

Your dental coverage. Our trusted commitment. *It's a MetLife thing.*

Choose the support and comprehensive coverage of MetLife Federal Dental

- 100% coverage for in-network cleanings, X-rays and exams¹
- Savings of up to 50% for in-network services such as fillings and crowns²
- Orthodontic coverage for adults and children in both plan options
- An unlimited annual benefit for our High Option
- Benefits available on day one of your coverage
- A network of over 475,000 dentist locations nationwide³

PLUS! MetLife + Aura Identity & Fraud Protection
- included at no additional cost

Top-rated⁴, 24/7 online protection, Aura helps safeguard your identity, finances, reputation, and privacy. Included for all FEDVIP dental members.

Receive the benefits and the care you deserve.



Find out more:
[MetLife.com/FederalDental](https://www.MetLife.com/FederalDental)
1-888-865-6854

Enroll:
Nov. 11 – Dec. 09, 2024, midnight EST
[BENEFEDS.gov](https://www.BENEFEDS.gov)
1-877-888-FEDS (3337)

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 2024.

4. Rated Best Overall in Recent 2022 Mystery Shopper Study.

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.



Choose the option that best fits the needs of you and your family

Both options are competitively priced and provide these ways to save:

- 100% coverage for in-network cleanings, X-rays, and exams¹
- No annual deductible for in-network services
- No waiting periods to receive benefits

Standard Option:

- \$2,000 annual maximum per person
- Child orthodontic covered at 50% up to a plan lifetime maximum of \$1,500
- Adult orthodontic covered at 50% up to a plan lifetime maximum of \$1,500

High Option for additional protection from unexpected dental costs:

- Unlimited annual maximum per person
- Adult orthodontic covered at 50% up to a plan lifetime maximum of \$3,000
- Child orthodontic covered at 50% up to a plan lifetime maximum of \$3,500

NOTE: If you're a current participant receiving active orthodontic treatment as of 12/31/2024 and renewing in 2025, we will continue to process claims for your active orthodontic treatment under the 2024 orthodontia maximum and co-insurance for the duration of your approved treatment plan which may extend into 2025 or after.

Covered Services	Standard Option		High Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Basic cleanings, X-rays and oral examinations	100% ¹	60%	100% ¹	90%
Intermediate fillings and periodontal maintenance	55%	40%	70%	60%
Major crowns, bridges, root canal treatment and dentures	35%	20%	50%	40%
Orthodontic comprehensive orthodontic treatment, fixed appliance	50%	50%	50%	50%

Deductibles & Coverage Maximums	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible You Pay Per Person²	\$0	\$100	\$0	\$50
Annual Maximum Plan Pays Per Person	\$2,000	\$2,000	Unlimited	Unlimited
Orthodontia Lifetime Maximum Plan Pays Per Dependent Child	\$1,500	\$1,500	\$3,500	\$3,500
Orthodontia Lifetime Maximum Plan Pays Per Adult	\$1,500	\$1,500	\$3,000	\$3,000

In-Network

- Participating dentists charge negotiated fees that are typically 35–50% less than average charges in the same community.³
- Negotiated fees even apply to services your plan doesn't cover, including any you receive after reaching your plan's annual maximum.
- The plan pays a percentage of the negotiated fee (the Plan Allowance) for a covered service. The percentage of the Plan Allowance the plan pays for each type of service is shown above.
- Your out-of-pocket amount is limited to the difference between the Plan Allowance and our payment.⁴

Out-of-Network

- A non-participating dentist sets his or her own fees, which are typically higher than the in-network Plan Allowance.
- The plan pays a percentage of the Plan Allowance for a covered service. The percentage of the Plan Allowance the plan pays for each type of service is shown above.
- The Standard Option Plan Allowance for a covered service equals the in-network Plan Allowance for the covered service.
- The High Option Plan Allowance for a covered service equals the in-network Plan Allowance for the covered service.
- Your out-of-pocket amount is the difference between your dentist's fee and our payment.⁴ Your out-of-pocket cost will generally be higher when you visit an out-of-network dentist.

1. Subject to frequency limitations.
 2. Annual deductible applies to Basic, Intermediate and Major Services for out of network only.
 3. Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for certain services, subject to any co-payment, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. Negotiated fees do not apply to non-covered services in states that prohibit limitations for services not covered

under a plan. Participating providers in these states may charge their non-negotiated fees for non-covered services. Savings from enrolling in a dental plan will depend on various factors, including the cost of the plan, how often participants visit a dentist and the cost of services rendered.
 4. 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 2024 MetLife Federal Dental Plan Brochure will govern these plan options and can be viewed by visiting [MetLife.com/FederalDental](https://www.MetLife.com/FederalDental).

