

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?

If your current FDIC dental insurance election meets your needs, you don't need to do anything. Your current level of coverage will remain in force.

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2. **Will I pay the same premium for FDIC Retiree Dental Insurance in 2015?**

No, the premiums will increase slightly. This increase applies to both self-only and self and family enrollments.

Retiree Dental	Retiree Quarterly Cost
Standard Option	
Self Only	\$26.98
Self and Family	\$79.06

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3. **Are there any changes in dental benefits for 2015?**

The benefit structure and Participating Dental Provider network will remain unchanged. The network will be referred to as the PDP plus and represents about 200,000 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 Preferred Dental Program (PDP) Plus, 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 under "Find a Dentist," or call MetLife customer service at 1-800-942-0854 from M-F 6:00am to 11:00pm, EST. A Dental Voice

Response Unit is also available during regular customer service hours and on Saturdays from 8:00am to 4:00pm EST. [Return to Top](#)

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 carryover to next year?**

Yes, any expenses applied to the deductible between October and December carryover to help offset the deductible in 2015.

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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. [Return to Top](#)

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?

Prior to January 1, 2009 the surgical dental implant and associated bone graft were not eligible for benefits. Effective January 1, 2009 surgical dental implants and the associated bone graft, exam, x-ray and crown became 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. **Can I get a discount on services that are not covered** under the FDIC Retiree Dental Plan with MetLife?

Yes, even though the service may not be included under the FDIC Dental Plan, your participating dentist should file a Pre-treatment Estimate to MetLife. Although the plan cannot extend a benefit, you will not be responsible for the difference between the participating provider's charge and the MetLife fee schedule.

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12. My federal employee health insurance includes dental benefits. I am also enrolled in the FDIC Dental Plan. **Can I file a claim to both plans?**

Effective January 1, 2007, the FDIC Dental Plan is primary for all enrollees including dependents covered under another plan. If your spouse is covered under another plan through employment, the FDIC Plan is still primary.

That means that if you are enrolled in another group dental plan (e.g., FEHB) and are the subscriber under the FDIC Plan, you file your claim to MetLife first, and then any eligible balance is filed to your other group plan second.

If your spouse/domestic partner is covered by another group plan, or your eligible children are covered by more than one group dental plan (e.g., your plan and your spouse/domestic partner's), the FDIC Plan is primary. The 'oldest plan' for employer-provided insurance or the 'birthday rule' provisions do not apply.

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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 2015, 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 as of January 1, 2007, 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). [Return to Top](#)

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. What happens to my **Dental Insurance in retirement** if I am under either High or Low Option Dental when I retire?

When you retire, you will be moved into Retiree Standard Option Dental, which has the same level of benefits as Standard Option for current employees. As a retiree, you will be billed for your Standard Option coverage at the same rate as an employee. However, you pay premiums as a retiree on a post-tax basis. While the preceding states the current conditions, be aware that the amount you are billed for dental insurance in retirement can be changed at any time or the coverage for retirees can be modified or terminated.

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17. 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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18. If I cancel my FDIC Employee Dental Plan coverage and enroll in FEDVIP, can I still enroll in the FDIC Retiree Dental Plan upon retirement? **Will time spent in FEDVIP**

count toward meeting the five-year participation requirement in the **FDIC Retiree Dental Plan?**

No, if you cancel your FDIC dental coverage as an employee, you will not be eligible to carry FDIC dental coverage into retirement. To participate in the FDIC Retiree Dental Plan you must retire from the FDIC with an immediate annuity from CSRS or FERS and be covered under the FDIC Plan for the five consecutive years immediately preceding retirement, or the full period for which you were eligible, whichever is less.

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19. 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, or beyond age 22 if the child is disabled and the disability began before age 22 while enrolled under the Plan. For additional information about continuing FDIC Dental Plan coverage for a disabled child, please contact the Benefits Hotline 1-877-334-2111 or TDD 1-877-334-3092.

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20. 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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