



**Wherever hard working people
keep the country running,
MetLife Federal Dental is with you.**

2019 Dental Plan Summary

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Enroll in the MetLife Federal Dental Plan today. Get the benefits you're looking for:

- More coverage
- More savings
- More dentists
- More satisfaction

Enroll November 12, 2018 - December 10, 2018 EST
www.BENEFEDS.com
1-877-888-FEDS (3337)

**We're getting bigger.
Welcome Retired Uniformed
Service Members.**

**We're getting better.
Learn about our new plan
enhancements for 2019.**

Enrollment Dates

**November 12 –
December 10, 2018 EST**

To Enroll:

BENEFEDS

www.BENEFEDS.com
1-877-888-FEDS (3337)
TTY 1-877-889-5680

Find Out More:

MetLife

federaldental.metlife.com
1-888-865-6854
TDD 1-888-260-5376
Monday–Friday, 8am–9pm EST

OPM

www.opm.gov/healthcare-insurance





New for 2019: Better coverage, more benefits and lower rates



More Coverage

- Child and adult orthodontia coverage with higher annual maximums **NEW!**
- Adult orthodontia coverage added to the standard option **NEW!**
- Orthodontia coinsurance increased to 70% in the high option **NEW!**
- Unlimited annual maximum per person in the high option **NEW!**
- No waiting periods to receive benefits
- No annual deductible for in-network benefits

More Savings

- Lower rates for 2019
- Big discounts let you save even more with in-network dentists¹
- No out-of-pocket costs for in-network cleanings, X-rays and exams²
- Competitively priced

More Dentists

- One of the nation's largest networks
- Over 393,000 dentist locations

More Satisfaction

- 99% of claims are paid within 10 days³
- 96% of our members would tell you to choose us⁴
- We automatically submit dental claims to FSAFEDS for you

1. Savings from enrolling in the MetLife Federal Dental Plan will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered.

2. Subject to frequency limitations.

3. MetLife claims data as of December 2017.

4. Based on the 2017 MetLife Federal Dental Plan Participant Satisfaction Survey.

More coverage

With the MetLife Federal Dental Plan, it couldn't be easier to get the coverage you need.

Covered Dental Services

Here is a summary of covered dental services in each category:

Class A - Basic

Diagnostic and Treatment

Plan offers periodic oral evaluations; one every 6 months.

Plan offers bitewing X-rays; one set every 6 months for children; one set every calendar year for adults.

Preventive Services

Plan offers prophylaxis (cleanings) for adults and children; one every 6 months.

Plan offers topical application of fluoride; two every 12 months.

Class B - Intermediate

Minor Restorative Services

Plan offers resin-based anterior composites; alternate benefit of amalgam will be provided on molar teeth.

Plan offers prefabricated stainless steel crowns; one per tooth every 60 months.

Endodontics Services

Plan offers therapeutic pulpotomy (exclusions apply).

Periodontics Services

Plan offers periodontal scaling and root planing; four or more teeth per quadrant; one every 24 months.

Prosthodontic Services

Plan offers rebase of complete maxillary dentures; one in a 36-month period; 6 months after initial installation.

Oral Surgery

Plan offers removal of an impacted tooth. Plan offers surgical access of an unerupted tooth.

Class C - Major

Major Restorative Services

Plan offers metallic onlays; four or more surfaces; one per tooth every 60 months.

Plan offers porcelain or ceramic crown substrate; one per tooth every 60 months.

Endodontics Services

Plan offers anterior, bicuspid and molar root canal (exclusions apply).

Plan offers re-treatment of anterior, bicuspid and molar root canal therapy.

Periodontics Services

Plan offers gingivectomy or gingivoplasty; one to three teeth, per quadrant; one every 36 months.

Prosthodontic Services

Plan offers porcelain, ceramic and cast metal retainers for resin-bonded fixed prosthesis; one every 60 months.

Implant Services

Plan offers implant services subject to the guidelines of the plan.

Class D - Orthodontia

Adult (enrollee and spouse) and dependent children orthodontia coverage.

No waiting periods for both the Standard and High Options.

Orthodontic benefits end at cancellation of coverage.

The details in this document represent an overview of your plan benefits. This document is not a complete description of the plan. Please note certain services listed are subject to dental review and the alternate benefit. Please visit federaldental.metlife.com for a full explanation of plan benefits including exclusions and limitations. The MetLife 2019 Federal Dental Plan Brochure will govern if any discrepancies exist between this Plan Summary as well as these exclusions and limitations and the actual MetLife Federal Dental Plan. The MetLife 2019 Federal Dental Plan Summary is available for viewing and printing at our website, federaldental.metlife.com.



You can choose

We've made it simple to choose the right plan to fit your budget with Standard and High Options.

Both plans provide savings for you and your family. You'll receive:

- No cost for in-network cleanings, X-rays and exams¹
- No annual deductible for in-network services
- Competitive pricing
- No waiting periods

Standard Option:

- Child orthodontia coverage extended up to maximum eligibility age **NEW!**²
- Adult orthodontia with a \$2,000 lifetime maximum **NEW!**
- Increased child out-of-network orthodontia lifetime maximum to \$2,000 **NEW!**
- Increased out-of-network maximum to \$1,000 **NEW!**

High Option provides you with additional protection from unforeseen dental costs:

- Child orthodontia coverage extended up to maximum eligibility age **NEW!**²
- Unlimited annual maximum per person **NEW!**
- Adult orthodontia now covered at 70% up to a plan maximum of \$3,000 **NEW!**
- Child orthodontia now covered at 70% up to a plan maximum of \$5,000 **NEW!**

Coverage	Standard Option		High Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Basic cleanings, X-rays and oral examinations	100%	60%	100%	90%
Intermediate fillings and periodontal maintenance	55%	40%	70%	60%
Major crowns, bridges, root canal treatment and dentures	35%	20%	50%	40%
Orthodontia comprehensive orthodontic treatment, fixed appliance	50%	50%	70%	70%
Annual Deductible Per Person ³	\$0	\$100	\$0	\$50
Annual Maximum Per Person	\$1,500	\$1,000	Unlimited	Unlimited
Orthodontia Lifetime Maximum Dependent Child Per Person	\$2,000	\$2,000	\$5,000	\$5,000
Orthodontia Lifetime Maximum Adult Per Person	\$2,000	\$2,000	\$3,000	\$3,000

In-Network

- Participating dentists charge negotiated fees that are typically 30–45% less than average charges in the same community.⁴
- Negotiated fees⁵ even apply to services your plan doesn't cover, including any you've received after you reach your plan's annual maximum.
- To find out if your dentist is in the network, visit federaldental.metlife.com and use our "Find a Dentist" tool.

Out-of-Network

- A non-participating dentist sets his or her standard fee, which is typically higher than the negotiated fee.
- You will be responsible for the difference between your dentist's charge and the covered percentage of the Usual and Customary Fee⁶ for a given service.⁷

1. Subject to frequency limitations. 2. To age 22 for dependents of federal civilian enrollees. Age 21 (23 if full-time student) for dependents of military retirees. 3. Annual deductible applies to Basic, Intermediate and Major Services for out of network only. 4. Savings from enrolling in a dental benefits plan will depend on various factors, including plan design and premiums, how often participants visit the dentist and the cost of services rendered. 5. Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full, for services rendered by them. Negotiated fees are subject to any cost sharing, benefit maximum and terms of the plan and subject to change. 6. The Usual and Customary Fee is the lowest of (1) The dentist's actual charge, (2) The dentist's usual charge for the same or similar services, or (3) The amount charged by most dentists in the same geographic area for the same or similar services as determined by MetLife. 7. Subject to any deductibles, cost sharing, benefit maximum and terms of the plan. This document is not a complete description of the plan options. The 2019 MetLife Federal Dental Plan Brochure will govern these plan options and can be viewed by visiting federaldental.metlife.com.



Premium rating areas by state

Lower rates for 2019!

Finding your bi-weekly rate is simple.

1. Find your state and the first 3 digits of your zip code below
2. Match that Rating Area to your enrollment type and plan option

Rating Area	Standard Option			High Option		
	Self	Self + One	Self + Family	Self	Self + One	Self + Family
1	\$9.77	\$19.55	\$29.32	\$17.84	\$35.69	\$53.53
2	\$10.60	\$21.19	\$31.79	\$19.98	\$39.96	\$59.94
3	\$11.76	\$23.52	\$35.28	\$21.76	\$43.53	\$65.29
4	\$13.04	\$26.08	\$39.13	\$23.57	\$47.14	\$70.70
5	\$14.34	\$28.67	\$43.01	\$26.38	\$52.75	\$79.13

State	State/Zip (first 3)	Rating	State	State/Zip (first 3)	Rating	State	State/Zip (first 3)	Rating
AK	Entire State	5	LA	Entire State	1	OR	970-973	4
AL	Entire State	1	MA	Entire State	5	OR	Rest of State	3
AR	Entire State	1	MD	219	3	PA	173-174	4
AZ	Entire State	1	MD	Rest of State	4	PA	183	5
CA	919-921	4	ME	Entire State	2	PA	189-196	3
CA	942, 956-958	4	MI	480-485	3	PA	Rest of State	1
CA	Rest of State	5	MI	Rest of State	2	PR	Entire Territory	1
CO	Entire State	4	MN	550-555, 563	4	RI	Entire State	5
CT	Entire State	5	MN	Rest of State	2	SC	Entire State	1
DC	Entire District	4	MO	Entire State	1	SD	Entire State	1
DE	Entire State	3	MS	Entire State	1	TN	Entire State	1
FL	330-334	3	MT	Entire State	1	TX	Entire State	1
FL	Rest of State	1	NC	Entire State	1	UT	Entire State	1
GA	300-303, 305	2	ND	Entire State	1	VA	201-205, 220-227	4
GA	311, 399	2	NE	Entire State	1	VA	Rest of State	1
GA	Rest of State	1	NH	Entire State	5	VI	Entire Territory	1
GU	Entire Territory	1	NJ	080-084	3	VT	Entire State	2
HI	Entire State	4	NJ	Rest of State	5	WA	980-985	5
IA	Entire State	1	NM	Entire State	1	WA	Rest of State	4
ID	Entire State	1	NV	Entire State	2	WI	540	4
IL	600-608	4	NY	005, 063	5	WI	Rest of State	2
IL	Rest of State	1	NY	100-119, 124-126	5	WV	254	4
IN	463-464	4	NY	Rest of State	2	WV	Rest of State	1
IN	Rest of State	1	OH	Entire State	1	WY	Entire State	1
KS	Entire State	1	OK	Entire State	1	INT	All	5
KY	Entire State	1						

Find your personalized rate and view monthly rates online by visiting us at federaldental.metlife.com/rates



To receive FEDVIP dental coverage in 2019, you must enroll during the Federal Benefits Open Season, **November 12 - December 10, 2018 EST.**



Welcome Retired Uniformed Service Members

MetLife Federal Dental is proud to now provide military retirees and their families with the dental coverage most important to you.

The current TRICARE Retiree Dental Program (TRDP) ends December 31, 2018 EST and will be replaced by FEDVIP dental coverage options the following day. Here's how that benefits you:

- You now have more choice with the MetLife Federal Dental Standard and High Options. The benefits and differences for both can be found on page 6.
- You'll experience a smooth transition to better coverage with no waiting period.
- Any treatment started under TRDP will be covered by your MetLife plan option, including root canal, crowns, bridgework, dentures and orthodontia services.*
- Higher annual and lifetime plan maximums are available to you.

With one of the nation's largest dental networks and significant discounts for in-network dentists, many federal employees and retirees choose MetLife Federal Dental plans over any other FEDVIP carrier.

Learn more at federaldental.metlife.com. You can also enroll directly at BENEFEDS.com or by calling **1-877-888-FEDS (3337)**.

*Does not apply to adult orthodontia treatment under the standard option.

More dentists

You'll have access to one of the largest networks in the country. And that means more choices for you.

Enroll in the MetLife Federal Dental Plan now.

MetLife is the largest commercial dental carrier in the U.S.¹ Every year, we provide benefits for more than 20 million people², including nearly 600,000 federal government employees and retirees.

Enroll November 12, 2018 - December 10, 2018 EST



Online
www.BENEFEDS.com



Phone
 1-877-888-FEDS (3337)
 TTY 1-877-889-5680

1. LIMRA data, based on enrolled lives as of December 31, 2017.

2. MetLife data as of January 2018.

Exclusions and limitations

The exclusions in this section apply to all benefits. Although we may list a specific service as a benefit, we will not cover it unless we determine it is necessary for the prevention, diagnosis, care or treatment of a covered condition.

We do not cover the following:

Services and treatment not prescribed by or under the direct supervision of a dentist, except in those states where dental hygienists are permitted to practice without supervision by a dentist. In these states, we will pay for eligible covered services provided by an authorized dental hygienist performing within the scope of his or her license and applicable state law;

Services and treatment which are experimental or investigational;

Services and treatment which are for any illness or bodily injury which occurs in the course of employment if a benefit or compensation is available, in whole or in part, under the provision of any law or regulation or any government unit. This exclusion applies whether or not you claim the benefits or compensation;

Services and treatment received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, VA hospital or similar person or group;

Services and treatment performed prior to your coverage effective date;

Services and treatment incurred after the termination date of your coverage unless otherwise indicated;

Services and treatment which are not dentally necessary or which do not meet generally accepted standards of dental practice;

Services and treatment resulting from your failure to comply with professionally prescribed treatment;

Telephone consultations;

Any charges for failure to keep a scheduled appointment;

Any services that are considered strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances;

Services related to the diagnosis and treatment of Temporomandibular Joint Dysfunction (TMD);

Services or treatment provided as a result of intentionally self-inflicted injury or illness;

Services or treatment provided as a result of injuries suffered while committing or attempting to commit a felony, engaging in an illegal occupation, or participating in a riot, rebellion or insurrection;

Office infection control charges;

Charges for copies of your records, charts or X-rays, or any costs associated with forwarding/ mailing copies of your records, charts or X-rays;

State or territorial taxes on dental services performed;

Charges submitted by a dentist, which are for the same services performed on the same date for the same member by another dentist;

Services provided free of charge by any governmental unit, except where this exclusion is prohibited by law;

Services for which the member would have no obligation to pay in the absence of this or any similar coverage;

Charges for specialized procedures and techniques;

Services performed by a dentist who is compensated by a facility for similar covered services performed for members;

Duplicate, provisional and temporary devices, appliances, and services;

Plaque control programs, oral hygiene instruction and dietary instructions;

Services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation and restoration for misalignment of teeth;

Gold foil restorations;

Treatment or services for injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is paid or payable under a plan or policy of motor vehicle insurance, including a certified self-insurance plan;

Treatment of services for injuries resulting from war or act of war, whether declared or undeclared, or from police or military service for any country or organization;

Hospital costs or any additional fees that the dentist or hospital charges for treatment at the hospital (inpatient or outpatient);

Charges by the provider for completing dental forms;

Adjustment of a denture or bridgework which is made within 6 months after installation by the same dentist who installed it;

Use of material or home health aids to prevent decay, such as toothpaste, fluoride gels, dental floss and teeth whiteners;

Sealants for teeth other than permanent molars;

Precision attachments, personalization, precious metal bases, and other specialized techniques;

Replacement of dentures that have been lost, stolen or misplaced;

Orthodontic care for dependent children age 22 and over; for Federal civilian enrollees

Orthodontic care for dependent children age 21 and over or full time students age 23 and over for TRICARE eligible enrollees

Repair of damaged orthodontic appliances;

Replacement of lost or missing appliances;

Fabrication of athletic mouth guard;

Internal bleaching;

Nitrous oxide;

Oral sedation;

Services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food;

When two or more services are submitted and the services are considered part of the same service to one another, the Plan will pay the most comprehensive service (the service that includes the other non-benefited service) as determined by MetLife;

When two or more services are submitted on the same day and the services are considered mutually exclusive (when one service contradicts the need for the other service), the Plan will pay for the service that represents the final treatment as determined by MetLife;

All out of network services are subject to the Usual and Customary maximum allowable fee charges as defined by MetLife. The member is responsible for all remaining charges that exceed the allowable maximum.

The details in this document represent an overview of your plan benefits. This document is not a complete description of the plan. Please note certain services listed are subject to dental review and the alternate benefit. Please visit <https://federaldental.metlife.com> for a full explanation of plan benefits including exclusions and limitations. The MetLife 2019 Federal Dental Plan Brochure will govern if any discrepancies exist between this Plan Summary as well as these exclusions and limitations and the actual MetLife Federal Dental Plan. The MetLife 2019 Federal Dental Plan Summary is available for viewing and printing at our website, <https://federaldental.metlife.com>.



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