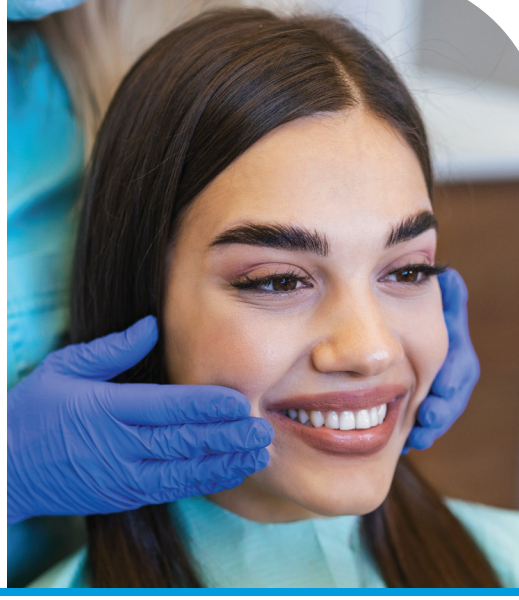
MetLife | Federal Dental

Comprehensive dental care that fits your budget

Proudly serving federal, U.S. Postal Service and uniformed services employees and retirees



2026 Dental Plan Highlights

Choose from two plan options — Standard and High

Both plans feature:

- 100% coverage for in-network cleanings, X-rays and exams[1]
- No deductible for in-network care
- Discounts up to 50% on in-network dental care[2]
- **NEW! A third covered exam** as needed for a specific dental issue
- Orthodontics coverage for children and adults
- No waiting periods — benefits start immediately
- **NEW! Expanded network** of 478,000+ dentist locations nationwide,[3] including SpotLite[4] providers focused on preventive care for better outcomes

Additional protection in our High plan includes:

- Greater coverage for remedial services like fillings and crowns
- **NEW! A third covered cleaning** for members who are pregnant or have diabetes[5]
- Higher lifetime maximums for orthodontics
- An unlimited annual benefit

PLUS! A non-FEDVIP benefit included at no additional cost

MetLife + Aura Identity and Fraud Protection

As a MetLife Federal Dental member, gain access to:

- Powerful online protection for your personal info, credit, finances and devices with our 24/7 digital security solution
- An Aura-provided $5M identity theft insurance policy[6]

1.Subject to frequency limitations.

2. Based on MetLife data. 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.
3. As of July 2025.
4. MetLife's SpotLite on Oral Health℠ is a special designation intended to identify certain PDP providers who have demonstrated a focus on improved health outcomes and have met qualifying criteria. This designation may be used by plan participants to find providers that better align with their healthcare needs. MetLife is not endorsing or otherwise recommending the use of a particular PDP provider.
5. Medical diagnosis required. Plan participants with certain qualifying medical conditions may be eligible for enhanced dental coverage levels and reimbursement for out-of-pocket costs for specific preventive and periodontal dental services that may help improve overall health. Ask your MetLife group representative for costs and complete details.
6. As a component of becoming an Aura Plan member, Consumers receive identity theft insurance through a group policy issued to Aura which is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company, which is not an affiliate or subsidiary of MetLife. Checking & Savings Cash Recovery and 401(k) & HSA Cash Recovery are part of and not in addition to the Expense Reimbursement limit of liability. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

No one can prevent all identity theft or monitor all transactions effectively.

Aura is a product of Aura Sub, LLC. Aura Sub, LLC. is not affiliated with MetLife, and the services and benefits they provide are separate and apart from any MetLife product.

Plan Option Details

Choose the plan that best meets your needs.

	STANDARD OPTION			HIGH OPTION		
	Plan pays this share of the Plan Allowance		Plan pays up to this Plan Maximum	Plan pays this share of the Plan Allowance		Plan pays up to this Plan Maximum
Covered Services	**In-Network**	**Out-of-Network**	**In-Network or Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network or Out-of-Network**
Basic Services – Class A ex. Oral exams, cleanings and X-rays	100%[1]	60%[7]	Calendar Year Max $2000 per person	100%[1]	90%[7]	Unlimited
Intermediate Services – Class B ex. Fillings, periodontal maintenance	55%	40%[7]		70%	60%[7]	
Major Services – Class C ex. Crowns, bridges, root canals	35%	20%[7]		50%	40%[7]	
Orthodontic Services – Class D ex. Comprehensive orthodontic treatment	50%	50%	Lifetime Max $1500 per person	50%	50%	Lifetime Max $3500 per Child $3000 per Adult

Maximize Your Savings by Staying in Network

With either plan, you'll save more by choosing a dentist in our network.

No Deductible[8]

For covered in-network services, you pay nothing out of pocket before your plan starts paying its share of the cost.

Lower Dentist Fees

Network dentists charge negotiated fees which are typically 30%-50% less than the average cost for service in the area.[9]

The negotiated fee for a covered service, or Plan Allowance, is the most your plan will pay — whether your dentist is in our network or not.

More Coverage

Your plan pays a share of the Plan Allowance when your dentist bills for covered service. Your plan's share is higher when your dentist is in network.

You pay the remaining balance of the bill.

- **In-Network:** You pay ONLY the difference between the Plan Allowance and the amount your plan pays.[9]
- **Out-of-Network:** You pay the difference between the Plan Allowance and the amount your plan pays PLUS any difference between the dentist's charge and the Plan Allowance.[10]

This summary provides an overview of each plan's benefits. Specific details regarding these provisions can be found in the Federal Dental Plan Brochure.

Learn More

MetLife.com/FederalDental
1-888-865-6854
TDD 1-888-260-5376

Find a Dentist

or see if yours is in our nationwide network.

MetLife.com/FederalDental

Plan Rates[11]

Find your State and Zip Code in **Figure 2** to get your Rating Region. Then find your Rating Region and Coverage Type in **Figure 1** to get your bi-weekly and monthly rates for each of our plan options.

Figure 1: Rates by Rating Region and Coverage Type for Each Plan Option

	STANDARD OPTION Comprehensive protection including fully covered preventative care						HIGH OPTION Maximum protection for needs beyond preventative care					
	Bi-WeeklyRate			MonthlyRate			Bi-WeeklyRate			MonthlyRate		
Rating Region	Self	Self+1	Family	Self	Self+1	Family	Self	Self+1	Family	Self	Self+1	Family
1	$10.89	$21.77	$32.66	$23.60	$47.17	$70.76	$18.81	$37.62	$56.42	$40.76	$81.51	$122.24
2	$11.56	$23.11	$34.67	$25.05	$50.07	$75.12	$19.92	$39.84	$59.76	$43.16	$86.32	$129.48
3	$12.57	$25.14	$37.71	$27.24	$54.47	$81.71	$21.78	$43.56	$65.35	$47.19	$94.38	$141.59
4	$13.67	$27.34	$41.01	$29.62	$59.24	$88.86	$23.72	$47.43	$71.15	$51.39	$102.77	$154.16
5	$14.34	$28.68	$43.02	$31.07	$62.14	$93.21	$25.90	$51.80	$77.69	$56.12	$112.23	$168.33

Figure 2: Rating Regions by State and Zip Code

State	State/Zip (first 3)	Rating Region
AK	Entire State	5
AL	Entire State	1
AR	Entire State	1
AZ	856-857	1
AZ	850-853, 855, 859-860, 863, 865	2
AZ	864	3
CA	919-921, 942, 956-959	4
CA	Rest of State	5
CO	Entire State	4
CT	Entire State	5
DC	Entire District	4
DE	Entire State	3
FL	330-334, 349	3
FL	320-328, 335-339, 341-342, 344, 346, 347	2
FL	329	1
GA	Entire State	2
GU	Entire Territory	1
HI	Entire State	4
IA	Entire State	1
ID	Entire State	2
IL	600-609, 613	4
IL	Rest of State	1
IN	463-464	4
IN	Rest of State	1
KS	Entire State	1
KY	Entire State	1
LA	Entire State	1

State	State/Zip (first 3)	Rating Region
MA	012	1
MA	Rest of State	5
MD	219	3
MD	Rest of State	4
ME	039-042	5
ME	Rest of State	2
MI	480-485	3
MI	Rest of State	2
MN	550-551, 553-555, 563	4
MN	Rest of State	2
MO	Entire State	1
MS	Entire State	1
MT	Entire State	1
NC	Entire State	2
ND	Entire State	1
NE	Entire State	1
NH	Entire State	5
NJ	080-084	3
NJ	Rest of State	5
NM	874, 877-884	2
NM	Rest of State	1
NV	889-891	3
NV	897	4
NV	Rest of State	2
NY	120-123, 127-149	1
NY	Rest of State	5
OH	Entire State	1
OK	Entire State	2

State	State/Zip (first 3)	Rating Region
OR	970-973	4
OR	Rest of State	3
PA	172-174	4
PA	180-181, 183	5
PA	189-196	3
PA	Rest of State	1
PR	Entire Territory	1
RI	Entire State	5
SC	Entire State	2
SD	Entire State	1
TN	Entire State	1
TX	733, 739, 750-754, 760-762, 770, 772-775, 786-787	2
TX	Rest of State	1
UT	Entire State	1
VA	201, 205, 220-227	4
VA	231, 233-237	2
VA	Rest of State	1
VI	Entire Territory	1
VT	Entire State	2
WA	980-985	5
WA	Rest of State	4
WI	540	4
WI	Rest of State	2
WV	254	4
WV	Rest of State	1
WY	Entire State	2
INT	All	5

7. Subject to an annual deductible per person of $100 in the Standard plan and $50 in the High plan.
8. For in-network services only
9. Negotiated fees refer to the fees that network dentists have agreed to accept as payment in full for certain services, subject to any copayment, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. In states that prohibit limitations for services not covered by a plan, negotiated fees do not apply to services not covered by the plan. Participating providers in these states may charge their non-negotiated fees for non-covered services. Overall plan savings will depend on various factors, including the cost of the plan, how often participants visit a dentist, and the cost of services rendered.
10. Subject to any deductibles, cost sharing, benefit maximum and terms of the plan.
11. Rates and zip subject to change.

The details in this document represent an overview of our plan benefits. This document is not a complete description of the plan. Please note certain services listed are subject to dental review and to being covered as an alternate benefit . Please visit MetLife.com/FederalDental for a full explanation of plan benefits including exclusions and limitations. The 2025 MetLife Federal Dental Plan Brochure will govern in case of any discrepancies between the Plan Brochure and this Plan Highlights document or any other document. 2025 MetLife Federal Dental Plan Brochure and Plan Highlights documents are available for viewing and printing on our website at MetLife.com/FederalDental.

Get Your Rates

MetLife.com/DentalRates

Enroll

BENEFEDS.gov
1-877-888-FEDS 3337
TTY: 711
International: 1-571-730-5942

Enroll now

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;

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, 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;

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 MetLife.com/FederalDental for a full explanation of plan benefits including exclusions and limitations. The MetLife 2026 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 2026 Federal Dental Plan Summary is available for viewing and printing at our website, MetLife.com/FederalDental.

Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166

Like most group benefits programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. You may be financially responsible for copayments, deductibles, or any other amounts in excess of those MetLife is required to pay for covered services as described in your dental certificate and/or policy. Ask your MetLife representative for costs and complete details.

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FEDVIP
Federal Employees Dental And Vision Insurance Program

FED-DEN-PS-2025