

## FDIC Retiree Dental Insurance Program Frequently Asked Questions

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1. **I did not complete the annual Self Certification form.** Will my coverage continue next year?

Yes, your current level of coverage will continue if you do not complete the annual Self Certification form.

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2. **Will I pay the same premium for FDIC Retiree Dental Insurance in 2023?**

Premiums will stay the same in 2023 for Self Only and increase for Self and Family.

Retiree Dental	Retiree Quarterly Cost
<b>Standard Option</b>	
Self Only	\$27.85
Self and Family	\$82.30

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3. **Are there any changes in dental benefits for 2023?**

As of January 1, 2023, two fluoride treatments will be covered in full for all enrollees per Plan Year. The benefit structure and Participating Dental Provider network will remain unchanged. The network will be referred to as the PDP plus and represents about 300,000 participating dentist access points nationally. Remember, you may choose to go to any provider, but utilizing a network provider is the best way to lower your out-of-pocket costs.

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4. **Next year, can I still use my current dentist?**

You can continue to use your current dentist. If your dentist participates with MetLife's PDP Plus Network, the dentist's office will usually file a claim for you. If your dentist does not participate, you may have to file the claim directly with MetLife.

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5. How do I **check to see if my dentist participates** with MetLife?

You may either check on-line at [www.MetLife.com](http://www.MetLife.com) under "Find a Dentist," or call MetLife customer service at 1-800-942-0854 Monday through Friday, 8:00 a.m. to 11:00 p.m., ET. An Interactive Voice Response (IVR) system is also available to handle inquiries 24/7/365.

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6. Can I access an **online record of my claims** processed by MetLife?

Yes, you may access a record of your dental claims processed by MetLife and a listing of Preferred Dental Providers by logging onto <https://mybenefits.metlife.com> and selecting "Federal Deposit Insurance Corporation." Just follow the easy registration process on the secure website to set up your individual user name and password.

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7. I will probably meet my deductible between October and December. Will the **deductible carry over to next year?**

Yes, the individual deductible from services completed in the 4<sup>th</sup> quarter (October through December) carry over to the next plan year. Example: If you have completed dental services during the 4<sup>th</sup> quarter 2022 and pay towards or meet your individual deductible, that deductible amount is carried over towards the next year's (2023) deductible.

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8. When should I **submit a Pre-treatment Estimate?**

You should submit a Pre-treatment Estimate prior to starting extensive dental work. The Pre-treatment Estimate is not a guarantee of payment. It informs you and your dentist if the proposed treatment is subject to the Alternate Benefit Provision and determines the expenses that will be included as Covered Expenses.

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9. Does the **orthodontia lifetime reimbursement limit** apply per family or per participant?

The orthodontia lifetime reimbursement limit applies per eligible participant. If you have Self & Family coverage, each participant is eligible for reimbursement for orthodontic services up to the lifetime maximum amount.

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10. Are **dental implants** covered?

Surgical dental implants and the associated bone graft, exam, x-ray and crown are eligible for benefits subject to the alternate benefits provision. Prior to the start of treatment, you or your participating MetLife provider should submit a Pre-treatment Estimate. The participating provider will not charge you the difference between the participating provider's charge and the MetLife fee schedule.

**Note:** The alternative benefit provision may apply. When more than one dental service could provide suitable treatment based on common dental standards, MetLife will determine the dental service on which payment will be based and the expenses that will be included as Covered Expenses. The plan will cover the most appropriate, cost-effective method of treatment.

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11. When I receive services from an In-Network Dentist, **will I receive a discount for non-covered services** under the FDIC Choice Dental Plan?

An in-network dentist should not bill you for amounts that are in excess of the negotiated fees that your dentist has agreed to accept as payment for services. This rule applies even if services are not covered under your specific dental plan. You should always verify that your dentist is a MetLife in-network dentist at the time of your appointment and understand the charges prior to having dental services completed. To verify if your dentist is in the MetLife network, visit [www.metlife.com](http://www.metlife.com), enter your desired zip code, then select "PDP

Plus” as the network type and enter specialty to view the listing of in-network providers.

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12. My Federal Employee Health Benefits (FEHB) includes coverage for dental services and I am also enrolled in the FDIC Dental Plan. **Can I file a claim to both plan carriers?**

Yes, you can submit a dental services claim to both plan carriers. The FDIC Dental Plan, which MetLife is the insurance carrier, is the primary plan carrier for you and all of your dependents. This means that if you are enrolled in another group dental plan (e.g., FEHB) and are a subscriber enrolled in the FDIC Plan, you file your claim to MetLife first and then any eligible balance is filed to your other group plan second which may provide additional coverage.

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13. I am enrolled in FDIC Dental Insurance and my FEHB includes some dental coverage. Is it worth **considering enrolling for FEDVIP** insurance?

Only you can determine what coverage is appropriate to your needs. However, be aware that:

- a) Continuing in 2023, you are responsible for 20 percent of your FDIC Standard Option Retiree Dental Insurance premium and FDIC will pay 80 percent of the premium. Under FEDVIP, you are responsible for 100 percent of the premium cost. FDIC will not contribute to the cost of FEDVIP.
- b) The FDIC Dental Plan benefits structure usually pays a higher percentage of the provider's fee than the plans under FEDVIP. The FDIC Plan allows you to choose to receive treatment from either in or out-of-network providers.
- c) Since the FDIC Dental Plan is primary, the FDIC Plan pays claims before FEDVIP pays. If the FDIC Dental Plan pays a higher portion of the claim for a service than FEDVIP does, FDIC Dental will pay its portion of the claim and FEDVIP will pay nothing. For example, say you have met the deductible for both FDIC Dental and FEDVIP and then have a tooth filled by a dentist who is a preferred provider under both Plans. If FDIC Dental pays 80 percent of the preferred provider negotiated rate for tooth filling and FEDVIP pays 55 percent, FEDVIP will pay nothing and you will pay the balance (20 percent of the negotiated rate).

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14. **I am considering terminating my FDIC Retiree Dental Plan enrollment.** Can I re-enroll at a later date?

If you voluntarily terminate your FDIC Retiree Dental Plan Enrollment, you will not be allowed to re-enroll at a later date. However, if you are re-employed by the FDIC (i.e., reemployed annuitant) and eligible to enroll as an employee, you may continue your enrollment as a retiree and receive Choice credits as an employee. Or, you may terminate your retiree enrollment and enroll as an employee with the ability to re-enroll as a retiree upon your return to retiree status.

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15. If I **waive Dental**, but my spouse/domestic partner, an FDIC retiree, enrolls in Self & Family coverage, will I **lose my entitlement to be covered into retirement** should he/she predecease me or we divorce/end the domestic partnership?

In the event of your spouse's/domestic partner's death or your divorce/dissolution of your domestic partnership, you should notify the Benefits Hotline as soon as possible. As an eligible survivor/retiree, your FDIC Retiree Dental Plan enrollment will transfer to your name automatically.

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16. Can I make a **change to my Dental coverage when I retire?**

Your retirement is not a Permitted Elected Change to change your dental coverage. Retirees enrolled in the FDIC Retiree Dental Plan may change coverage due to a life event (divorce, marriage, initiating/ending a domestic partnership, death, gain or loss of dependent child) during the Plan Year. Otherwise, retirees may change coverage during the annual Self-Certification Process.

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17. Can I enroll my **children up to age 26** under my FDIC Dental Plan coverage as a result of the Affordable Care Act (ACA)?

No, the FDIC Dental Plan does not cover ACA "adult children." Children can be covered up to age 22 or up to age 25 if a full-time student in an accredited educational institution and financially dependent on you. Children may be covered beyond age 22 if mentally or physically incapable of earning their own living, provided the dependent became incapacitated before age 22, or age 25 when a full-time student, and when proof of incapacity is provided and approved by the Benefits Center. For additional information about continuing FDIC Dental Plan coverage for a disabled child, contact the Benefits Hotline at \* 925 (from any FDIC facility) or 1-877-334-2111 or TDD 1-877-334-3092.

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18. Do I have benefits for two exams and a consultation in the same year?

No, you have benefits for a combination of exam types that do not exceed two in a calendar year. For example, if you have a periodic oral evaluation (D0120) and a comprehensive periodontal oral evaluation (D0180) this would count as two procedure services reaching the maximum for the calendar year, so that, not more than the maximum allowable expense and limitation are paid under this plan.

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