

**Coverage that comes with
million dollar smiles.**

It's a MetLife thing.

2025 Dental Plan Summary



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**Enroll in the MetLife
Federal Dental Plan today.
Get the benefits that
fit your life.**

Enroll **November 11, 2024 – December 09, 2024, midnight EST**

**BENEFEDS.gov
1-877-888-FEDS (3337)**

**The comprehensive
coverage you need.
From people
you can trust.**
It's a MetLife Thing.



Open Season

**November 11, 2024 –
December 09, 2024,
midnight EST**

Enroll: **BENEFEDS**
BENEFEDS.gov
1-877-888-FEDS (3337)
TTY 1-877-889-5680

Find out more: **MetLife**
MetLife.com/FederalDental
1-888-865-6854
TDD 1-888-260-5376
Monday–Friday, 8am–9pm EST

OPM
opm.gov/healthcare-insurance



Committed to you and your health.

Savings

- Savings up to 50% for routine in-network services such as fillings and crowns¹
- 100% coverage for in-network cleanings, X-rays, and exams²
- Competitively priced

Coverage

- Orthodontic coverage for adults and children in both plan options
- An unlimited annual benefit in our High option
- Benefits available on day one of your coverage

Choice

- A network of over 475,000 dentist locations nationwide³
- Find out if your dentist is in our network by using our "Find a Dentist" tool at [MetLife.com/FederalDental](https://www.MetLife.com/FederalDental)
- Two plan options to choose from

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

- Award-winning⁴ and powerful online protection for your personal info, credit, finances, and devices, plus a \$5M⁵ insurance policy.
- This 24/7 digital security solution is available for all FEDVIP dental members.

1. 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.
2. Subject to frequency limitations.
3. As of July 2024.
4. Rated Best Overall in Recent 2022 Mystery Shopper Study.
5. 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.

Your comprehensive dental benefits include:

Class A - Basic

Diagnostic and Treatment

Periodic oral evaluations; one every 6 months

Bitewing X-rays; one set every 6 months for children; one set every calendar year for adults

Preventive Services

Prophylaxis (cleanings) for adults and children; one every 6 months

Topical application of fluoride; two every 12 months for children; one every 12 months for adults

Class B - Intermediate

Minor Restorative Services

Coverage for resin-based composite fillings on molar teeth

Resin-based anterior composites

Prefabricated stainless steel crowns; one per tooth every 60 months

Endodontic Services

Therapeutic pulpotomy (exclusions apply)

Periodontic Services

Periodontal scaling and root planing; four or more teeth per quadrant; one every 24 months

Prosthodontic Services

Rebase of complete maxillary dentures; one in a 36-month period; 6 months after initial installation

Oral Surgery

Removal of an impacted tooth—surgical access of an unerupted tooth

Nitrous Oxide

When medically or dentally necessary, similar to coverage for general anesthesia and intravenous conscious sedation





Your comprehensive dental benefits continued:

Class C - Major

Major Restorative Services

Metallic onlays; four or more surfaces; one per tooth every 60 months

Porcelain or ceramic crown substrate; one per tooth every 60 months

Endodontics Services

Anterior, bicuspid and molar root canal (exclusions apply)

Re-treatment of anterior, bicuspid and molar root canal therapy

Periodontics Services

Gingivectomy or gingivoplasty; one to three teeth per quadrant; one every 36 months

Prosthodontic Services

Porcelain, ceramic and cast metal retainers for resinbonded fixed prosthesis; one every 60 months

Implant Services

Implant services subject to the guidelines of the plan

Class D - Orthodontic

Orthodontic coverage for children and adults (enrollee and spouse)

No waiting periods in either plan option

Orthodontic benefits end at cancellation of coverage

For a MetLife enrolled participant with active orthodontic treatment as of 12/31/2024 and renewing in 2025, we will continue to process claims for the active orthodontic treatment under the 2024 orthodontia maximum and co-insurance for the duration of the approved treatment plan which may extend into 2025 or after. Active orthodontic treatment consists of initial placement of an appliance and ongoing treatment submitted by a MetLife-approved orthodontist.



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](https://www.MetLife.com/FederalDental) for a full explanation of plan benefits including exclusions and limitations. The MetLife 2024 Federal Dental Plan Brochure will govern if any discrepancies exist between that Brochure and this Plan Summary or any other document. The MetLife 2024 Federal Dental Plan Brochure and 2024 Federal Dental Plan Summary are available for viewing and printing at our website, [MetLife.com/FederalDental](https://www.MetLife.com/FederalDental).

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
- Benefits available on day one of your coverage



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

Standard Option:

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

High Option for additional protection from unexpected dental costs:

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

NOTE: If you're a current participant with 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.

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).



Your bi-weekly rates¹

Competitively priced. Find the Rating Area for your State and Zip Code below. Then, find the associated rate for your coverage level in each plan option.



Standard Option

Rating Area	Self	Self + One	Self + Family
1	\$10.48	\$20.95	\$31.43
2	\$11.13	\$22.25	\$33.38
3	\$12.16	\$24.32	\$36.47
4	\$13.41	\$26.82	\$40.23
5	\$14.07	\$28.14	\$42.21

High Option

Self	Self + One	Self + Family
\$18.45	\$36.89	\$55.34
\$19.46	\$38.92	\$58.38
\$21.61	\$43.22	\$64.84
\$23.50	\$47.01	\$70.51
\$25.90	\$51.80	\$77.69

State	State/Zip (first 3)	Rating
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
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
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



You can easily find your rates online by visiting fedvip.metlife.com/dental/rates/

1. Rates and zip subject to change



Your coverage. Our commitment.

Key plan highlights include:

- **Savings** — Up to 50% for routine in-network services such as fillings and crowns¹
- **Coverage** — Orthodontic coverage for adults and children in both plan options
- **Choice** — A network of over 475,000 dentist locations nationwide²

Enroll in the MetLife Federal **Dental Plan** today.

MetLife provides benefits for more than 700,000 active and retired federal employees and uniformed service members.



Online
BENEFEDS.gov



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



1. 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.

2. As of July 2024.

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 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;

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](https://www.MetLife.com/FederalDental) for a full explanation of plan benefits including exclusions and limitations. The MetLife 2024 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 2024 Federal Dental Plan Summary is available for viewing and printing at our website, [MetLife.com/FederalDental](https://www.MetLife.com/FederalDental).

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

Like most group benefits programs, benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. For more information please view the Federal Dental Plan Brochure, which will govern these plan options and can be viewed by visiting [MetLife.com/FederalDental](https://www.MetLife.com/FederalDental).

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.

Metropolitan Life Insurance Company, New York, NY
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1. This is a summary; review plan documents for full information.