EmblemHealth®



Caring for Your Healthy Smile

EmblemHealth Federal Employees Dental and Vision Insurance Program (FEDVIP)

Dental Program for 2027 Coverage



As a 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 care from top doctors and hospitals.

And, because EmblemHealth cares for the whole you, we offer a 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.

Oral health is an important part of your overall health. Problems with your mouth, gums, and teeth can impact the rest of your body including your heart, lungs, and even your brain. Oral health matters, and prevention is power!

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

- **Low-cost sharing with two enrollment options:**
  - **High Option.** Utilizes Preferred Premier Network for in-network services.
  - **Standard Option.** Utilizes Preferred Network for in-network services.
- **Coverage that supports your dental needs.** 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. Under the Standard Option Plan, you may have out-of-pocket costs when certain enhanced services and/or upgraded materials are used.
- Benefits for preventive, basic, intermediate, 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, 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.

IMPLANT ANNUAL MAXIMUM

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

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

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	$34.48
DAG1HP	Self Plus One	$42.29	$68.88
DAG1HF	Self and Family	$63.46	$103.37

OUT-OF-NETWORK COVERAGE

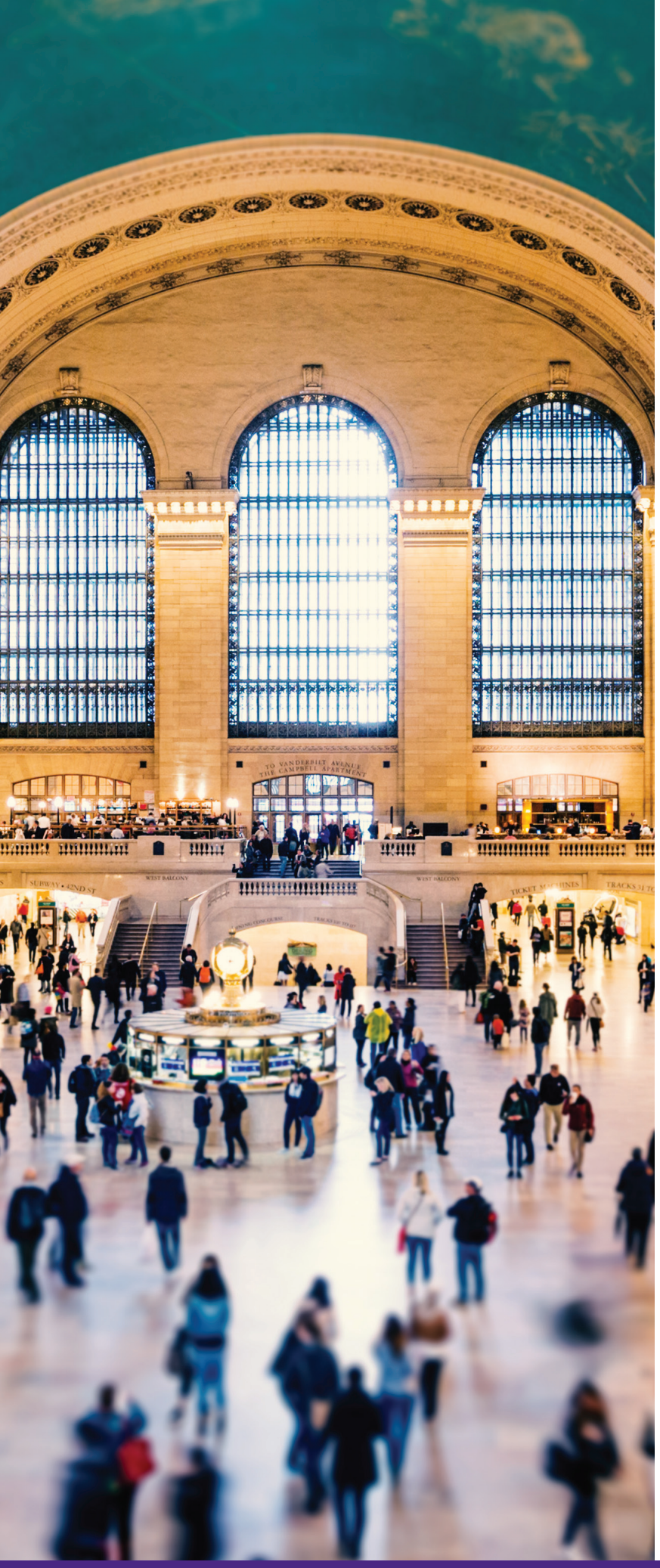
We pay 100% of the plan's Preferred fee schedule allowance for out-of-network covered services. You are responsible for the difference between our Preferred fee schedule allowance and the dentist's charge, in addition to your out-of-network deductible.

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, 2027.**
- **This year's Open Enrollment period is from Nov. 9 to midnight ET, Dec. 14, 2026.**
- 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/fedvip-dental** and click "**Find Care**."
- Select the type of healthcare professional in the Specialty drop-down.
- Enter the preferred ZIP code or use your location and click **"Next."**
- 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** (TTY: **711**) for help within the United States or **1-571-730-5942** for help outside of the country.

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 Preferred Premier and Preferred Networks	
To use the Preferred Premier and Preferred networks, you must live in the areas where your Preferred Premier and Preferred network of doctors and specialists are located. The Preferred Premier plan allowance is the amount we pay our dentists that participate in the EmblemHealth Preferred Premier Network. The Preferred plan allowance is the amount we pay our dentists that participate in the EmblemHealth Preferred Network, or the amount we reimburse our members for out-of-network services under both plans.	• **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 routine exams, one limited emergency exam, 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. Standard Option members may be charged additional fees for enhanced materials.
Major services ***Under the Preferred plan, you may be responsible for a material upgrade fee for certain 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. Standard Option members may be charged additional fees for enhanced materials.
Implants — Covers the surgical placement of the implant.	High Option: $4,500 annual maximum. Standard Option: $3,000 annual maximum. Standard Option members may be charged additional fees for enhanced materials.

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 plan allowance. This is the amount we pay dentists that participate in the EmblemHealth Preferred Network.	**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.

Predetermination of Benefits is recommended for major services. EmblemHealth will give you an estimate of what dental services and materials will be paid for before you start treatment. Ask your dentist to submit a Treatment Plan.

The Preferred plan is also referred to as the Standard Option.

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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Federal Employees
Dental And Vision Insurance Program

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

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