

**Federal Employees Dental and Vision Insurance Program (FEDVIP)  
2012 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	\$12.56	\$25.11	\$37.67	\$27.21	\$54.41	\$81.62
		2	\$13.82	\$27.64	\$41.46	\$29.94	\$59.89	\$89.83
		3	\$14.71	\$29.41	\$44.11	\$31.87	\$63.72	\$95.57
		4	\$16.22	\$32.43	\$48.65	\$35.14	\$70.27	\$105.41
		5	\$17.60	\$35.21	\$52.81	\$38.13	\$76.29	\$114.42
GEHA PPO	Standard (In and Out-of- Network benefits)	1	\$9.08	\$18.16	\$27.26	\$19.67	\$39.35	\$59.06
		2	\$9.97	\$19.94	\$29.91	\$21.60	\$43.20	\$64.81
		3	\$11.32	\$22.62	\$33.93	\$24.53	\$49.01	\$73.52
		4	\$12.21	\$24.41	\$36.62	\$26.46	\$52.89	\$79.34
		5	\$13.55	\$27.10	\$40.64	\$29.36	\$58.72	\$88.05
GEHA PPO	High (In and Out-of- Network benefits)	1	\$14.89	\$29.77	\$44.69	\$32.26	\$64.50	\$96.83
		2	\$16.37	\$32.74	\$49.14	\$35.47	\$70.94	\$106.47
		3	\$18.57	\$37.15	\$55.73	\$40.24	\$80.49	\$120.75
		4	\$20.05	\$40.10	\$60.17	\$43.44	\$86.88	\$130.37
		5	\$22.25	\$44.53	\$66.81	\$48.21	\$96.48	\$144.76
MetLife PPO	Standard (In and Out-of- Network benefits)	1	\$8.53	\$17.08	\$25.63	\$18.48	\$37.01	\$55.53
		2	\$9.23	\$18.45	\$27.70	\$20.00	\$39.98	\$60.02
		3	\$10.22	\$20.42	\$30.64	\$22.14	\$44.24	\$66.39
		4	\$11.35	\$22.70	\$34.04	\$24.59	\$49.18	\$73.75
		5	\$12.46	\$24.92	\$37.39	\$27.00	\$53.99	\$81.01
MetLife PPO	High (In and Out-of- Network benefits)	1	\$15.67	\$31.33	\$46.96	\$33.95	\$67.88	\$101.75
		2	\$17.52	\$35.07	\$52.59	\$37.96	\$75.99	\$113.95
		3	\$19.10	\$38.15	\$57.25	\$41.38	\$82.66	\$124.04
		4	\$20.66	\$41.29	\$61.94	\$44.76	\$89.46	\$134.20
		5	\$23.13	\$46.25	\$69.37	\$50.12	\$100.21	\$150.30
United Concordia PPO	High (In and Out-of- Network benefits)	1	\$14.18	\$28.33	\$42.51	\$30.72	\$61.38	\$92.11
		2	\$16.27	\$32.50	\$48.77	\$35.25	\$70.42	\$105.67
		3	\$17.67	\$35.29	\$52.95	\$38.29	\$76.46	\$114.73
		4	\$19.06	\$38.06	\$57.13	\$41.30	\$82.46	\$123.78
		5	\$20.54	\$41.07	\$61.60	\$44.50	\$88.99	\$133.47

**Federal Employees Dental and Vision Insurance Program (FEDVIP)  
2012 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	High (In-Network Benefits Only except for emergency services)	1	\$9.65	\$19.28	\$28.93	\$20.91	\$41.77	\$62.68
		2	\$10.38	\$20.75	\$31.13	\$22.49	\$44.96	\$67.45
		3	\$10.45	\$20.89	\$31.34	\$22.64	\$45.26	\$67.90
		4	\$14.26	\$28.52	\$42.78	\$30.90	\$61.79	\$92.69
		5	\$14.33	\$28.65	\$42.98	\$31.05	\$62.08	\$93.12
GHI PPO	High (In and Out-of-Network Benefits)	1	\$16.18	\$32.34	\$48.52	\$35.06	\$70.07	\$105.13
Triple S Salud PPO	High (In-Network Benefits Only except for services rendered by orthodontists)	1	\$4.35	\$8.69	\$11.41	\$9.43	\$18.83	\$24.72