

**JUST** "Dental Care & Eye Care" THE ULTIMATE CHOICE<sup>SM</sup>

FUSION from AMERITAS GROUP-Assets Over \$25 Billion



# Free Provider Choice

# Dentist & Vision Offices

**Compare the Difference: 50 States & DC**

<b>BENEFITS:</b>	<b>OUR FEDVP.COM PLANS</b>	<b>OTHER FEDERAL PPO DENTAL PLANS</b>
<b>Maximum:</b>	With PPO- Increasing to <b>\$2,000</b> With DHMO & Eye Care - <b>UNLIMITED</b>	<b>\$1,200</b>
<b>Government Contribution:</b>	<b>NONE</b>	<b>NONE</b>
<b>Dental &amp; Vision:</b>	With PPO- <b>Any Eye Care Office</b>	No Vision Included
<b>Domestic Partner:</b>	With PPO- <b>Same as a Spouse</b>	No Coverage Available
<b>Children Covered Up To:</b>	With PPO- <b>Age 24</b> With DHMO 23>TX25	Age 22
<b>Coverage for Over-age Children:</b>	<b>YES</b>	<b>NO</b>
<b>Add Over Age Children, Parents, Siblings, &amp; Grand Kids:</b>	<b>YES</b>	<b>NO</b>
<b>Disputed Claims:</b>	<b>Review by all USA Insurance Commissioners</b>	<b>No OPM</b> review of disputed claims.
<b>Portability:</b>	Complete- Without Restrictions Not Limited	NO & NO 31 day extension
<b>Spouse equity coverage:</b>	<b>YES</b>	<b>NO</b>
<b>PPO Panel:</b>	Stable 120,000+ Nationwide & easy to add	Limited
<b>Eligibility:</b>	Active, Retired, Part-Time, TEs, Reserves, Surviving Spouse and Children ALL - ANY <b>No Limitations or reduction in coverage</b>	Limited
<b>Payment Method:</b>	Payroll Deduction, Credit Card, Direct Bill, Automatic Bank Draft	Payroll Deduction Only
<b>Immediate Coverage:</b>	<b>EXPEDITE</b> for almost <i>Immediate Coverage any time</i>	Open Season January – Qualified Event
<b>Vision Payments Anywhere:</b>	<b>YES</b>	<b>NONE</b> Included
<b>Eye Exam Anywhere:</b>	<b>YES</b>	<b>NONE</b> Included
<b>Vision Services:</b> PPO has limitation on cost of extras	\$45 toward Exam; Lens & Frames or \$120 toward Contact Lenses	

**Orthodontics-Braces** No Waiting Period DHMO - 12 Month PPO 24 Months PPO

**Dental HMO (Biweekly Payroll Deduction): \$3.00-\$7.00 Single**  
**PPO (Biweekly Payroll Deduction): \$10.35 Single**

*DHMO Sample Co-Payments of what you will pay at the dentist depending on area & plan*  
 No Deductible \* No Maximum \* No Charge Cleanings

**Single Root Canal: \$60 - \$109; Porcelain Anterior Crown: \$110-\$217**

Comp Benefits - American National Dental - American Marketing Administrators, Inc.- Ameritas  
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