

GEHA Connection Dental Federal 2012

A guide to GEHA FEDVIP Plans

Including Standard and High Options for Self, Self + 1 and Self + Family

(877) 590-GEHA | www.gehadental.com

- **Higher maximum benefit of \$5,000 – High Option**
- **Free preventive care – In-network**
Exams, X-rays. Two cleanings per year.
- **Comprehensive coverage**
Fillings, root canals, and other services.
Orthodontia for children.
- **No deductible**
- **No waiting period for most procedures**
- **See any dentist**
- **Payroll-deducted for active employees**



How to figure your costs

- ① In the first chart below, look up your state or ZIP code to determine your rate code.
- ② In the second chart below, match your premium rate code to your plan option (High Option or Standard Option) and enrollment option (Self, Self + 1 or Self + Family).

1 Premium Rate Codes by State / ZIP Code (first three digits)

| | | | | | |
|-------------------------------------|---|--|---|--|---|
| AK All | 5 | LA All | 2 | OK All | 2 |
| AL All | 1 | MA All | 4 | OR All | 3 |
| AR All | 1 | MD 206 through 218 | 4 | PA 183 | 5 |
| AZ All | 3 | MD 219 | 3 | PA 189 through 194 | 3 |
| CA 939 through 941, 943 through 954 | 5 | MD Rest of the state | 2 | PA Rest of the state | 1 |
| CA Rest of the state | 4 | ME All | 3 | RI All | 4 |
| CO All | 4 | MI 480 through 485 | 3 | SC All | 2 |
| CT 064 through 069 | 5 | MI Rest of the state | 2 | SD All | 1 |
| CT Rest of the state | 4 | MN 550 through 555 | 3 | TN All | 2 |
| DC All | 4 | MN Rest of the state | 2 | TX 750 through 753, 760 through 762, 770 through 775 | 3 |
| DE All | 3 | MO 630 through 633, 640, 641 | 2 | TX Rest of the state | 2 |
| FL 330 through 334 | 4 | MO Rest of the state | 1 | UT All | 1 |
| FL Rest of the state | 2 | MS All | 1 | VA 201, 220 through 226 | 4 |
| GA 300 through 303, 311 | 3 | MT All | 2 | VA Rest of the state | 2 |
| GA Rest of the state | 2 | NC All | 2 | VT All | 2 |
| HI All | 3 | ND All | 1 | WA 980 through 985 | 5 |
| IA All | 1 | NE All | 1 | WA 986 | 3 |
| ID All | 2 | NH All | 4 | WA Rest of the state | 4 |
| IL 600 through 608 | 3 | NJ 080 through 084 | 3 | WI 540 | 3 |
| IL 620 through 622 | 2 | NJ Rest of the state | 5 | WI Rest of the state | 2 |
| IL Rest of the state | 1 | NM All | 3 | WV All | 2 |
| IN 460 through 462 | 2 | NV 897 | 4 | WY All | 1 |
| IN 463, 464 | 3 | NV Rest of the state | 3 | PR All | 1 |
| IN Rest of the state | 1 | NY 004, 005, 100 through 119, 124 through 126 | 5 | GU All | 1 |
| KS 660 through 662 | 2 | NY Rest of the state | 2 | VI All | 1 |
| KS Rest of the state | 1 | OH 430 through 432, 440 through 443, 450 through 455 | 2 | FO International + all other areas not listed | 1 |
| KY 410 | 2 | OH Rest of the state | 1 | | |
| KY Rest of the state | 1 | | | | |

2 Dental Premium – Biweekly cost for active federal employee

| Premium Rate Schedule* | High Option | | | Standard Option | | |
|------------------------|-------------|----------|---------------|-----------------|----------|---------------|
| | Self Only | Self + 1 | Self + Family | Self Only | Self + 1 | Self + Family |
| 1 | \$14.89 | \$29.77 | \$44.69 | \$9.08 | \$18.16 | \$27.26 |
| 2 | \$16.37 | \$32.74 | \$49.14 | \$9.97 | \$19.94 | \$29.91 |
| 3 | \$18.57 | \$37.15 | \$55.73 | \$11.32 | \$22.62 | \$33.93 |
| 4 | \$20.05 | \$40.10 | \$60.17 | \$12.21 | \$24.41 | \$36.62 |
| 5 | \$22.25 | \$44.53 | \$66.81 | \$13.55 | \$27.10 | \$40.64 |

Dental Premium – Monthly cost for retired federal employee

| Premium Rate Schedule* | High Option | | | Standard Option | | |
|------------------------|-------------|----------|---------------|-----------------|----------|---------------|
| | Self Only | Self + 1 | Self + Family | Self Only | Self + 1 | Self + Family |
| 1 | \$32.26 | \$64.50 | \$96.83 | \$19.67 | \$39.35 | \$59.06 |
| 2 | \$35.47 | \$70.94 | \$106.47 | \$21.60 | \$43.20 | \$64.81 |
| 3 | \$40.24 | \$80.49 | \$120.75 | \$24.53 | \$49.01 | \$73.52 |
| 4 | \$43.44 | \$86.88 | \$130.37 | \$26.46 | \$52.89 | \$79.34 |
| 5 | \$48.21 | \$96.48 | \$144.76 | \$29.36 | \$58.72 | \$88.05 |

*Rates based on member's primary state of residence.

Benefit check-up

All classes are included in both High Option and Standard Option as part of the plan.
 This is a brief description of services covered under the GEHA Connection Dental Federal plan. Do NOT rely on this chart alone.
 All benefits are subject to the definitions, limitations and exclusions set forth in the dental brochure.

| | Waiting Period | Calendar Year Deductible | High Option Benefit Plan pays the following percentage of the plan allowance: | Standard Option Benefit Plan pays the following percentage of the plan allowance: |
|--|----------------|--------------------------|--|--|
| Class A[†] Exams, Cleanings**, X-rays | None | None | In-network: 100% Out-of-network: 100%* | In-network: 100% Out-of-network: 100%* |
| Class B[†] Fillings, Extractions, Periodontal maintenance | None | None | In-network: 80% Out-of-network: 80%* | In-network: 55% Out-of-network: 55%* |
| Class C[†] Root canals, Crowns, Bridges, Dentures, Periodontal surgery | None | None | In-network: 50% Out-of-network: 50%* | In-network: 35% Out-of-network: 35%* |
| Class D^{††} Orthodontic services for covered children under age 19, after a 24-month waiting period | 24 months | None | In-network: 50% Out-of-network: 50%* | In-network: 50% Out-of-network: 50%* |
| Calendar year maximum | | | \$5,000 / person | \$1,200 / person |

* Member pays any difference between the Plan allowance and the billed amount.

** Plans cover two cleanings per calendar year.

† Class A, B, and C Covered Services are limited to a combined Calendar Year Maximum Benefit of \$5,000 for High Option and \$1,200 for Standard Option, per covered person.

†† Limited to a lifetime maximum of \$1,500 per covered child.

Pretreatment estimate – Before you receive treatment, estimate how much your care will cost. You or your provider can send in an itemized proposed treatment plan and we will send you and your dentist an explanation of how the services will be covered.

Choosing a dentist – You have the choice of provider. However, for many services, your out-of-pocket costs may be lower when you visit any of the more than 83,000 provider locations in the CONNECTION Dental network. Network providers will not bill you more than the Plan's maximum allowable charge for covered services.

Claim forms – No special claim forms are required. Just send in the itemized bill from your provider.

Limitations and exclusions – This Plan has certain limits on dental coverage in order to keep plan rates affordable for you and your dependents. A complete list of Plan limitations and exclusions may be found in the GEHA Connection Dental Federal Plan Brochure.

It's easy to estimate costs.



Find pricing information for many common dental procedures at www.gehadental.com.





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The FEDVIP dental plan for federal employees

How to Enroll

Convenient online enrollment.*

1. Log on to www.BENEFEDS.com.
2. Follow the prompts to enroll in GEHA Connection Dental Federal. GEHA Connection Dental Federal is a part of the Federal Employees Dental and Vision Insurance Program (FEDVIP).

*You may also enroll by phone.
Just call toll-free (877) 888-3337.
TTY: (877) TTY-5680.

(877) 590-GEHA
www.gehadental.com



Federal Employees
Dental And Vision Insurance Program