



GEHA[®]

Government Employees
Health Association

2024 GEHA Dental Plans

Two comprehensive
dental plans with a
large, nationwide
network and
worldwide coverage.



[geha.com](https://www.geha.com)

833.355.GEHA (4342)



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86 years. 1.5 million members.

- We believe dental care should be affordable
- We believe you can achieve better oral health
- We make it easy for you to work with us
- We care for the communities where our members live and work

For more than 86 years, GEHA (Government Employees Health Association) has provided benefit plans designed exclusively for federal employees. Founded by Railway Postal employees in 1937, we have a legacy of service to federal workers. We seek to be the first choice for federal workers and retirees.

We serve:

- Federal employees, retirees and their families
- Military retirees and their families

GEHA makes it easy to explore plan options best for you:

- View the full plan brochure for specific plan details at geha.com/PlanBrochureDental
- Visit geha.com to walk through our plans online
- Make the switch to GEHA. Call BENEFEDS toll-free at [877.888.3337](tel:877.888.3337) TTY: [877.889.5680](tel:877.889.5680)



Get help choosing the right plan

Contact a FedViser benefits expert today.
Your benefits. Your adviser. Your advocate.



Meet one-on-one

A FedViser benefits expert will help answer your questions.

geha.com/1on1



Chat online

Chat or text with a FedViser benefits expert in real time Monday–Friday, 7 a.m.–7 p.m. Central time.

geha.com



Call us

Talk to a FedViser benefits expert Monday–Friday, 7 a.m.–7 p.m. Central time.

[833.355.GEHA \(4342\)](tel:833.355.GEHA)

Get in touch

Let us help you choose a GEHA plan that can work for you.

geha.com/GetInTouch



Helpful resources

Tools to help you
find the right plan for your needs



Compare plans

Easily compare GEHA's dental plans side-by-side.

geha.com/CompareDental



Find a provider

Find a dentist or see if yours is in-network.

geha.com/Find-Care



Watch on-demand webinars

Learn how to find a plan that's right for you with an on-demand webinar.

geha.com/BenefitsWebinars



Estimate costs

See if a dental service is covered and estimate how much you will pay for those services.

geha.com/DentalPricing



Check rates for 2024

geha.com/DentalRates

For more information about FEDVIP plans, visit BENEFEDS.com



GEHA is the right care at the right time

We offer two plans to choose from as your seasons of life change. All the benefits you need, without paying for the extras you don't. We know federal, because we only provide benefits for federal employees and military retirees.

Choose from two dental plans:



High

More comprehensive care if you are anticipating dental work like crowns, bridges and dentures



Standard

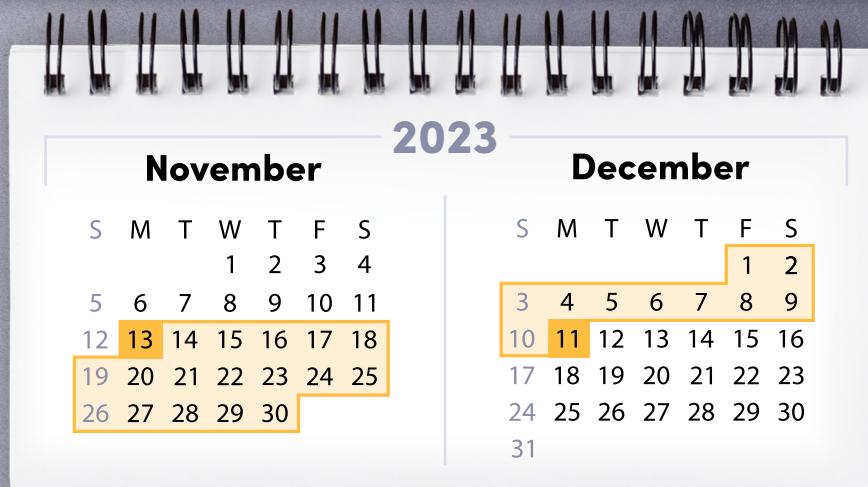
Basic preventive care and cleanings for our lowest premium

- **Both plans cover child and adult orthodontia** and have no waiting period before treatment can begin for orthodontics
- **Both plans have no in-network deductibles** with nearly **425,000** providers nationwide. Search our network at geha.com/Find-Care

When is Open Season for 2024 benefits?

Monday, November 13–Monday, December 11 midnight EST

COVERAGE IS EFFECTIVE IN JANUARY 2024








Live life on your terms

GEHA has a dental plan that fits your needs

No in-network deductibles and no waiting periods.

Compare plans at geha.com/CompareDental

| 2024 dental benefit | Benefit description |  High Dental in-network or out-of-network ¹ you pay |  Standard Dental in-network you pay |  Standard Dental out-of-network ¹ you pay |
|-----------------------|---|---|--|---|
| Basic–Class A | Covers two exams, two cleanings, and two ² sets of bitewing X-rays per calendar year | \$0 Third adult cleaning included | \$0 | 25% |
| Basic–Class A | Teledentistry.com One oral evaluation per patient in a 12-consecutive-month period | \$0 | \$0 | Not applicable |
| Intermediate–Class B | Covers restorations, extractions and periodontal maintenance | 20% | 45% | 50% |
| Major–Class C | Covers root canals, crowns, bridges, dentures and periodontal surgery ³ | 50% | 65% | 70% |
| Orthodontic–Class D | Covers children and adult orthodontics. No waiting periods. | 30% with \$3,500 lifetime maximum | 50% with \$2,500 lifetime maximum | 50% with \$1,500 lifetime maximum |
| Calendar year maximum | A, B and C services only | Unlimited per person | \$2,500 per person | \$2,000 per person |



Class B and C services out-of-network deductible is \$0 for High, \$25 Standard Self Only, \$50 Standard Self Plus One and \$75 Standard Self and Family.

¹ 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.

² Two sets of bitewing X-rays covered per year for members 22 and under. One set of bitewing X-rays covered per year for members ages 23+.

³ Implants are limited to \$2,500 per person per year in-network or out-of-network on High. For Standard, implants are limited to \$2,500 per person per year in-network, or \$2,000 per person per year out-of-network.

High

geha.com/HighDental



More comprehensive care for dental work like crowns, bridges and dentures



- ✓ Includes an unlimited annual maximum benefit per person
- ✓ Orthodontic coverage for both children and adults, with no waiting period
- ✓ Greatest coverage for intermediate and major dental care services
- ✓ Includes three adult dental cleanings per year

- **New in 2024:** Nitrous oxide will now be covered for all ages for all procedures
- **New in 2024:** Prefabricated porcelain/ceramic crowns on primary teeth will now be covered, limited to one per patient, per tooth, per lifetime for children under 15 years of age
- **\$5** routine annual eye exam plus frames, lenses and LASIK discounts¹

Who should consider High dental?

- People planning for dental procedures in the near future
- Adults and children who want a lower out-of-pocket cost for orthodontic coverage
- People with medical conditions that may affect or can be affected by their dental health
- People who want the assurance that comes with comprehensive coverage

¹ 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.

Standard

geha.com/StandardDental



Basic preventive care and cleanings for the lowest premium



GEHA's lowest premium dental plan



Two preventive cleanings per year



Offers orthodontic coverage for both children and adults, with no waiting period



Includes a **\$2,500** annual maximum benefit per person when staying in-network

- **New in 2024:** Nitrous oxide will now be covered for all ages for all procedures
- **New in 2024:** Prefabricated porcelain/ceramic crowns on primary teeth will now be covered, limited to one per patient, per tooth, per lifetime for children under 15 years of age
- **\$5** routine annual eye exam plus frames, lenses and LASIK discounts¹

Who should consider Standard dental?

- People who want preventive care covered at **100%** with a low premium
- People concerned with their overall health and wellness
- People looking for additional dental coverage beyond what may be included in their medical plan

¹ 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.

What's new in 2024

- ✓ Nitrous oxide will now be covered for all ages for all procedures, if medically necessary
- ✓ Prefabricated porcelain/ceramic crowns on primary teeth will now be covered, limited to one per patient, per tooth, per lifetime for children under 15 years of age



Need help understanding insurance terms?

See [page 18](#) for helpful definitions.



Is your provider in-network?

Visit geha.com/Find-Care to search our network of nearly 425,000 locations nationwide as well as worldwide coverage.

Use in-network providers to get the greatest value from your GEHA plan. In-network preventive care is covered at **100%**. For all other dental services, in-network providers will not bill you more than the agreed-upon fees for covered services.



Questions?

Contact a FedViser
benefits expert today

geha.com/1on1

Take another look at dental



The value of a supplemental dental plan:

- Oral health is important to overall health. People who have routine, preventive cleanings may be at lower risk for chronic disease including heart disease and some forms of cancer, according to the Centers for Disease Control (CDC).
- No one likes a toothache. Having a dental plan gives peace of mind when unexpected dental emergencies arise.
- GEHA is the only FEDVIP carrier to provide vision discounts with our dental plans for no additional premium
- Teledentistry evaluation available for wherever you are



Example of what you might pay

Find out how much you could save on common in-network dental services with a GEHA dental plan.

| Benefit description |  Estimated cost with GEHA High plan ¹ you pay |  Estimated cost with GEHA Standard plan ¹ you pay | Estimated cost without a GEHA dental plan you pay |
|---|---|---|---|
| Two oral exams | \$0 | \$0 | \$230 |
| Two dental cleanings | \$0 | \$0 | \$204 |
| Three adult dental cleanings | \$0 | Not covered ² | \$306 |
| Root canal (molar) | \$451 | \$586 | \$1,280 |
| One crown (porcelain/ceramic) | \$431 | \$560 | \$1,286 |
| Fluoride varnish ³ | \$0 | \$0 | \$45 |
| Teledentistry.com (after hours emergency evaluation) | \$0 | \$0 | \$50 |

¹ 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.

² A third dental cleaning under the Standard plan isn't covered. The estimated out-of-pocket cost is \$102.

³ Covered for members under age 22.

Included discounts



Electric toothbrush discount¹

Save up to **70%** off a premium electric toothbrush by cariPRO.[®] 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.

Replacement brush heads with high-quality DuPont[®] bristles are also available at an exclusive, member-only price.

geha.com/Toothbrush



Teeth whitening discount¹

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.

geha.com/Whitening



Hearing aid discount¹

Get discounts through TruHearing[®] on hearing aids. Most members save **30%** to **60%** off their hearing aids, averaging more than **\$2,600** in savings per pair.

geha.com/HearingAids



Medical alert discount¹

Get no cost activation on Life Alert[®] services, plus a **10%** monthly discount.

geha.com/LifeAlert

¹ 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.



Vision included with both dental plans

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

There is no limit on the number of discounted glasses or conventional contacts you may purchase each year. The EyeMed network includes Independent Provider Network, LensCrafters®, Pearle Vision®, Target Optical®, [contactsdirect.com](https://www.contactsdirect.com), [glasses.com](https://www.glasses.com) and more. Members also save on LASIK at participating locations.

Learn more at geha.com/Vision

Examples of common vision services and what you will pay at an EyeMed network location:

| Vision services in-network | You pay |
|---|---------------------|
| Annual eye exam | \$5 |
| Eyeglass lens: UV treatment | |
| Eyeglass lens: Tint (solid and gradient) | \$15 |
| Eyeglass lens: Standard plastic scratch coating | |
| Eyeglass lens: Standard polycarbonate | \$40 |
| Eyeglass lens: Standard anti-reflective coating | \$45 |
| Eyeglass lenses (pair) standard plastic single vision | Up to \$50 |
| Eyeglass lenses (pair) standard plastic bifocal | Up to \$70 |
| Eyeglass lenses (pair) standard plastic trifocals | Up to \$105 |
| Eyeglass lenses (pair) standard progressive lens | Up to \$135 |
| Frames | 60% of retail price |
| Eyeglass lens: Photochromatic/transitions plastic | 80% of retail price |
| Conventional contact lenses | 85% of retail price |
| Disposable contact lenses | Not covered |



Out-of-network, the plan will reimburse **\$45** per covered member, per year, for routine annual eye exam. No out-of-network coverage for other services.

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.

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

Find your state and the first three digits of your ZIP code in the chart below to determine your rate code. Use the rate code on the next page to determine your 2024 dental premium. geha.com/DentalRates

| State | First 3 digits of ZIP code | Rate code | State | First 3 digits of ZIP code | Rate code | State | First 3 digits of ZIP code | Rate code |
|--------|---|-----------|--------|---|-----------|------------|--|-----------|
| AK | Entire state | 5 | LA | Entire state | 2 | OH | Rest of state | 1 |
| AL, AR | Entire state | 1 | MA | 012 | 2 | OK | Entire state | 2 |
| AZ | 850-853, 864 | 3 | MA | Rest of state | 4 | OR | Entire state | 3 |
| AZ | Rest of state | 2 | MD | 205-212, 214, 216, 217 | 4 | PA | 172-174 | 4 |
| CA | 900-931, 933-935, 939-952, 954, 956-959 | 5 | MD | 219 | 3 | PA | 180-181, 183 | 5 |
| CA | Rest of state | 4 | MD | Rest of state | 2 | PA | 189-196 | 3 |
| CO | Entire state | 4 | ME | 039-042 | 4 | PA | Rest of state | 1 |
| CT | 064-069 | 5 | ME | Rest of state | 3 | RI | Entire state | 4 |
| CT | Rest of state | 4 | MI | 480-485 | 3 | SC, SD, TN | Entire state | 2 |
| DC | Entire district | 4 | MI | Rest of state | 2 | TX | 755-759, 763-769, 776-779, 783-785, 788-799, 885 | 1 |
| DE | Entire state | 3 | MN | 550-555, 563 | 3 | TX | 733, 786-787 | 3 |
| FL | 329-334, 349 | 3 | MN | Rest of state | 2 | TX | Rest of state | 2 |
| FL | Rest of state | 2 | MO | 726 | 1 | UT | Entire state | 2 |
| GA | 300-303, 305, 306, 311, 399 | 3 | MO | Rest of state | 2 | VA | 201, 203, 205, 220-227 | 4 |
| GA | Rest of state | 2 | MS | Entire state | 1 | VA | Rest of state | 2 |
| HI | Entire state | 3 | MT, NC | Entire state | 2 | VT | Entire state | 2 |
| IA | Entire state | 1 | ND, NE | Entire state | 1 | WA | 980-985 | 5 |
| ID | Entire state | 2 | NH | Entire state | 4 | WA | 986 | 3 |
| IL | 600-609, 613 | 3 | NJ | 080-084 | 3 | WA | Rest of state | 4 |
| IL | 620, 622 | 2 | NJ | Rest of state | 5 | WI | 540 | 3 |
| IL | Rest of state | 1 | NM | Entire state | 3 | WI | Rest of state | 2 |
| IN | 460-462, 470, 472, 473 | 2 | NV | 897 | 5 | WV | 254 | 4 |
| IN | 463,464 | 3 | NV | Rest of state | 3 | WV | Rest of state | 1 |
| IN | Rest of state | 1 | NY | 005, 100-119,124-126 | 5 | WY | 834 | 2 |
| KS | 660-662, 666 | 2 | NY | 063 | 4 | WY | Rest of state | 1 |
| KS | Rest of state | 1 | NY | 127, 129-139,144-149 | 1 | GU, PR, VI | Entire territory | 1 |
| KY | 410 | 2 | NY | Rest of state | 2 | INTL | All international | 5 |
| KY | Rest of state | 1 | OH | 430-433, 437, 440-443, 446, 447, 450-455, 459 | 2 | | | |

Step 2:

Use your rate code to find your 2024 premium

geha.com/DentalRates

| Employed – biweekly High premium | Rate code 1 ¹ | Rate code 2 ¹ | Rate code 3 ¹ | Rate code 4 ¹ | Rate code 5 ¹ |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Self Only | \$17.26 | \$19.41 | \$21.22 | \$23.71 | \$25.70 |
| Self Plus One | \$34.52 | \$38.81 | \$42.44 | \$47.42 | \$51.41 |
| Self and Family | \$51.79 | \$58.22 | \$63.66 | \$71.13 | \$77.11 |

| Retired – monthly High premium | Rate code 1 ¹ | Rate code 2 ¹ | Rate code 3 ¹ | Rate code 4 ¹ | Rate code 5 ¹ |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Self Only | \$37.40 | \$42.06 | \$45.98 | \$51.37 | \$55.68 |
| Self Plus One | \$74.79 | \$84.09 | \$91.95 | \$102.74 | \$111.39 |
| Self and Family | \$112.21 | \$126.14 | \$137.93 | \$154.12 | \$167.07 |

| Employed – biweekly Standard premium | Rate code 1 ¹ | Rate code 2 ¹ | Rate code 3 ¹ | Rate code 4 ¹ | Rate code 5 ¹ |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Self Only | \$9.82 | \$11.01 | \$12.06 | \$13.46 | \$14.59 |
| Self Plus One | \$19.65 | \$22.01 | \$24.07 | \$26.90 | \$29.15 |
| Self and Family | \$29.45 | \$33.02 | \$36.12 | \$40.34 | \$43.73 |

| Retired – monthly Standard premium | Rate code 1 ¹ | Rate code 2 ¹ | Rate code 3 ¹ | Rate code 4 ¹ | Rate code 5 ¹ |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Self Only | \$21.28 | \$23.86 | \$26.13 | \$29.16 | \$31.61 |
| Self Plus One | \$42.58 | \$47.69 | \$52.15 | \$58.28 | \$63.16 |
| Self and Family | \$63.81 | \$71.54 | \$78.26 | \$87.40 | \$94.75 |

¹ Rates based on members primary state of residence.

Coverage for major dental needs

You pay \$0 deductible in-network. No waiting periods.

| Coverage type | Orthodontic coverage | Dental implant coverage | Night guard ¹ coverage |
|-------------------------------------|---|---|---|
| High and Standard in-network | 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. |
| High out-of-network | You pay any charges that exceed the plan allowance, plus any regular coinsurance. | You pay any charges that exceed the plan allowance, plus any regular coinsurance. | You pay any charges that exceed the plan allowance, plus any regular coinsurance. |
| Standard out-of-network | You pay any charges that exceed the plan allowance, plus any regular coinsurance. | You pay the \$25 deductible plus any charges that exceed the plan allowance, plus any regular coinsurance. | You pay the \$25 deductible plus any charges that exceed the plan allowance, plus any regular coinsurance. |
| High maximum benefit | GEHA pays a \$3,500 lifetime maximum, per covered member. | GEHA pays a \$2,500 calendar year maximum, per covered member. | GEHA pays once per calendar year. |
| Standard maximum benefit | GEHA pays a \$2,500 in-network, \$1,500 out-of-network, lifetime maximum, per covered member. | GEHA pays a \$2,500 in-network, \$2,000 out-of-network, calendar year maximum, per covered member. | GEHA pays once per calendar year. |

¹ Also known as occlusal guard.

Coverage details for three common major dental services

| Coverage detail | Orthodontic coverage | Dental implant coverage | Night guard ¹ coverage |
|--|--|---|---|
| Age limit for both dental plans | None | None | Members age 13 or older |
| Waiting period | None | None | None |
| Services not covered | Cosmetic treatment or orthodontic work in progress is not covered (except for High plan members with orthodontics that started under TRICARE). | Any service associated with implants not specifically listed in the plan brochure is not covered. | Guards used to treat temporomandibular joint dysfunction (TMJ) are not covered. |

¹ Also known as occlusal guard.



Definitions

| Term | Definition |
|---------------------------------|--|
| BENEFEDS | 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). BENEFEDS.com |
| Calendar year deductible | What you pay each year before the plan begins to pay out benefits. |
| Calendar year maximum | The maximum benefits that the plan will pay per person each calendar year. |
| Class A services | Basic services that include preventive care such as oral exams, cleanings, diagnostic services, sealants and radiographic images. |
| Class B services | Intermediate services that include restorative procedures such as fillings, prefabricated stainless steel crowns, periodontal scaling, tooth extractions and denture adjustments. |
| Class C services | 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. |
| Class D services | Orthodontic services (braces). |
| Coinsurance | The percentage of covered expenses you must pay. |
| Cosmetic procedure | Any procedure or portion of a procedure performed primarily to improve physical appearance or performed for psychological purposes. |
| In-network provider | Any licensed dentist who is a part of GEHA's provider network. To search for a provider, visit geha.com/Find-Care |
| Lifetime maximum | The maximum benefits that the plan will pay per person. Orthodontic care on our Standard and High plans is subject to a lifetime maximum. |
| Plan allowance | The maximum amount the plan will pay for a specific procedure. 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 the plan's payment amount and the provider's billed amount. |
| Premium | The total amount paid to an insurance company for coverage, typically paid biweekly or monthly. |

| Term | Definition |
|-----------------------------------|--|
| Out-of-network services | If your out-of-network dentist charges more than GEHA's agreed-upon fee (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. |
| FEHB medical plans | If you have a FEHB medical plan with dental coverage, your medical plan will be considered the primary payer for some services before any benefits are paid by your FEDVIP dental plan. |
| Prior orthodontic services | Cosmetic treatment or orthodontic work in progress is not covered (except for High plan members with orthodontics that started under TRICARE). |



GEHA. Your friend in federal.

Experience the difference of GEHA

Only available to eligible federal employees, retirees and their families; and military retirees

Get help choosing the right plan for your needs

Happy with your current GEHA dental plan? You don't need to do anything during Open Season — your GEHA dental plan will automatically renew for 2024 with your current plan.

Meet with a FedViser benefits expert to explore your choices.

Schedule today at geha.com/1on1



Live chat at geha.com



Call [833.355.GEHA \(4342\)](tel:833.355.GEHA)



Visit geha.com/CompareDental

Ready to enroll?

SCAN ME



Visit [BENEFEDS.com](https://benefeds.com) and follow the prompts to enroll in GEHA Connection Dental Federal.

Or call BENEFEDS toll-free at [877.888.3337](tel:877.888.3337)

TTY: [877.889.5680](tel:877.889.5680)



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 geha.com/PlanBrochureDental

Download the plan brochure

For information and changes, see the official, detail-filled plan brochure. geha.com/PlanBrochureDental

For more information about FEDVIP plans, visit [BENEFEDS.com](https://benefeds.com)

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Health Association