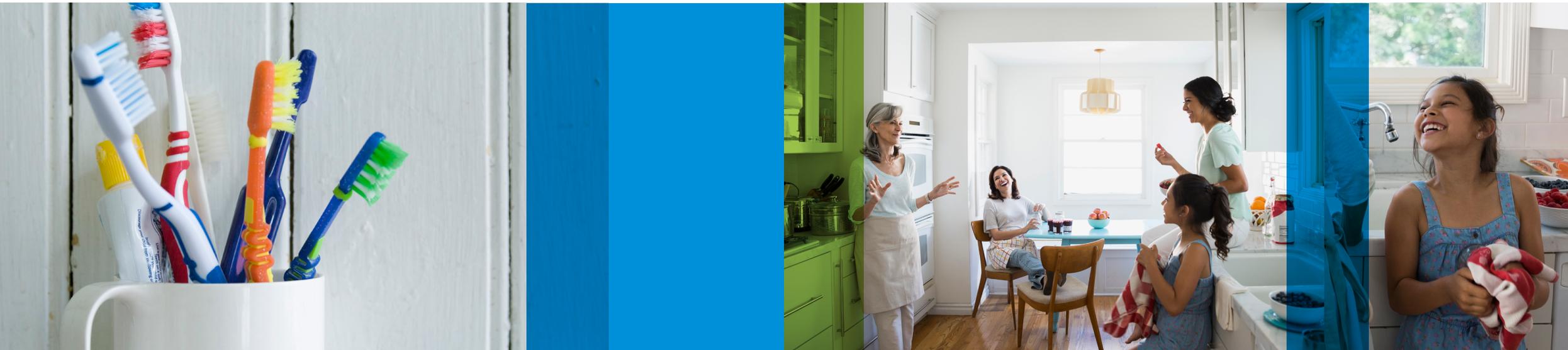


# Get more to smile about

2018 Dental Plan Summary



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

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

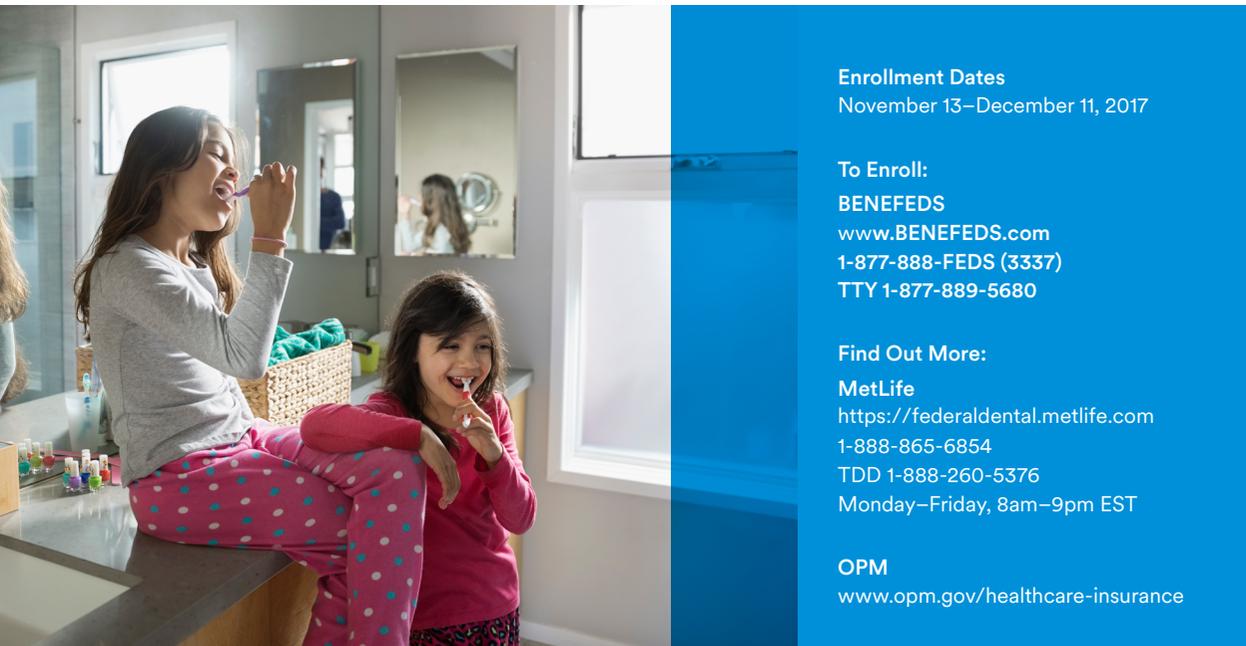
**Enroll November 13, 2017–December 11, 2017**

[www.BENEFEDS.com](http://www.BENEFEDS.com)

1-877-888-FEDS (3337)

# The MetLife Federal Dental Plan makes coverage simple. And affordable.

We make it easy to get the benefits you want



**Enrollment Dates**  
November 13–December 11, 2017

**To Enroll:**  
BENEFEDS  
[www.BENEFEDS.com](http://www.BENEFEDS.com)  
1-877-888-FEDS (3337)  
TTY 1-877-889-5680

**Find Out More:**  
MetLife  
<https://federaldental.metlife.com>  
1-888-865-6854  
TDD 1-888-260-5376  
Monday–Friday, 8am–9pm EST

**OPM**  
[www.opm.gov/healthcare-insurance](http://www.opm.gov/healthcare-insurance)

## More Savings

- Big discounts let you save even more with in-network dentists<sup>1</sup>
- No out-of-pocket costs for in-network cleanings, X-rays and exams<sup>2</sup>
- Competitively priced

## More Dentists

- One of the nation's largest networks
- Over 360,000 dentist locations

## More Coverage

- \$35,000 annual maximum per person (New!)
- No waiting periods to receive benefits
- No annual deductible for in-network benefits
- Child and adult orthodontia coverage available<sup>3</sup>

## More Satisfaction

- 99% of claims are paid within 10 days<sup>4</sup>
- 95% of our members would tell you to choose us<sup>5</sup>
- 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. Covers dependent child(ren) through the end of the month of their 19th birthday. 4. MetLife claims data as of December 2016. 5. Based on the 2016 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; 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 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) 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.

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 <http://federaldental.metlife.com/> for a full explanation of plan benefits including exclusions and limitations. The MetLife 2018 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 2018 Federal Dental Plan Summary is available for viewing and printing at our website, <http://federaldental.metlife.com/>.



Enroll now



# 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 exams<sup>1</sup>
- No annual deductible for in-network services
- Competitive pricing

Coverage	Standard Option		High Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Basic</b> cleanings, X-rays and oral examinations	100%	60%	100%	90%
<b>Intermediate</b> fillings and periodontal maintenance	55%	40%	70%	60%
<b>Major</b> crowns, bridges, root canal treatment and dentures	35%	20%	50%	40%
<b>Orthodontia</b> comprehensive orthodontic treatment, fixed appliance	50%	50%	50%	50%
<b>Annual Deductible Per Person<sup>2</sup></b>	\$0	\$100	\$0	\$50
<b>Annual Maximum Per Person</b>	\$1,500	\$800	\$35,000	\$35,000
<b>Orthodontia Lifetime Maximum Dependent Child Per Person</b>	\$2,000	\$1,500	\$3,500	\$3,500
<b>Orthodontia Lifetime Maximum Adult Per Person<sup>3</sup></b>	n/a	n/a	\$1,500	\$1,500

## In-Network

- Participating dentists charge negotiated fees that are typically 30–45% less than average charges in the same community.<sup>4</sup>
- Negotiated fees<sup>5</sup> 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](http://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 Fee<sup>6</sup> for a given service.<sup>7</sup>

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 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 2018 MetLife Federal Dental Plan Brochure will govern these plan options and can be viewed by visiting <http://federaldental.metlife.com/>.

## Standard Option includes:

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

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

- \$35,000 annual maximum per person (New!)
- Adult (employee and spouse) orthodontia coverage
- No waiting periods



# Premium rating areas by state

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	\$9.87	\$19.75	\$29.62	\$18.02	\$36.05	\$54.07
2	\$10.70	\$21.39	\$32.09	\$20.18	\$40.36	\$60.54
3	\$11.88	\$23.76	\$35.64	\$21.98	\$43.97	\$65.95
4	\$13.17	\$26.34	\$39.52	\$23.80	\$47.60	\$71.40
5	\$14.48	\$28.95	\$43.43	\$26.64	\$53.27	\$79.91

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 <https://federaldental.metlife.com/rates>





## More dentists

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

## Get more to smile about. Enroll in the MetLife Federal Dental Plan now.

MetLife is the largest commercial dental carrier in the U.S.<sup>1</sup> Every year, we provide benefits for more than 20 million people<sup>2</sup> and process over 32 million dental claims.<sup>3</sup> Our members saved over 2.7 billion dollars on their combined plan payments and dental out-of-pocket costs.<sup>4</sup>



**Online**  
[www.BENEFEDS.com](http://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, 2016. 2. MetLife data as of January 2017. 3. MetLife data as of year-end 2016. 4. Savings calculations based on analysis of 2016 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;

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 <http://federaldental.metlife.com> for a full explanation of plan benefits including exclusions and limitations. The MetLife 2018 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 2018 Federal Dental Plan Summary is available for viewing and printing at our website, <http://federaldental.metlife.com>.



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