

2021 Delta Dental Plan Highlights

Welcome, Uniformed Services retirees, Federal employees and annuitants!

- Adult orthodontic coverage in the High Plan
- \$30,000 in-network maximum in the High Plan
- Large network of dentists nationwide
- 100% coverage on in-network cleanings, x-rays, fluoride treatments and exams
- New! Access to discounts on LASIK and hearing aids

Choose between two great plans to meet your needs. The Standard Plan offers quality care at a low premium, and the High Plan offers greater coverage and increased in-network maximums. You save with either plan by choosing a dentist in Delta Dental's nationwide network of dentists. To find an in-network dentist and/or verify that your dentist is in-network before your next appointment, use the Find a Dentist tool at deltadentalins.com/fedvip.

Benefits	Standard Plan		High Plan	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Basic Services — Class A Routine cleanings, x-rays, oral exams, sealants	We pay 100%	We pay 60%	We pay 100%	We pay 90%
Intermediate Services — Class B Fillings and periodontal maintenance, oral surgery, extractions	We pay 55%	We pay 40%	We pay 70%	We pay 60%
Major Services — Class C Crowns, bridges, root canals, dentures, implants, gum surgery	We pay 35%	We pay 20%	We pay 50%	We pay 40%
Orthodontic Services — Class D** Comprehensive orthodontic treatment, fixed appliances	We pay 50%	We pay 50%	We pay 50%	We pay 50%
General Services Anesthesia, occlusal guard	We pay 55%	We pay 40%	We pay 70%	We pay 60%
Calendar Year Deductible***	\$0	\$75	\$0	\$50
Calendar Year Benefit Maximum Non-orthodontic	\$1,500	\$600	\$30,000	\$3,000
Orthodontic Lifetime Maximum Standard Plan only covers enrollees under age 19	\$2,000	\$1,000	\$3,500 per child; \$2,000 per adult	\$3,500 per child; \$2,000 per adult

* Enrollee is responsible for billed amounts over the plan allowance when seen by an out-of-network dentist.

** 12-month orthodontic waiting period in both Plan options. High plan covers children up to 21 for TRICARE-eligible individuals (or 23 if they're full-time college students) or 22 for civilian dependents. Adult coverage in the High Plan is only for the member and spouse.

*** Class A and Class D services are exempt from the deductible. All other covered services are exempt from the deductible only when provided by a Delta Dental Federal Employees Dental Program network dentist. Per the missing tooth clause, services or treatment for the provision of an initial prosthodontic appliance (i.e. fixed bridge restoration, implants, removable partial or complete denture, etc.) when it replaces natural teeth extracted or missing, including congenital defects, prior to the effective date of coverage are not eligible for coverage

Delta Dental coverage is affordable

Locate your state and corresponding ZIP code (first three digits) on the following chart to identify your rating area.

State	ZIP Code	Rating Area	State	ZIP Code	Rating Area	State	ZIP Code	Rating Area
AK	Entire State	5	MA	Entire State	5	PA	150-171, 175-179, 182, 184-188	2
AL	Entire State	1	MD	219	4			
AR	Entire State	2	MD	Rest of State	5			
AZ	Entire State	5	ME	Entire State	5	PA	189-196	4
CA	Entire State	5	MI	Entire State	4	PA	Rest of State	5
CO	807, 811, 813-816	4	MN	Entire State	5	PR	Entire Area	1
	Rest of State		5	MO	630-631, 633	2	RI	Entire State
CT	Entire State	5	MO	Rest of State	4	SC	297	4
DC	Entire Area	5	MS	Entire State	1	SC	Rest of State	5
DE	Entire State	4	MT	Entire State	1	SD	Entire State	5
FL	Entire State	4	NC	279	3	TN	Entire State	4
GA	Entire State	2	NC	Rest of State	4	TX	739	4
GU	Entire Area	5	ND	Entire State	3	TX	733, 786-787	3
HI	Entire State	5	NE	680-681	3	TX	Rest of State	2
IA	527-528	2	NE	Rest of State	2	UT	Entire State	5
	515		3	NH	Entire State	5	VA	201, 203, 205, 220-227
IA	Rest of State	4	NJ	080-084	4	VA	Rest of State	3
ID	Entire State	5	NJ	Rest of State	5	VI	Entire Area	5
IL	Entire State	2	NM	874, 877-884	4	VT	Entire State	5
IN	463-471, 474-479	2	NM	Rest of State	5	WA	Entire State	5
	Rest of State		3	NV	Entire State	5	WI	Entire State
KS	Entire State	4	NY	Entire State	5	WV	254	5
KY	410, 459	2	OH	430-433, 437, 453-455	3	WV	Rest of State	2
	Rest of State		1	OH	Rest of State	2	WY	Entire State
LA	Entire State	1	OK	Entire State	4	INTER	International	5
			OR	Entire State	5			

Here's what you'll pay

Match your rating area to the Standard or High Plan option and enrollment type (Self Only, Self Plus 1 or Self and Family).

Rate Area	Standard Plan						High Plan					
	Biweekly Premium			Monthly Premium			Biweekly Premium			Monthly Premium		
	Self Only	Self Plus 1	Self & Family	Self Only	Self Plus 1	Self & Family	Self Only	Self Plus 1	Self & Family	Self Only	Self Plus 1	Self & Family
1	\$9.14	\$18.28	\$27.43	\$19.80	\$39.61	\$59.43	\$17.61	\$35.23	\$52.84	\$38.16	\$76.33	\$114.49
2	\$9.96	\$19.93	\$29.89	\$21.58	\$43.18	\$64.76	\$19.32	\$38.64	\$57.95	\$41.86	\$83.72	\$125.56
3	\$10.75	\$21.49	\$32.24	\$23.29	\$46.56	\$69.85	\$21.20	\$42.40	\$63.61	\$45.93	\$91.87	\$137.82
4	\$11.34	\$22.68	\$34.01	\$24.57	\$49.14	\$73.69	\$22.57	\$45.13	\$67.70	\$48.90	\$97.78	\$146.68
5	\$12.99	\$25.98	\$38.98	\$28.15	\$56.29	\$84.46	\$26.31	\$52.61	\$78.92	\$57.01	\$113.99	\$170.99

Enrolling is easy! Enroll online at [BENEFEDS.com](https://www.BENEFEDS.com) or call 877-888-FEDS (877-888-3337), TTY 877-889-5680.