2017 FEDERAL EMPLOYEE HEALTH PLAN DENTAL COMPARISON

SOURCE: 2017 WASHINGTON CONSUMERS' CHECKBOOK

PLAN CODE	PLAN NAME	PERIODIC EXAM YOU PAY	X-RAYS YOU PAY	FILLING YOU PAY	EXTRACTION YOU PAY	CROWN YOU PAY	DENTURE YOU PAY	ROOT CANAL YOU PAY	BRIDGE YOU PAY
474	**APWU -CDHP**	0	0	100%	100%	100%	100%	100%	100%
324	NALC - CDHP	70%	70%	70%	70%	70%	70%	70%	70%
341	GEHA HDHP	0	0	90%	90%	100%	100%	100%	100%
314	GEHA STANDARD	50%	50%	90%	90%	100%	100%	100%	100%
N61	AETNA DIRECT CDHP	NA	NA	NA	NA	NA	NA	NA	NA
224	AETNA HEALTHFUND HDHP	0	0	100%	100%	100%	100%	100%	100%
KM1	NALC - VALUE PLAN	70%	70%	70%	70%	70%	70%	70%	70%
481	MHBP - HDHP	NA	NA	NA	NA	NA	NA	NA	NA
321	NALC - HIGH OPTION	70%	70%	70%	70%	70%	70%	70%	70%
111	BLUE CROSS BLUE SHIELD - BASIC	10%	10%	100%	100%	100%	100%	100%	100%
444	SAMBA - STANDARD	NA	NA	NA	NA	NA	NA	NA	NA
454	MHBP - STANDARD	NA	NA	NA	NA	NA	NA	NA	NA
414	MHBP - VALUE PLAN	NA	NA	NA	NA	NA	NA	NA	NA
311	GEHA - HIGH OPTION	80%	80%	90%	90%	100%	100%	100%	100%
471	APWU - HIGH OPTION	30%	30%	30%	30%	100%	100%	100%	100%
104	BLUE CROSS BLUE SHIELD - STANDARD	90%	80%	100%	100%	100%	100%	100%	100%
LV1	UNITED HEALTH CARE - CHOICE PLUS	NA	NA	NA	NA	NA	NA	NA	NA
441	SAMBA - HIGH OPTION	NA	NA	NA	NA	NA	NA	NA	NA
FEPVIP	AETNA DENTAL	0.00%	0.00%	40.00%	40.00%	60.00%	60.00%	60.00%	60.00%
FEPVIP	DELTA DENTAL - HIGH OPTION	0.00%	0.00%	30.00%	30.00%	50.00%	50.00%	50.00%	50.00%
FEPVIP	DELTA DENTAL - STANDARD	0.00%	0.00%	50.00%	50.00%	70.00%	70.00%	70.00%	70.00%
FEPVIP	FEP BLUEDENTAL - HIGH OPTION	0.00%	0.00%	30.00%	30.00%	50.00%	50.00%	50.00%	50.00%
FEPVIP	FEP BLUEDENTAL - STANDARD	0.00%	0.00%	50.00%	50.00%	70.00%	70.00%	70.00%	70.00%
FEPVIP	GEHA DENTAL - HIGH OPTION	0.00%	0.00%	20.00%	20.00%	50.00%	50.00%	50.00%	50.00%
FEPVIP	GEHA DENTAL - STANDARD	0.00%	0.00%	50.00%	50.00%	70.00%	70.00%	70.00%	70.00%
FEPVIP	HUMANA DENTAL	0.00%	0.00%	10.00%	20.00%	30.00%	30.00%	40.00%	30.00%
FEPVIP	METLIFE DENTAL - HIGH OPTION	0.00%	0.00%	30.00%	30.00%	50.00%	50.00%	50.00%	50.00%
FEPVIP	METLIFE DENTAL - STANDARD	0.00%	0.00%	50.00%	50.00%	70.00%	70.00%	70.00%	70.00%
FEPVIP	UNITED CONCORDIA DENTAL	0.00%	0.00%	20.00%	20.00%	20.00%	50.00%	50.00%	50.00%

SOUTHWEST FLORIDA AREA LOCAL - AMERICAN POSTAL WORKERS UNION

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FEPVIP DENTAL PLANS	YEARLY COST	NO USAGE COST	LOW USAGE COST	**AVERAGE USAGE COST**	HIGH USAGE COST	MAXIMUM BENEFIT PER PERSON
AETNA DENTAL	$1,330.00	$880.00	$1,100.00	$2,230.00	$4,030.00	$25,000.00
DELTA DENTAL - HIGH OPTION	$1,670.00	$1,120.00	$1,290.00	$2,220.00	$3,720.00	$4,000.00
DELTA DENTAL - STANDARD	$850.00	$570.00	$780.00	$1,930.00	$3,730.00	$1,500.00
FEP BLUEDENTAL - HIGH OPTION	$1,420.00	$950.00	$1,130.00	$2,060.00	$3,560.00	$15,000.00
FEP BLUEDENTAL - STANDARD	$780.00	$520.00	$730.00	$1,880.00	$3,680.00	$1,500.00
GEHA DENTAL - HIGH OPTION	$1,370.00	$910.00	$1,090.00	$2,000.00	$3,500.00	$35,000.00
GEHA DENTAL - STANDARD	$790.00	$530.00	$740.00	$1,890.00	$3,690.00	$2,500.00
HUMANA DENTAL	$810.00	$540.00	$650.00	$1,210.00	$2,110.00	$15,000.00
METLIFE DENTAL - HIGH OPTION	$1,350.00	$900.00	$1,080.00	$2,010.00	$3,510.00	$25,000.00
METLIFE DENTAL - STANDARD	$730.00	$490.00	$700.00	$1,850.00	$3,650.00	$1,500.00
UNITED CONCORDIA DENTAL	$1,080.00	$720.00	$860.00	$1,600.00	$2,800.00	$15,000.00

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