



Wherever a job
is also an honor,
MetLife Federal
Dental is with you.

2022 Dental Plan Summary



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

- More Coverage
- More Dentists
- More Savings
- More Satisfaction

**Enroll November 8, 2021 –
December 13, 2021, midnight EST**
www.BENEFEDS.com
1-877-888-FEDS (3337)

**We're with you in 2022
with big discounts and
access to one of the
nation's largest dental
networks.**



Open Season

**November 8, 2021 –
December 13, 2021,
midnight EST**

To enroll:

BENEFEDS

BENEFEDS.com
1-877-888-FEDS (3337)
TTY 1-877-889-5680

Find out more:

MetLife

MetLife.com/FEDVIP-Dental
1-888-865-6854
TDD 1-888-260-5376
Monday–Friday, 8am–9pm EST

OPM

opm.gov/healthcare-insurance



MetLife Federal Dental is always with you, even during the most unusual of times. Eligible federal employees and retired uniformed service members receive:

More Coverage

- Comprehensive coverage including child and adult orthodontia in both plan options
- No waiting periods to receive benefits
- Unlimited annual maximum per person in the high option
- No annual deductible for in-network benefits

More Dentists

- One of the nation's largest networks
- Over 492,000 participating dentist locations¹
- Find out if your dentist is in our network by using our "Find a Dentist" tool at [MetLife.com/FEDVIP-Dental](https://www.MetLife.com/FEDVIP-Dental)

More Savings

- Big discounts up to 45% lets you save even more with in-network dentists²
- No out-of-pocket costs for in-network cleanings, X-rays and exams³
- Competitively priced

More Satisfaction

- 98% of claims are paid within 10 days⁴
- 97% of our members would tell you to choose us⁵
- Automatic claims submission to FSAFEDS with paperless reimbursement



1. As of June 2021.

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. Subject to frequency limitations.

4. MetLife claims data as of March 2021.

5. Based on the 2020 MetLife Federal Dental Plan Participant Satisfaction Survey.

More coverage

With the MetLife Federal Dental Plan, it's even easier to get the coverage you need.

Covered Dental Services

Here is a summary of dental services covered in each category:

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

Resin-based anterior composites; alternate benefit of amalgam will be provided on molar teeth.

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.

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 resin-bonded fixed prosthesis; one every 60 months.

Implant Services

Implant services subject to the guidelines of the plan.

Class D - Orthodontia

Adult (enrollee and spouse) and dependent children orthodontia coverage.

No waiting periods for both Standard and High Options.

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 [MetLife.com/FEDVIP-Dental](https://www.mylife.com/FEDVIP-Dental) for a full explanation of plan benefits including exclusions and limitations. The MetLife 2022 Federal Dental Plan Brochure will govern if any discrepancies exist between that Brochure and this Plan Summary or any other document. The MetLife 2022 Federal Dental Plan Brochure and 2022 Federal Dental Plan Summary are available for viewing and printing at our website, [MetLife.com/FEDVIP-Dental](https://www.mylife.com/FEDVIP-Dental).



You can choose

We’ve made it simple to choose the right plan to fit your budget with Standard and High plan options.

Both plans provide savings for you and your family including:

- No cost for in-network cleanings, X-rays and exams¹
- No annual deductible for in-network services
- Competitive pricing
- No waiting periods

Standard Option:

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

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

- Unlimited annual maximum per person
- Adult orthodontia covered at 70% up to a plan lifetime maximum of \$3,000
- Child orthodontia covered at 70% up to a plan lifetime maximum of \$5,000

Coverage	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%	70%	70%
Annual Deductible Per Person ²	\$0	\$100	\$0	\$50
Annual Maximum Per Person	\$1,500	\$1,000	Unlimited	Unlimited
Orthodontia Lifetime Maximum Dependent Child Per Person	\$2,000	\$2,000	\$5,000	\$5,000
Orthodontia Lifetime Maximum Adult Per Person	\$2,000	\$2,000	\$3,000	\$3,000

In-Network

- Participating dentists charge negotiated fees that are typically 30-45% 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.⁵



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. Based on MetLife data. Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for services rendered by them, subject to any cost sharing, benefit maximums and terms of the plan. Negotiated fees are subject to change. 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.
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 2022 MetLife Federal Dental Plan Brochure will govern these plan options and can be viewed by visiting [MetLife.com/FEDVIP-Dental](https://www.MetLife.com/FEDVIP-Dental)



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	\$10.25	\$20.51	\$30.76	\$18.82	\$37.63	\$56.45
2	\$10.90	\$21.79	\$32.69	\$19.85	\$39.70	\$59.55
3	\$12.15	\$24.30	\$36.45	\$22.04	\$44.09	\$66.13
4	\$13.40	\$26.81	\$40.21	\$23.98	\$47.96	\$71.94
5	\$14.18	\$28.37	\$42.55	\$26.70	\$53.39	\$80.09

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

1. Find your personalized rate and view monthly rates online by visiting us at [MetLife.com/FEDVIP-Dental](https://www.MetLife.com/FEDVIP-Dental)



Member Benefits

We can't thank you enough for your commitment to our country and for the contributions you make day after day. You more than deserve great dental benefits, savings and satisfaction.

MetLife Federal Dental continues to be with you and is proud to offer you and your families the following plan benefits:

- A choice between the MetLife Federal Dental Standard and High Options
- High annual and lifetime plan maximums
- One of the nation's largest dental networks
- Significant discounts for covered services by in-network dentists

Many federal employees and retirees choose MetLife Federal Dental plans over other FEDVIP carriers.

If you are not enrolled and want to receive FEDVIP dental coverage beginning in 2022, you must enroll during the Federal Benefits Open Season, November 8–December 13, 2021, midnight EST.

How we have changed for 2022:

The High Option Plan Allowance for Out-of-Network services will be equal to the In-Network Plan Allowance for the covered service. This change will not impact the way orthodontia reimbursement is calculated; however, In-Network discounts are 10%–45% below community average charge and depending on the Out-of-Network providers charge your out-of-pocket liability can vary from prior experience for other procedures. As always, please proactively discuss both In and Out-of-Network healthcare cost with your provider before care is rendered so that your out-of-pocket costs are known and take advantage of the Pre-Treatment Estimate process for any procedure which is anticipated to cost at least \$300.

Find out more:
MetLife.com/FEDVIP-Dental
1-888-865-6854

To enroll:
BENEFEDS.com
1-877-888-FEDS (3337)

More Dentists

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

Enroll in the MetLife Federal Dental Plan now.

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



Online
BENEFEDS.com



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



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/FEDVIP-Dental](https://www.mylife.com/FEDVIP-Dental) for a full explanation of plan benefits including exclusions and limitations. The MetLife 2022 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 2022 Federal Dental Plan Summary is available for viewing and printing at our website, [MetLife.com/FEDVIP-Dental](https://www.mylife.com/FEDVIP-Dental).



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/FEDVIP-Dental](https://www.mylife.com/FEDVIP-Dental).

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