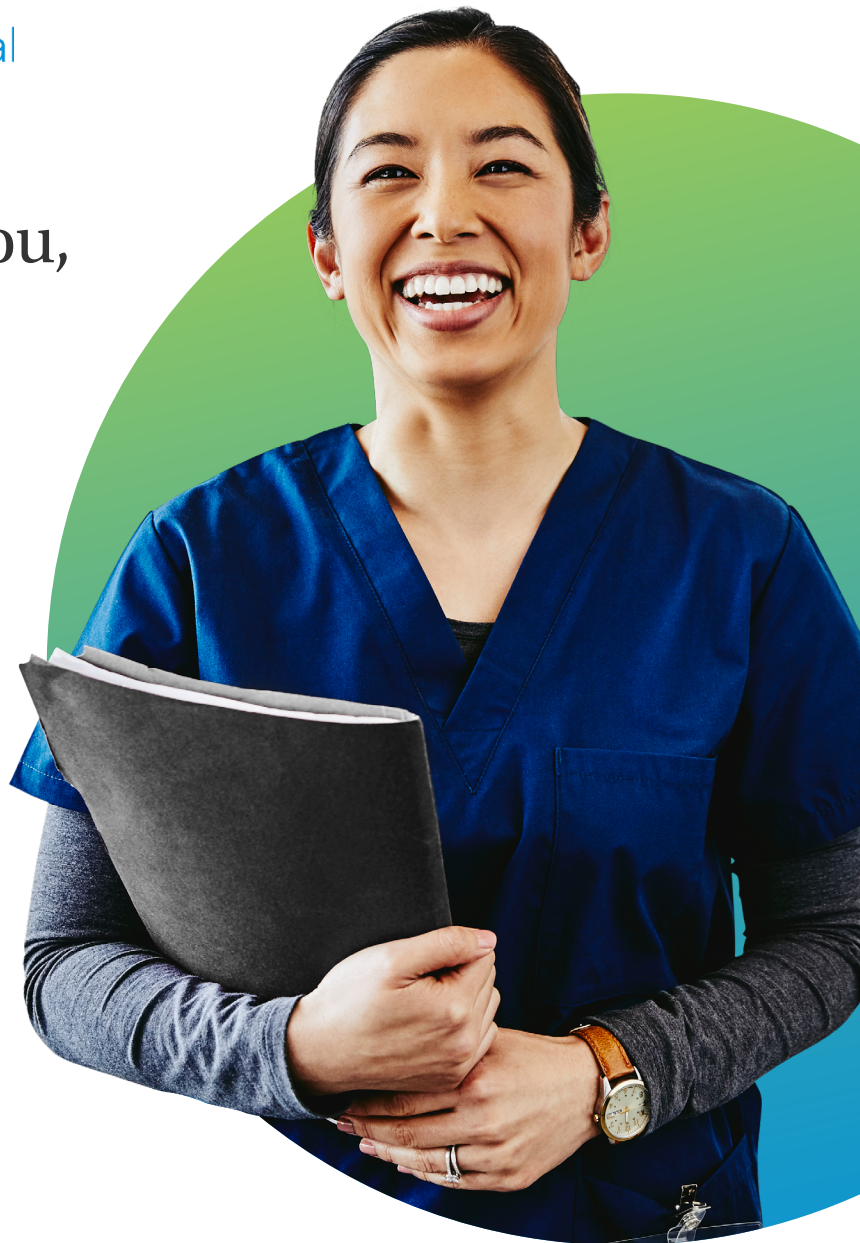


Dental coverage for you, **commitment** from us.

Choose the support and comprehensive coverage of MetLife Federal Dental

- **New!** Reduced rates for our High Option
- **New!** More coverage for fillings
- 100% coverage for in-network cleanings, X-rays and exams¹
- Savings of up to 45% for in-network services such as fillings and crowns²
- An unlimited annual benefit for our High Option
- Orthodontic coverage for adults and children in both plan options
- A network of over 460,000 dentist locations nationwide³
- Benefits available on day one of your coverage



Receive the benefits and the care you deserve.



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

To enroll:
Nov. 14 – Dec 12, 2022, midnight EST
[BENEFEDS.com](https://www.BENEFEDS.com)
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 June 2022.

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

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

- **New!** Coverage for composite fillings on molar teeth for a more natural appearance
- 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:

- \$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 for additional protection from unexpected dental costs:

- **New!** Reduced rates starting January 1, 2023
- 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

Other network options:

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.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. 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 2023 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).