

**GEHA**®

**DENTAL  
BENEFITS  
GUIDE**



**2019**  
[thinkgeha.com](http://thinkgeha.com)

# Find your premium

## STEP ONE

Locate your state or the first three digits of your ZIP code in the chart below.

This will give you your rate code – a number between 1 and 5.

STATE	FIRST 3 DIGITS OF YOUR ZIP CODE	RATE CODE	STATE	FIRST 3 DIGITS OF YOUR ZIP CODE	RATE CODE	STATE	FIRST 3 DIGITS OF YOUR ZIP CODE	RATE CODE
AK	Entire state	5	MD	205-212, 214, 217	4	PA	183	5
AL	Entire state	1	MD	219	3	PA	189-196	3
AR	Entire state	1	MD	Rest of the state	2	PA	Rest of the state	1
AZ	Entire state	2	ME	038	4	RI	Entire state	4
CA	939-941, 943-952, 954	5	ME	Rest of the state	3	SC	Entire state	2
CA	Rest of the state	4	MI	480-485	3	SD	Entire state	1
CO	Entire state	4	MI	Rest of the state	2	TN	422	1
CT	064-069	5	MN	550-555, 563	3	TN	Rest of the state	2
CT	Rest of the state	4	MN	Rest of the state	2	TX	Entire state	2
DC	Entire state	4	MO	Entire state	2	UT	Entire state	1
DE	Entire state	3	MS	Entire state	1	VA	201, 205, 220-227	4
FL	330-334	3	MT	Entire state	2	VA	Rest of the state	2
FL	Rest of the state	2	NC	Entire state	2	VT	Entire state	2
GA	300-303, 305, 311, 399	3	ND	Entire state	1	WA	980-985	5
GA	Rest of the state	2	NE	Entire state	1	WA	986	3
HI	Entire state	3	NH	Entire state	4	WA	Rest of the state	4
IA	Entire state	1	NJ	080-084	3	WI	540	3
ID	Entire state	2	NJ	Rest of the state	5	WI	Rest of the state	2
IL	600-608	3	NM	Entire state	3	WV	254	4
IL	Rest of the state	1	NV	Entire state	3	WV	Rest of the state	2
IN	460-462, 470, 472	2	NY	005, 100-119, 124-126	5	WY	834	2
IN	463, 464	3	NY	063	4	WY	Rest of the state	1
IN	Rest of the state	1	NY	Rest of the state	2	PR	Entire state	1
KS	Entire state	2	OH	430-432, 440-443, 450-455, 459	2	GU	Entire state	1
KY	410, 452, 459	2	OH	Rest of the state	1	VI	Entire state	1
KY	Rest of the state	1	OK	Entire state	2	FO	International + all other areas not listed	1
LA	Entire state	2	OR	Entire state	3			
MA	Entire state	4	PA	173-174	4			



## STEP TWO

Match your rate code to your chosen plan and coverage level to see how much you'll pay.

DENTAL PREMIUM – BIWEEKLY COST						
RATE CODE*	HIGH OPTION			STANDARD OPTION		
	Self Only	Self Plus One	Self and Family	Self Only	Self Plus One	Self and Family
1	\$16.55	\$33.11	\$49.66	\$9.78	\$19.57	\$29.34
2	\$18.19	\$36.38	\$54.60	\$10.74	\$21.47	\$32.20
3	\$20.65	\$41.31	\$61.95	\$12.20	\$24.36	\$36.54
4	\$22.30	\$44.59	\$66.91	\$13.16	\$26.30	\$39.45
5	\$24.74	\$49.51	\$74.31	\$14.60	\$29.18	\$43.78

DENTAL PREMIUM – MONTHLY COST (RETIREES)						
RATE CODE*	HIGH OPTION			STANDARD OPTION		
	Self Only	Self Plus One	Self and Family	Self Only	Self Plus One	Self and Family
1	\$35.86	\$71.74	\$107.60	\$21.19	\$42.40	\$63.57
2	\$39.41	\$78.82	\$118.30	\$23.27	\$46.52	\$69.77
3	\$44.74	\$89.51	\$134.23	\$26.43	\$52.78	\$79.17
4	\$48.32	\$96.61	\$144.97	\$28.51	\$56.98	\$85.48
5	\$53.60	\$107.27	\$161.01	\$31.63	\$63.22	\$94.86

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

Enroll today at [benefeds.com](https://www.benefeds.com) or call **877.888.3337**.

Get access to  
**340,000 provider  
 locations.**

All in-network preventive care is covered at 100% with any GEHA dental plan. For other services, network providers will not bill you more than the plan's allowable charge – the agreed-upon fees for covered services. **If an out-of-network provider bills more than your GEHA plan's maximum allowable charge, you will be responsible for the difference after GEHA pays its share.**

# Plan benefits

2019 PLAN YEAR	WAITING PERIOD		CALENDAR YEAR DEDUCTIBLE	HIGH OPTION Plan pays the following percentage of the plan allowance:		STANDARD OPTION Plan pays the following percentage of the plan allowance:	
				In-network	Out-of-network*	In-network	Out-of-network*
<b>Basic—Class A<sup>†</sup></b> Exams, Cleanings**, X-rays	None		None	100%	100%	100%	100%
<b>Intermediate—Class B<sup>†</sup></b> Fillings, Extractions and Periodontal maintenance	None		None	80%	80%	55%	55%
<b>Major—Class C<sup>†</sup></b> Root canals, Crowns, Bridges, Dentures, Periodontal surgery and Implants***	None		None	50%	50%	35%	35%
<b>Orthodontic—Class D<sup>††</sup></b>	High Option	Standard Option	None	70%	70%	70%	70%
	None	12 Months					
<b>Calendar year maximum</b>				\$35,000 / person		\$2,500 / person	

All classes of service 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.

## It pays to stay in the network

\* If your out-of-network dentist charges more than GEHA's agreed-upon plan allowance for a specific service, you are responsible for the difference between the plan allowance and the out-of-network dentist's charge plus regular coinsurance. **To get the greatest value from your GEHA plan, you are encouraged to use in-network providers.**

If you have an FEHB medical plan that includes dental coverage, your medical plan will be considered the primary payer for services before any benefits are paid by any FEDVIP dental plan, including GEHA's.

GEHA does not cover orthodontic services previously started with another carrier, except for High Option members with orthodontics started under TRICARE.

\*\* Plans cover two cleanings per calendar year at no cost to you with an in-network provider.

\*\*\* Implants are limited to \$2,500 per covered person per year, included in the calendar year maximum.

† Class A, B and C Covered Services are limited to a combined Calendar Year Maximum Benefit of \$35,000 for High Option and \$2,500 for Standard Option, per covered person.

†† Limited to a lifetime maximum of \$3,500 for High Option and \$2,500 for Standard Option, per covered person.

Limitations and exclusions: This plan has certain limits on dental coverage 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 available online at [gehadental.com](http://gehadental.com)

# What's new in 2019

- **Increased benefit:** Lifetime maximum of **\$3,500** for orthodontic coverage with High Option (adult orthodontia is covered at 70% of the plan's allowed amount).
- **Toothbrush discount:** GEHA members have an exclusive discount on dentist-quality electric toothbrushes by cariPRO™. Save more than **70% off an ultrasonic toothbrush.**
  - Replacement brush heads with high-quality DuPont bristles are also available at this exclusive, members-only price.
  - The cariPRO™ Ultrasonic toothbrush removes 7x more plaque than a regular brush, is completely waterproof, and comes with a 2-year manufacturer's warranty.
- **Remember:** Children qualify for in-network tooth sealants and fluoride treatments.



For more information, go to [gehadental.com](http://gehadental.com)

## Dental Procedure Pricing Tool

GEHA's **Dental Procedure Pricing Tool** helps you understand and compare treatment costs so you can make better decisions about your dental care.

Learn more at [gehadental.com/pricing](http://gehadental.com/pricing)

### How to enroll

To sign up for a plan online, visit [benefeds.com](http://benefeds.com) and follow the prompts to enroll in GEHA Connection Dental Federal.

**You can also call Benefeds toll-free at 877.888.3337  
TTY: 877.889.5680.**

# What if I need major dental work?

Remember, GEHA FEDVIP dental plans have no deductible, so we start paying for treatments right away, even when your needs go beyond annual cleanings.



COVERAGE	ORTHODONTICS	DENTAL IMPLANTS	NIGHT GUARDS (occlusal guards)
<b>In-network</b>	You pay your regular coinsurance and/or any amount that exceeds the lifetime benefit maximum.	You pay your regular coinsurance and/or any amount that exceeds the annual benefit maximum.	You pay your regular coinsurance and/or any amount that exceeds the annual benefit maximum.
<b>Out-of-network</b>	You pay any charges that exceed plan allowance, plus any regular coinsurance.	You pay any charges that exceed plan allowance, plus any regular coinsurance.	You pay any charges that exceed plan allowance, plus any regular coinsurance.
<b>Age limit</b>	None	None	Members ages 13 and older
<b>Standard Option maximum benefit</b>	\$2,500 lifetime, per covered member	\$2,500 per year, per covered member	Once each year
<b>High Option maximum benefit</b>	\$3,500 lifetime, per covered member	\$2,500 per year, per covered member	Once each year
<b>Standard Option waiting period</b>	12 months	None	None
<b>High Option waiting period</b>	None	None	None
<b>Not covered</b>	Cosmetic treatment, orthodontic work in progress (except for High Option members with orthodontics started under TRICARE).	Any service associated with implants not specifically listed in the plan brochure.	Guards used to treat temporomandibular joint dysfunction (TMJ).

For other plan benefits, see the chart on page 4.  
 Limitations and exclusions: This plan has certain limits on dental coverage 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 available online at [gehadental.com](http://gehadental.com)

# Included plan benefits

## Vision coverage

Get annual eye exams for all covered family members for only a \$5 copay when you visit an EyeMed in-network provider.

Receive preferred pricing with fixed discounts for lenses, lens options, frames and conventional contact lenses at participating EyeMed providers.

[gehadental.com/vision](http://gehadental.com/vision)



## Teeth whitening

Smile Brilliant's lab-direct system matches the results dentists have been providing for years, at a significant discount – all without a single office visit. Your whitening kit is mailed directly to your home.

[smilebrilliant.com/geha](http://smilebrilliant.com/geha)



## Medical alert system

GEHA members and their extended family (including adult children, parents and grandparents) can save on emergency response services from Life Alert®.

[gehadental.com/lifealert](http://gehadental.com/lifealert)



## Hearing-aid discounts

Get exclusive pricing on TruHearing® hearing aids. Most members save 30% to 60% off their hearing devices, an average of more than \$1,800 per pair.

[gehadental.com/hearing](http://gehadental.com/hearing)



*These benefits are neither offered nor guaranteed under contract with the FEDVIP program, but are made available to all enrollees who become members of GEHA and their eligible family members.*



P.O. Box 6707  
Lee's Summit, MO 64064-9703



# Answers are just a click away

## Compare GEHA FEDVIP plans

[gehadental.com/plans](http://gehadental.com/plans)  
877.590.4342

Find information about our Standard Option and High Option plans.

## See pricing

[gehadental.com/pricing](http://gehadental.com/pricing)

Easily verify if a service is covered and estimate how much you'll pay.

## Sign up

[benefeds.com](http://benefeds.com)  
877.888.3337  
TTY: 877.889.5680

Enroll in the GEHA FEDVIP dental plan of your choice.



## Find your dentist

To find a provider or see if your provider is in-network, visit [gehadental.com/search](http://gehadental.com/search)

