

The MetLife Federal Dental Plan is a nationwide dental PPO plan available to all Federal employees and annuitants, governed by a contract with the Office of Personnel Management (OPM) and subject to annual rate negotiations. Enrollment options include High and Standard plans for Self Only, Self Plus One, and Self and Family, with coverage effective from January 1, 2025, for those who enroll during the open season from November 11, 2024, to December 9, 2024. Premium deductions begin in the first full pay period after enrollment. The plan covers a variety of dental services categorized into Classes A, B, C, and D, with specific benefits for orthodontic treatments. Notable changes for 2025 include increased annual maximums for non-orthodontic services under the Standard option and adjustments to orthodontic lifetime maximums and coinsurance rates. Policyholders are encouraged to use in-network providers, although availability may vary by area, and they should verify provider participation before appointments.

Exclusions include services not covered under the plan, and specific procedures for filing claims and handling disputes are outlined. The plan complies with federal civil rights laws, ensuring non-discrimination based on race, color, national origin, age, disability, or sex. New non-FEDVIP benefits such as pet insurance and student loan assistance through Savi are also available. Enrollment must be conducted through the secure BENEFEDS website, and individuals cannot be covered by multiple FEDVIP plans for the same type of coverage. Changes to enrollment can occur due to qualifying life events, with specific timeframes for requests. Cancellation of enrollment is generally limited to the annual open season, but participants paying post-tax premiums may cancel or change their enrollment within 60 days of becoming eligible for VA dental or vision benefits.

The plan specifies that coverage ends for various reasons, including loss of eligibility or failure to make premium payments, with no extension of coverage under FEDVIP plans. However, benefits may be paid for a 31-day period after coverage ends if specific dental procedures were initiated before termination. Participants considering enrollment in a Flexible Spending Account (FSA) should assess how FEDVIP coverage impacts their expenses, as insurance premiums are not eligible

expenses. The plan allows for the use of Health Savings Accounts (HSAs) or Health Reimbursement Arrangements (HRAs) for qualified dental and vision costs not covered by FEDVIP.

Participants can obtain care from any licensed dentist, but it is recommended to inform the dental office of FEDVIP enrollment to utilize in-network benefits. Care from in-network providers is subject to different payment structures compared to out-of-network providers, where participants are responsible for the difference in costs. A pre-treatment estimate is advised for procedures expected to cost at least \$300, and claims are reviewed by licensed dentist consultants to ensure dental necessity. The plan includes a deductible structure, with no deductible for in-network services under the High Option, while out-of-network services have deductibles of \$50 for High Option and \$100 for Standard Option. The Annual Benefit Maximum is unlimited for both In-Network and Out-of-Network services under the High Option, while the Standard Option has a \$2,000 limit.

The policy outlines various dental services and their coverage limitations, including specific frequencies for procedures such as exams and radiographic images. The plan emphasizes the importance of adhering to defined limitations and exclusions for coverage eligibility. Claims must be filed within 90 days of a loss, and if disputed, policyholders can request a reconsideration in writing within 180 days. The plan reserves the right to recover overpayments and protects Personal Health Information (PHI) under HIPAA, allowing enrollees to request access and amendments to their PHI.

Overall, the MetLife Federal Dental Plan provides comprehensive dental coverage with specific rights and responsibilities for policyholders, emphasizing the importance of understanding the terms, limitations, and exclusions to ensure benefits are received.