



Caring for Your Healthy Smile

EmblemHealth Federal Employees Dental and Vision
Insurance Program (FEDVIP)

Dental Program for 2025 Coverage





As an New York company, EmblemHealth has a long history of insuring federal employees and retirees across the tristate area by offering quality, affordable health plans, convenient community resources, and access to top doctors and hospitals.

And, because EmblemHealth cares for the whole you, we also offer a great dental plan through the Federal Employees Dental and Vision Insurance Program (FEDVIP).

As a FEDVIP member, you can choose from any of our thousands of network dentists and specialists in New York, New Jersey, Pennsylvania, and Connecticut.

Plus, it's easy to receive the dental care you need because you don't need any referrals with this plan.

We're committed to creating healthier futures for our members and our community.

The EmblemHealth FEDVIP dental program is available only to eligible federal employees. Our FEDVIP plan stands out because it offers:

- **Low cost-sharing.**
- **Great benefits.** Our plan includes 100% in-network dental coverage for preventive dental services and complex procedures.
- **Lots of choices.** Choose from a network of dentists and specialists in New York, New Jersey, Connecticut, and Pennsylvania.

BENEFITS TO MAKE YOU SMILE

- 100% coverage for most in-network services. Depending on your plan, there may be some out-of-pocket cost to you for certain procedures including upgraded materials.
- Benefits for preventive, basic, and major services.
- High Option: \$4,000 orthodontia coverage for children and adults.
- Standard Option: \$3,000 orthodontia coverage for children and adults.
- No annual maximum.
- No copays.
- No coinsurance.
- No deductible for in-network services.

NO ANNUAL MAXIMUM

The “annual maximum” is the most your dental plan will pay toward the cost of dental care within a specific benefit period (usually a calendar year). With EmblemHealth’s FEDVIP plan, there is no annual dollar maximum for most covered services.

ORTHODONTIA LIFETIME MAXIMUM

Each person under the plan is covered separately for up to \$4,000 of orthodontia for High Option members and \$3,000 for Standard Option members for their lifetime. Orthodontic procedures may include: appliances, adjustments, insertion, removal, and post-treatment stabilization (retention).

Copay: The amount you pay for health services.

Coinsurance: The percentage you pay for services after your plan starts to pay.

Deductible: The amount you pay before your plan starts to pay.

Preferred fee schedule allowance: The amount EmblemHealth pays its participating providers for dental services.

ANNUAL IMPLANT ALLOWANCE

As an exclusive courtesy to our federal members, we help lower your costs by providing the following allowances:

- High Option: \$4,500 annual implant allowance.
- Standard Option: \$3,000 annual implant allowance.

LOW BIWEEKLY RATES

Compare the high cost of dental services in your region with our low biweekly rates below. You’ll see how FEDVIP dental benefits can make real financial sense for you and your family.

Enrollment Code	Enrollment Type	Standard Option Biweekly Rate	High Option Biweekly Rate
DAG1HS	Self	\$21.16	\$29.64
DAG1HP	Self Plus One	\$42.29	\$59.21
DAG1HF	Self and Family	\$63.46	\$88.84

OUT-OF-NETWORK COVERAGE

We pay out-of-network dentists 100% of the plan’s Preferred fee schedule allowance. You are responsible for the difference between our Preferred fee schedule allowance and the dentist’s charge, in addition to your out-of-network deductible.

You will be reimbursed for covered services when you use an out-of-network dentist. Just submit a claim to us. We’ll send you a check for the amount we cover.

Since we don’t have a payment contract with out-of-network dentists, the amount we pay you may not be the full amount the dentist charges.

MEETING THE NATION’S GOLD STANDARD

Our network is credentialed by a National Committee for Quality Assurance (NCQA)-certified credentials verification organization.



Ready to Enroll?

- **Your coverage takes effect Jan. 1, 2025.**
- **This year's Open Enrollment period is from Nov. 11 to Midnight ET, Dec. 9, 2024.**
- If you are already enrolled and don't want to make any changes, you don't need to do anything. Your coverage will automatically continue.
- To find a dental provider near you, go to **emblemhealth.com** and click "**Find a Doctor.**"
- Select "**Find Care**" and then look for the "**Federal Employees & Retirees**" tab under Select Your Plan.
- Choose the EmblemHealth Dental option of your choice and click "**Select**".
- You will be brought to the "**Your Dental Plan**" page.
- Search for a dentist by location or name.
- Once you're ready to enroll, sign in to the Office of Personnel Management (OPM) website at **benefeds.gov**, and select the EmblemHealth FEDVIP Dental option. Or, call BENEFEDS Customer Service at **877-888-3337**.

Questions?

Call us at **877-842-3625** (TTY: **711**). Our hours are 8 a.m. to 6 p.m., Monday through Friday. A Customer Service representative will be happy to help.

Emblemhealth FEDVIP Dental Program Summary

Service area — EmblemHealth Premier and Preferred Networks		
To use the Premier and Preferred Networks, you must live or work in the areas where your Premier and Preferred Network of doctors and specialists are located.	<ul style="list-style-type: none"> • All of New York. • New Jersey counties: Bergen, Essex, Hudson, Middlesex, Monmouth, Morris, Passaic, Somerset, Sussex, and Union. • Pennsylvania counties: Monroe and Pike. • Connecticut counties: Fairfield, Litchfield, and New Haven. 	
Basic services		
Covers services that help maintain good dental health. Includes exams, x-rays, cleanings, sealants, and fluoride treatments. This plan covers two exams and two cleanings per covered person payable in a calendar year.	Paid in full in-network. No deductible applies to in- and out-of-network services.	
Intermediate services		
Covers fillings, extractions, denture/crown/bridge repairs, root canals, periodontal surgeries, oral surgery, anesthesia/IV sedation, and specialist consultations.	Paid in full when you use an in-network dentist or specialist. Deductible applies to out-of-network benefits only.	
Major services		
Covers crowns, inlays, onlays, fixed bridgework, and dentures.	Paid in full when you use an in-network dentist or specialist. Deductible applies to out-of-network benefits only.	
Implants — Covers the surgical placement of the implant.	High Option: \$4,500 Standard Option: \$3,000	
Calendar-year deductible		
Applies only to out-of-network intermediate and major services.	In-network \$0	Out-of-network \$50 deductible per person per year. This deductible applies up to a maximum \$150 deductible per family per year.
Annual maximum — per covered member		
No annual maximum		
Lifetime orthodontia maximum — per covered member		
Orthodontia benefits are covered as soon as your plan coverage starts.	High Option: \$4,000 lifetime maximum Standard Option: \$3,000 lifetime maximum	
Out-of-network reimbursement		
We pay you 100% of the EmblemHealth Preferred fee schedule. This is the amount we pay our network dentists.	How it works: You pay the entire dentist's bill. We will send you a check for the amount we cover. You are responsible for any difference between our payment and the dentist's charge, in addition to the deductible.	

For information about your dental benefits, claim status, benefits eligibility, and more, sign in to your account or register at my.emblemhealth.com.

This booklet provides only a summary of covered benefits. Coverage will be subject to all terms, conditions, limitations, and exclusions contained in the EmblemHealth FEDVIP Program brochure.



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EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

Plan underwritten by EmblemHealth Plan, Inc., an EmblemHealth company. Refer to Policy Forms EHPI-PLD-1104, et al.