

# 2021 GEHA DENTAL PLANS

Choose from two  
comprehensive dental plans.

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

GEHA<sup>®</sup>



# Plan overview.

GEHA offers two dental plan options - our High Option and Standard Option.

Both plans include:

- ▶ Comprehensive dental services, from preventive care to crowns, bridges and dentures.
- ▶ No deductibles and no waiting periods<sup>1</sup> for most services.
- ▶ Benefit levels are the same for in-network and out-of-network providers.

## High Option



[gehadental.com/High](https://gehadental.com/High)

- ▶ Includes an unlimited annual maximum benefit per person.
- ▶ Pays a higher percentage for your covered services.
- ▶ No waiting period for orthodontic services.

## Standard Option



[gehadental.com/Standard](https://gehadental.com/Standard)

- ▶ GEHA's lowest premium dental plan.
- ▶ Includes a **\$2,500** annual maximum benefit per person.
- ▶ 12-month waiting period for orthodontic services.

<sup>1</sup> No waiting period for Class A, Class B or Class C services. 12-month waiting period for Class D orthodontic services, Standard Option plan only.

# What's new in 2021.

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## Lower premiums on average

Nationally, on average, GEHA dental premiums have been reduced slightly for the 2021 plan year. Members in some areas will see a premium increase to more accurately reflect the cost of services for those areas.

## Update on adult cleanings

High Option plan members with certain health conditions, such as pregnancy, diabetes and heart disease, can be eligible for a third cleaning in a calendar year if considered medically necessary.

## 37 new CDT dental procedure codes

We have added 37 new codes. For a full list of new codes, see the plan brochure at [gehadental.com/PlanBrochure](https://gehadental.com/PlanBrochure)

### How to enroll

To sign up for a GEHA dental plan, visit [benefeds.com](https://benefeds.com)

Follow the prompts to enroll in GEHA Connection Dental Federal.

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

[gehadental.com](https://gehadental.com)  
**877.590.4342**

# Compare plan benefits.

No deductibles. No waiting periods.<sup>1</sup>

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

| 2021 plan year  | High Option  | Standard Option  |
|---|--|--|
| <b>What the plan pays</b>   | <b>In-network or out-of-network<sup>2</sup></b>                    | <b>In-network or out-of-network<sup>2</sup></b>                          |
| <b>Basic - Class A</b><br>Two exams, two cleanings <sup>3</sup> and one X-ray per calendar year                                     | <b>100%</b>  | <b>100%</b>  |
| <b>Intermediate - Class B</b><br>Fillings, extractions and periodontal maintenance  | <b>80%</b>   | <b>55%</b>   |
| <b>Major - Class C</b><br>Root canals, crowns, bridges, dentures, periodontal surgery (implants limited to \$2,500 per person/year) | <b>50%</b>   | <b>35%</b>   |
| <b>Orthodontics - Class D</b><br>Adults and children  | <b>70%</b><br>No waiting period<br><b>\$3,500</b> lifetime maximum | <b>70%</b><br>12-month waiting period<br><b>\$2,500</b> lifetime maximum |
| <b>Calendar year maximum</b><br>for Class A, B and C services   | <b>Unlimited</b> per person  | <b>\$2,500</b> per person  |

This is a brief description of services covered under the GEHA Connection Dental Federal plan. For a complete list of plan limitations and exclusions, please refer to the GEHA Connection Dental Federal Plan Brochure available online at [gehadental.com/PlanBrochure](http://gehadental.com/PlanBrochure)

## How to enroll

To sign up for a plan, visit [benefeds.com](http://benefeds.com) and follow the prompts to enroll in GEHA Connection Dental Federal. You can also call BENEFEDES toll-free at **877.888.3337** TTY: **877.889.5680**

# ***In-network preventive care covered 100%.***

**GEHA dental plan members get access to more than 388,000 in-network locations nationwide and enjoy worldwide coverage.**

To get the greatest value from your GEHA plan, you are encouraged to use in-network providers. 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 agreed-upon fees for covered services. To find a provider, or to see if your provider is in-network, visit [geha.com/Find-Care](https://geha.com/Find-Care)

|                                   |  |
|-----------------------------------|--|
| <b>Out-of-network services</b>    | 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.             |
| <b>For FEHB medical plans</b>     | If you have a FEHB medical plan with dental coverage, your medical plan will be considered the primary payer for some preventive, restorative and other services before any benefits are paid by any FEDVIP dental plan. This includes GEHA's FEDVIP plan. |
| <b>Prior orthodontic services</b> | GEHA does not cover cosmetic treatment or orthodontic work in progress (except for High Option members with orthodontics started under TRICARE).   |

- 1 There is no waiting period for Class A, Class B or Class C services. There is a 12-month waiting period for Class D orthodontic services on the Standard Option plan only.
- 2 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.
- 3 High Option plan members with certain health conditions can be eligible for a third cleaning in a calendar year if considered medically necessary.

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# Step 1: Use your ZIP code to find rate code.

Find your state and the first three digits of your ZIP code in the chart below to determine your rate code. Use that code on the next page to determine your 2021 dental premium. [gehadental.com/Rates](https://gehadental.com/Rates)

| State  | First 3 digits of ZIP code              | Rate code |
|--|---|-----------|
| AL, AR, FM, GU, IA, MH, MP, MS, ND, NE, PR, PW, VI | Entire state or territory               | <b>1</b>  |
| ID, LA, MO, MT, NC, OK, SC, SD, TN, UT, VT         | Entire state                            | <b>2</b>  |
| AS, DE, HI, NM, OR                                 | Entire state or territory               | <b>3</b>  |
| CO, DC, NH, RI                                     | Entire state                            | <b>4</b>  |
| AK   | Entire state                            | <b>5</b>  |
| AZ   | 850-853, 864                            | <b>3</b>  |
| AZ   | Rest of state                           | <b>2</b>  |
| CA   | 900-931, 933-935, 939-952, 954, 956-959 | <b>5</b>  |
| CA   | Rest of state                           | <b>4</b>  |
| CT   | 064-069                                 | <b>5</b>  |
| CT   | Rest of state                           | <b>4</b>  |
| FL   | 329-334, 349                            | <b>3</b>  |
| FL   | Rest of state                           | <b>2</b>  |
| GA   | 300-303, 305, 306, 311, 399             | <b>3</b>  |
| GA   | Rest of state                           | <b>2</b>  |
| IL   | 600-609, 613                            | <b>3</b>  |
| IL   | 620, 622                                | <b>2</b>  |
| IL   | Rest of state                           | <b>1</b>  |

| State | First 3 digits of ZIP code | Rate code |
|-------|----------------------------|-----------|
| IN    | 460-462, 470, 472, 473     | <b>2</b>  |
| IN    | 463, 464                   | <b>3</b>  |
| IN    | Rest of state              | <b>1</b>  |
| KS    | 660-662, 666               | <b>2</b>  |
| KS    | Rest of state              | <b>1</b>  |
| KY    | 410                        | <b>2</b>  |
| KY    | Rest of state              | <b>1</b>  |
| MA    | 012                        | <b>2</b>  |
| MA    | Rest of state              | <b>4</b>  |
| MD    | 205-212, 214, 216, 217     | <b>4</b>  |
| MD    | 219                        | <b>3</b>  |
| MD    | Rest of state              | <b>2</b>  |
| ME    | 039-042                    | <b>4</b>  |
| ME    | Rest of state              | <b>3</b>  |
| MI    | 480-485                    | <b>3</b>  |
| MI    | Rest of state              | <b>2</b>  |
| MN    | 550-555, 563               | <b>3</b>  |
| MN    | Rest of state              | <b>2</b>  |
| NJ    | 080-084                    | <b>3</b>  |
| NJ    | Rest of state              | <b>5</b>  |
| NV    | 897                        | <b>5</b>  |
| NV    | Rest of state              | <b>3</b>  |
| NY    | 005, 100-119, 124-126      | <b>5</b>  |
| NY    | 063                        | <b>4</b>  |

| State | First 3 digits of ZIP code                       | Rate code |
|-------|--|-----------|
| NY    | 127, 129-139, 144-149                            | <b>1</b>  |
| NY    | Rest of state                                    | <b>2</b>  |
| OH    | 430-433, 437, 440-443, 446, 447, 450-455, 459    | <b>2</b>  |
| OH    | Rest of state                                    | <b>1</b>  |
| PA    | 172-174  | <b>4</b>  |
| PA    | 180, 181, 183                                    | <b>5</b>  |
| PA    | 189-196  | <b>3</b>  |
| PA    | Rest of state                                    | <b>1</b>  |
| TX    | 755-759, 763-769, 776-779, 783-785, 788-799, 885 | <b>1</b>  |
| TX    | 733, 786-787                                     | <b>3</b>  |
| TX    | Rest of state                                    | <b>2</b>  |
| VA    | 201, 203, 205, 220-227                           | <b>4</b>  |
| VA    | Rest of state                                    | <b>2</b>  |
| WA    | 980-985  | <b>5</b>  |
| WA    | 986  | <b>3</b>  |
| WA    | Rest of state                                    | <b>4</b>  |
| WI    | 540  | <b>3</b>  |
| WI    | Rest of state                                    | <b>2</b>  |
| WV    | 254  | <b>4</b>  |
| WV    | Rest of state                                    | <b>1</b>  |
| WY    | 834  | <b>2</b>  |
| WY    | Rest of state                                    | <b>1</b>  |
| INTL  | All International                                | <b>5</b>  |

# Step 2: Use your rate code to find your 2021 premium.

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

| <b>High Option</b>      |                 |                 |                 |                 |                 |
|-------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| <b>Biweekly</b>         | Rate code 1*    | Rate code 2*    | Rate code 3*    | Rate code 4*    | Rate code 5*    |
| Self Only               | <b>\$16.89</b>  | <b>\$19.00</b>  | <b>\$20.77</b>  | <b>\$23.21</b>  | <b>\$25.16</b>  |
| Self Plus One           | <b>\$33.78</b>  | <b>\$37.97</b>  | <b>\$41.54</b>  | <b>\$46.41</b>  | <b>\$50.34</b>  |
| Self and Family         | <b>\$50.68</b>  | <b>\$57.00</b>  | <b>\$62.30</b>  | <b>\$69.65</b>  | <b>\$75.56</b>  |
| <b>Retirees monthly</b> | Rate code 1*    | Rate code 2*    | Rate code 3*    | Rate code 4*    | Rate code 5*    |
| Self Only               | <b>\$36.60</b>  | <b>\$41.17</b>  | <b>\$45.00</b>  | <b>\$50.29</b>  | <b>\$54.51</b>  |
| Self Plus One           | <b>\$73.19</b>  | <b>\$82.27</b>  | <b>\$90.00</b>  | <b>\$100.56</b> | <b>\$109.07</b> |
| Self and Family         | <b>\$109.81</b> | <b>\$123.50</b> | <b>\$134.98</b> | <b>\$150.91</b> | <b>\$163.71</b> |
| <b>Standard Option</b>  |                 |                 |                 |                 |                 |
| <b>Biweekly</b>         | Rate code 1*    | Rate code 2*    | Rate code 3*    | Rate code 4*    | Rate code 5*    |
| Self Only               | <b>\$9.84</b>   | <b>\$11.04</b>  | <b>\$12.09</b>  | <b>\$13.50</b>  | <b>\$14.63</b>  |
| Self Plus One           | <b>\$19.68</b>  | <b>\$22.08</b>  | <b>\$24.14</b>  | <b>\$26.98</b>  | <b>\$29.24</b>  |
| Self and Family         | <b>\$29.51</b>  | <b>\$33.11</b>  | <b>\$36.21</b>  | <b>\$40.46</b>  | <b>\$43.87</b>  |
| <b>Retirees monthly</b> | Rate code 1*    | Rate code 2*    | Rate code 3*    | Rate code 4*    | Rate code 5*    |
| Self Only               | <b>\$21.32</b>  | <b>\$23.92</b>  | <b>\$26.20</b>  | <b>\$29.25</b>  | <b>\$31.70</b>  |
| Self Plus One           | <b>\$42.64</b>  | <b>\$47.84</b>  | <b>\$52.30</b>  | <b>\$58.46</b>  | <b>\$63.35</b>  |
| Self and Family         | <b>\$63.94</b>  | <b>\$71.74</b>  | <b>\$78.46</b>  | <b>\$87.66</b>  | <b>\$95.05</b>  |

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



## Hearing aid discount

Get discounts through TruHearing on hearing aids. Most members save **30% to 60%** off their hearing aids, averaging more than **\$2,100** in savings per pair.

[gehadental.com/Hearing](https://gehadental.com/Hearing)



## Medical alert discount

Get **free** activation on LifeAlert® services, plus a **10%** monthly discount.

[gehadental.com/LifeAlert](https://gehadental.com/LifeAlert)

# Vision discounts are included with both dental plans.



With GEHA dental plans, you get discounts on eye exams, frames and lenses through EyeMed™.

The EyeMed network includes LensCrafters, Target Optical, independent eye doctors and top optical retailers. Members also save on LASIK at participating US Laser Network locations.

This is a sampling of the supplemental vision discounts available with GEHA dental plans. To learn more, visit [gehadental.com/Vision](https://gehadental.com/Vision)

### Examples of common in-network vision services for both plans.

|  | High Option                       | Standard Option                   |
|--|-----------------------------------|-----------------------------------|
| Routine eye exams at qualified EyeMed providers (what you pay) | \$5                               | \$5                               |
| Out-of-network exams are reimbursed by EyeMed                  | \$45 per covered member, per year | \$45 per covered member, per year |
| Discount glasses purchased per year                            | No limit                          | No limit                          |
| Discount conventional contact lenses purchased per year        | No limit                          | No limit                          |

# An electric toothbrush discount is included with both dental plans.



GEHA members can save more than **70%** off a premium electric toothbrush by cariPRO™. The cariPRO premium electric toothbrush helps reduce plaque buildup and improve gum health.

Learn more about this discount at [gehadental.com/Toothbrush](https://gehadental.com/Toothbrush)



- ▶ Replacement brush heads with high-quality DuPont™ bristles are also available at this exclusive, member-only price.
- ▶ The cariPRO premium electric toothbrush removes 7x more plaque than a regular toothbrush, is completely waterproof, and comes with a 2-year manufacturer's warranty.



## Teeth whitening discount

Get a **20%** discount off the lowest price listed on all Smile Brilliant home teeth whitening products including custom-fitted trays, whitening gel and desensitizing gel.

Enjoy a whiter and brighter smile in just a few weeks.

[gehadental.com/Whitening](https://gehadental.com/Whitening)

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877.590.4342

# Definitions.

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|                              |   |
|------------------------------|---|
| <b>BENEFEDS</b>              | BENEFEDS is the government-authorized and U.S. Office of Personnel Management (OPM)-sponsored enrollment portal that eligible participants use to enroll in the Federal Employees Dental and Vision Insurance Program (FEDVIP). <a href="https://www.benefeds.com">benefeds.com</a>   |
| <b>Calendar year maximum</b> | The annual benefit maximum that you can receive per person each calendar year.  |
| <b>Class A services</b>      | Basic services that include oral examinations, cleanings, diagnostic services, sealants and radiographic images.  |
| <b>Class B services</b>      | Intermediate services that include restorative procedures such as fillings, prefabricated stainless steel crowns, periodontal scaling, tooth extractions and denture adjustments.   |
| <b>Class C services</b>      | Major services that include endodontic services such as root canals, periodontal services such as gingivectomy, major restorative services such as crowns, oral surgery, bridges, implants and prosthodontic services such as complete dentures.  |
| <b>Class D services</b>      | Orthodontic services.   |
| <b>Coinsurance</b>           | Coinsurance is the stated percentage of covered expenses you must pay.  |
| <b>Cosmetic procedure</b>    | A cosmetic procedure is any procedure or portion of a procedure performed primarily to improve physical appearance or is performed for psychological purposes.  |
| <b>In-network provider</b>   | Any licensed dentist, dental hygienist or denturist who is a part of GEHA's provider network.   |
| <b>Plan allowance</b>        | The amount we allow for a specific procedure. When you use an in-network provider, your out-of-pocket cost is limited to the difference between the plan allowance and our payment. The plan allowance may vary by geographic location and/or an in-network provider's contracted fee schedule. When you use an out-of-network provider, you are responsible for the difference between our payment and the provider's billed amount. |
| <b>Premium</b>               | The total amount paid to an insurance company for coverage, typically paid biweekly or monthly.   |

# Coverage for major dental needs.

**You pay \$0 deductible. No waiting period<sup>1</sup> on most services.**

GEHA's plans let you start 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 <b>lifetime</b> benefit maximum.                                  | You pay your regular coinsurance and/or any amount that exceeds the <b>annual</b> benefit maximum. | You pay your regular coinsurance and/or any amount that exceeds the <b>annual</b> benefit maximum. |
| <b>Out-of-network</b>                  | You pay any charges that exceed the plan allowance, plus any regular coinsurance.   |  |  |
| <b>Age limit</b>                       | None  | None   | Members age 13 or older  |
| <b>High Option maximum benefit</b>     | <b>\$3,500 lifetime</b> max, per covered member   | <b>\$2,500 annual</b> max, per covered member  | Once per calendar year   |
| <b>Standard Option maximum benefit</b> | <b>\$2,500 lifetime</b> max, per covered member   | <b>\$2,500 annual</b> max, per covered member  | Once per calendar year   |
| <b>High Option waiting period</b>      | None  | None   | None   |
| <b>Standard Option waiting period</b>  | 12 months   | None   | None   |
| <b>Not covered</b>                     | Cosmetic treatment or orthodontic work in progress ( <b>except for High Option members with orthodontics started under TRICARE</b> ). | Any service associated with implants not specifically listed in the plan brochure.                 | Guards used to treat temporomandibular joint dysfunction (TMJ).                                    |

<sup>1</sup> There is no waiting period for Class A, Class B or Class C services. There is a 12-month waiting period for Class D orthodontic services on the Standard plan only.

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

# Helpful resources.

|  |  |
|--|--|
| <b>877.590.4342</b>  | Talk with a helpful GEHA Benefits Adviser.                           |
| <b><a href="https://gehadental.com/Choose">gehadental.com/Choose</a></b>   | Compare GEHA's Standard Option and High Option dental plans.         |
| <b><a href="https://geha.com/Find-Care">geha.com/Find-Care</a></b>         | Find a dentist or see if yours is in-network.                        |
| <b><a href="https://gehadental.com/Pricing">gehadental.com/Pricing</a></b> | See if a dental service is covered and estimate how much you'll pay. |
| <b><a href="https://gehadental.com/Rates">gehadental.com/Rates</a></b>     | Check rates for 2021.  |
| <b><a href="https://benefeds.com">benefeds.com</a></b>                     | Enroll online for a dental plan.                                     |
| <b>877.888.3337</b><br><b>TTY 877.889.5680</b>                             | Call BENEFEDS to enroll by phone for a dental plan.                  |



**[gehadental.com](https://gehadental.com)**  
**877.590.4342**



## Download the plan brochure

For information and changes, see the official, detail-filled plan brochure. **[gehadental.com/PlanBrochure](https://gehadental.com/PlanBrochure)**

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