.05
3	$10.73	$21.46	$32.19
4	$11.13	$22.27	$33.40
5	$14.80	$29.59	$44.40

HUMANA

Rating Area	Self	Self + 1	Self & Family
1	$11.18	$22.36	$33.54
2	$11.85	$23.68	$35.52
3	$12.82	$25.66	$38.47
4	$15.56	$31.12	$46.67
5	$16.65	$33.30	$49.95