

Choose your federal dental coverage before TRICARE Retiree Dental Program (TRDP) expires December 31, 2018.

TRDP coverage is ending.

If you are now enrolled in a TRDP plan, you will not be automatically enrolled in a 2019 federal dental plan.

What you need to know

- GEHA is one of six nationwide FEDVIP carriers you can choose from.
- Spouses, dependents and survivors are eligible, even if the retiree does not enroll. Dependents are eligible until age 21, with full-time students eligible until age 23.
- GEHA's nationwide network has more than 340,000 provider locations.
- There is no waiting period for root canals, crowns, bridges, dentures, periodontal surgery and implants.
- Children qualify for free tooth sealants and fluoride treatments, in-network.
- All GEHA dental plans include additional benefits of vision and hearing-aid coverage, as well as preferred pricing on medical alert services and teeth whitening.*

Learn more about GEHA dental coverage at **gehadental.com/tricare**

Sign up during Open Season

To avoid a gap in coverage, you must enroll between November 12 and midnight EST on December 10, 2018.

Ready to enroll? Here's how:

- Visit benefeds.com and click on the "Enroll in a Plan" tab.
- Enter your BENEFEDS login information, or set up a new account.
- Verify your eligibility.
- Select your new FEDVIP dental plan, and add eligible family members.
- Review and confirm your enrollment.





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
AK	Entire state	5
AL	Entire state	1
AR	Entire state	1
ΑZ	Entire state	2
CA	939-941, 943-952, 954	5
CA	Rest of the state	4
СО	Entire state	4
СТ	064-069	5
СТ	Rest of the state	4
DC	Entire state	4
DE	Entire state	3
FL	330-334	3
FL	Rest of the state	2
GA	300-303, 305, 311, 399	3
GA	Rest of the state	2
HI	Entire state	3
IA	Entire state	1
ID	Entire state	2
IL	600-608	3
IL	Rest of the state	1
IN	460-462, 470, 472	2
IN	463, 464	3
IN	Rest of the state	1
KS	Entire state	2
KY	410, 452, 459	2
KY	Rest of the state	1
LA	Entire state	2
MA	Entire state	4

State	First 3 digits of your ZIP code	Rate Code
MD	205-212, 214, 217	4
MD	219	3
MD	Rest of the state	2
ME	038	4
ME	Rest of the state	3
MI	480-485	3
MI	Rest of the state	2
MN	550-555, 563	3
MN	Rest of the state	2
МО	Entire state	2
MS	Entire state	1
MT	Entire state	2
NC	Entire state	2
ND	Entire state	1
NE	Entire state	1
NH	Entire state	4
NJ	080-084	3
NJ	Rest of the state	5
NM	Entire state	3
NV	Entire state	3
NY	005, 100-119, 124-126	5
NY	063	4
NY	Rest of the state	2
ОН	430-432, 440-443, 450-455, 459	2
ОН	Rest of the state	1
ОК	Entire state	2
OR	Entire state	3
PA	173-174	4

State	First 3 digits of your ZIP code	Rate Code
PA	183	5
PA	189-196	3
PA	Rest of the state	1
RI	Entire state	4
SC	Entire state	2
SD	Entire state	1
TN	422	1
TN	Rest of the state	2
TX	Entire state	2
UT	Entire state	1
VA	201, 205, 220-227	4
VA	Rest of the state	2
VT	Entire state	2
WA	980-985	5
WA	986	3
WA	Rest of the state	4
WI	540	3
WI	Rest of the state	2
WV	254	4
WV	Rest of the state	2
WY	834	2
WY	Rest of the state	1
PR	Entire state	1
GU	Entire state	1
VI	Entire state	1
FO	International + all other areas not listed	1

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

DENTAL PREMIUM – BIWEEKLY COST						
DATE CODE+	HIGH OPTION		STANDARD OPTION			
RATE CODE*	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.

