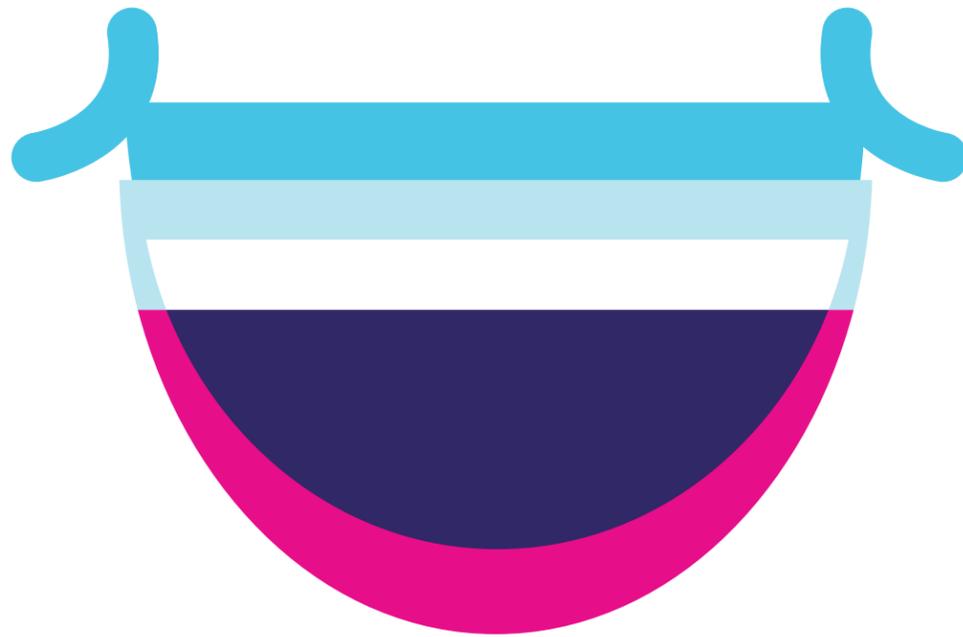


METLIFE FEDERAL DENTAL PLAN

CHOOSE MORE FOR YOUR

SMILE



2017 DENTAL PLAN SUMMARY

MetLife

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MORE SAVINGS.

We've negotiated big discounts for our members.

ENROLLMENT INFORMATION

OPEN SEASON

November 14, 2016 – December 12, 2016
by midnight Eastern Standard Time (EST)

EFFECTIVE DATE

January 1, 2017

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

Mon-Fri 8am-9pm EST

OPM

www.opm.gov/healthcare-insurance

Choose more for your smile with the MetLife Federal Dental Plan.

MORE SAVINGS

- We've negotiated big discounts for you so 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 350,000 dentist locations

MORE COVERAGE

- \$25,000 annual maximum per person
- No waiting periods to receive benefits
- No annual deductible for in-network benefits
- Child and adult orthodontia coverage available³

MORE SATISFACTION

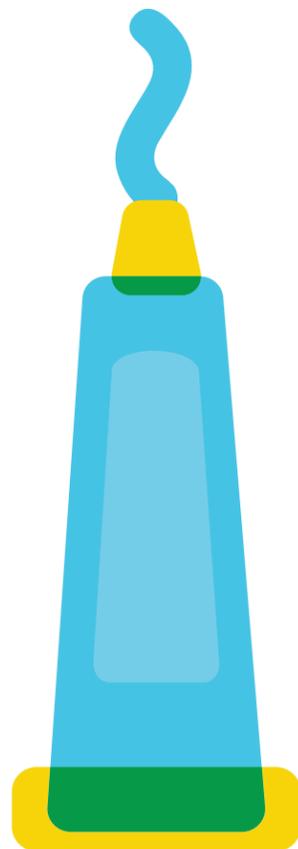
- 99% of claims are paid within 10 days⁴
- 96% of our members would tell you to choose us⁵
- We automatically submit dental claims to FSAFEDS for you

ENROLL NOW

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 Covers dependent child(ren) through the end of the month of their 19th birthday.
⁴ MetLife claims data as of December 2015.
⁵ Based on the 2015 MetLife Federal Dental Plan Participant Satisfaction Survey.

MORE COVERAGE.

We've negotiated big discounts for our members.



* MetLife pays for only necessary dental services for the prevention, diagnosis, care or treatment of a covered condition.

COVERED DENTAL SERVICES

The following is a summary of covered dental services in each of the categories:

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; age limit 22.*

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 retreatment 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 (employee and spouse) orthodontia coverage (high option only).

No waiting periods for both the Standard and High Options.

Offered to dependent children; *through the end of the month of their 19th birthday.*

Orthodontic benefits end at cancellation of coverage.

ENROLL NOW

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 2017 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 2017 Federal Dental Plan Summary is available for viewing and printing at our website, federaldental.metlife.com.

BENEFITS: TWO OPTIONS

YOU CAN CHOOSE

MetLife offers two plan options, Standard and High, so you can select the one that best meets your needs and budget.

Both plans provide savings for you and your family with the following in-network benefits:

- No cost for in-network cleanings, X-rays and exams¹
- No annual deductible for in-network services
- Competitively priced

COVERAGE TYPE	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%	50%	50%
ANNUAL DEDUCTIBLE PER PERSON²	\$0	\$100	\$0	\$50
ANNUAL MAXIMUM PER PERSON	\$1,500	\$800	\$25,000	\$25,000
ORTHODONTIA LIFETIME MAX DEPENDENT CHILD PER PERSON	\$2,000	\$1,500	\$3,500	\$3,500
ORTHODONTIA LIFETIME MAX ADULT PER PERSON³	n/a	n/a	\$1,500	\$1,500

The Standard Option includes:

- \$1,500 in-network annual maximum per person
- \$2,000 orthodontia lifetime maximum
- No waiting periods

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

- \$25,000 annual maximum per person
- Adult (employee and spouse) orthodontia coverage
- No waiting periods

ENROLL NOW

IN-NETWORK

- Participating dentists charge negotiated fees that are typically 15-45% 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 Annual deductible applies to Basic, Intermediate and Major Services for out of network only.

³ Adult orthodontia coverage is a benefit only available with the High Option.

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 are 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 2017 MetLife Federal Dental Plan Brochure will govern these plan options and can be viewed by visiting federaldental.metlife.com.

PREMIUM RATINGS AREAS BY STATE

Select the dental plan option that best meets your needs.



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

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BI-WEEKLY RATES

HOW TO FIND YOUR RATE

1. Look up your state and the first 3 digits of your ZIP code to determine your Rating Area.
2. Match your Rating Area to your enrollment type and plan options.

Rating Area

STANDARD OPTION

HIGH OPTION

	Self	Self + One	Self + Family	Self	Self + One	Self + Family
1	\$9.38	\$18.77	\$28.15	\$17.31	\$34.62	\$51.94
2	\$10.16	\$20.33	\$30.49	\$19.37	\$38.74	\$58.10
3	\$11.28	\$22.55	\$33.83	\$21.10	\$42.20	\$63.31
4	\$12.50	\$25.00	\$37.50	\$22.84	\$45.67	\$68.51
5	\$13.73	\$27.47	\$41.20	\$25.55	\$51.11	\$76.66

FIND YOUR PERSONALIZED RATE AND VIEW MONTHLY RATES ONLINE BY VISITING US AT [FEDERALDENTAL.METLIFE.COM/RATES](https://federaldental.metlife.com/rates)

MORE COVERAGE.

We've negotiated big discounts for our members.



[FIND A DENTIST NOW](#)



QUESTIONS AND ANSWERS TO HELP WITH YOUR ENROLLMENT DECISION

How do I enroll?

You can enroll during Open Season, as a new hire, or when you have a qualifying life event. Simply go online at www.BENEFEDS.com or call 1-877-888-FEDS (3337).

If I am currently enrolled in the MetLife Federal Dental Plan, do I need to re-enroll?

No. Your coverage automatically renews. You will receive a confirmation letter from MetLife in January 2017.

Can I make changes to my current MetLife Federal Dental Plan?

Yes. During the 2017 Open Season you may change your plan option.

How do I find out if my dentist is in MetLife's network?

Locate participating dentists using the online directory at federaldental.metlife.com.

Do I need an ID card?

No. You do not need to present an ID card to prove coverage or confirm eligibility.

Does the MetLife Federal Dental Plan coordinate with my other dental benefits?

Yes. Please inform your dentist if you also participate in a Federal Employees Health Benefits (FEHB) plan, so they can coordinate carrier benefits. Visit federaldental.metlife.com to download your 2017 MetLife Federal Dental Plan Brochure for complete details about benefits coordination.

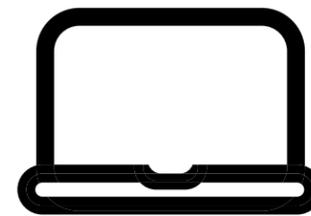
When will my new MetLife coverage or changes to my coverage become effective? If you enroll or change your coverage during Open Season, your new coverage will become effective January 1, 2017.

[ENROLL NOW](#)

GET MORE FOR YOUR SMILE. 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 21 million people² and process over 31 million dental claims.³ Our members saved over 2.5 billion dollars on their combined plan payments and dental out-of-pocket costs.⁴

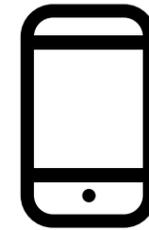
ONLINE



www.BENEFEDS.com

OR

PHONE



1-877-888-3337

[ENROLL NOW](#)

¹ LIMRA data, based on enrolled lives as of December 31, 2015.

² MetLife data as of December 2015.

³ MetLife data as of year-end 2015.

⁴ Savings calculations based on analysis of 2015 claims information, comparing participating dentists' reported usual charges for services to negotiated fees for those same services.

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 19 and over;

Orthodontic care for adults enrolled in the Standard Plan;

Repair of damaged orthodontic appliances;

Replacement of lost or missing appliances;

Fabrication of athletic mouth guard;

Internal bleaching;

Nitrous oxide;

Oral sedation;

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. The MetLife 2017 MetLife Federal Dental Plan Brochure is available for viewing and printing at our website, federaldental.metlife.com. The 2017 MetLife Federal Dental Plan Brochure will govern if any discrepancies exist between these exclusions and limitations and the actual MetLife Federal Dental Plan.

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www.metlife.com

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