

2021 GEHA DENTAL PLANS

Choose from two
comprehensive dental plans.

gehadental.com | 877.590.4342

GEHA[®]



Compare plan benefits.

No deductibles. No waiting periods.¹

gehadental.com/Choose

2021 plan year	High Option	Standard Option
What the plan pays	In-network or out-of-network²	In-network or out-of-network²
Basic - Class A Two exams, two cleanings ³ and one X-ray per calendar year	100%	100%
Intermediate - Class B Fillings, extractions and periodontal maintenance	80%	55%
Major - Class C Root canals, crowns, bridges, dentures, periodontal surgery (implants limited to \$2,500 per person/year)	50%	35%
Orthodontics - Class D Adults and children	70% No waiting period \$3,500 lifetime maximum	70% 12-month waiting period \$2,500 lifetime maximum
Calendar year maximum for Class A, B and C services	Unlimited per person	\$2,500 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

How to enroll

To sign up for a plan, visit 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**

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

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	1
ID, LA, MO, MT, NC, OK, SC, SD, TN, UT, VT	Entire state	2
AS, DE, HI, NM, OR	Entire state or territory	3
CO, DC, NH, RI	Entire state	4
AK	Entire state	5
AZ	850-853, 864	3
AZ	Rest of state	2
CA	900-931, 933-935, 939-952, 954, 956-959	5
CA	Rest of state	4
CT	064-069	5
CT	Rest of state	4
FL	329-334, 349	3
FL	Rest of state	2
GA	300-303, 305, 306, 311, 399	3
GA	Rest of state	2
IL	600-609, 613	3
IL	620, 622	2
IL	Rest of state	1

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

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

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

gehadental.com/Rates

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

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