FDIC Dental Insurance for Retirees

Summary of Benefits

Please Note: The FDIC may terminate the Plan or may modify, amend, or change the provisions, terms, and conditions of the Plan at any time.

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FDIC Retiree and Survivor Dental Insurance Plan

Table of Contents

INTRODUCTION 4

FDIC RETIREE DENTAL PLAN HIGHLIGHTS 5

TERMS YOU SHOULD KNOW 6

PARTICIPATING IN THE FDIC DENTAL PLAN 9

- WHO IS ELIGIBLE 9
- DUAL ENROLLMENT IS PROHIBITED 10
- THE COST OF COVERAGE 10
- WHEN COVERAGE BEGINS 11
- WHEN COVERAGE ENDS 11
- DENTAL BENEFITS EXTENSION 13
- ANNUAL CERTIFICATION OF DEPENDENTS AND ENROLLMENT 13

HOW THE PLAN WORKS 13

- UNDERSTANDING A PPO PLAN 13
- SELECTING A METLIFE PARTICIPATING PDP PROVIDER 14
- CLAIMS PAYMENT RULES 14
- ALTERNATE BENEFIT PROVISION 14
- PRE-TREATMENT ESTIMATE 14
- HOW THE DEDUCTIBLE AMOUNT APPLIES 15
- MAXIMUM AMOUNT PAYABLE 16
- COORDINATION OF BENEFITS 16

.SCHEDULE OF DENTAL SERVICES 16

- CLASS I SERVICES - DIAGNOSTIC AND PREVENTATIVE 17
- CLASS II SERVICES -BASIC RESTORATIVE, ENDODONTICS, PERIODONTICS MAINTENANCE OF PROSTHODONTICS AND ORAL SURGERY 17
- CLASS III SERVICES - MAJOR RESTORATIVE, INSTALLATION OF PROSTHODONTICS 19
- CLASS IV SERVICES – ORTHODONTICS 20
- CLASS V SERVICES -TEMPOROMANDIBULAR JOINT (TMJ) DYSFUNCTION 21

SERVICES NOT COVERED UNDER THE PLAN 21

- EXCLUSIONS 21
- GENERAL LIMITATIONS 22

HOW TO CLAIM BENEFITS 23

- CLAIMS PROCEDURES 23
- CLAIMS DENIAL AND APPEAL PROCEDURES 24

PERSONAL EVENTS AFFECTING COVERAGE 25

IMPORTANT CONTACTS 26

OTHER IMPORTANT INFORMATION 26

GLOSSARY OF DENTAL TERMS 29

INTRODUCTION

This booklet describes the Dental Plan for eligible FDIC retirees, their Dependents and survivors of employees and retirees. . Please review the information in its entirety to determine your eligibility, when you may change your election, understand the benefits available to you, covered services, plan limitations and when your coverage terminates.

Please note that the Dental Plan High and Low Options for active employees that began on January 1, 2002, do not apply to retirees. FDIC employees who retire after January 1, 2002, and who are eligible for retiree dental benefits, will revert to the Standard Option, regardless of their elected Option as an active employee.

It is your responsibility to read these materials to understand the Dental benefits available to you. This booklet, along with a claim form, is posted on the FDIC Retiree's Website at http://www.fdic.gov/retiree.

FDIC RETIREE DENTAL PLAN HIGHLIGHTS

Dental Benefit for Retirees	In-Network Provider	Out-of-Network Provider
	YOU PAY	
Calendar Year Deductible*		
Individual	$50	
Family Maximum	$150	
Coinsurance**		
Class I (Preventive/Diagnostic)	0%	0%
Class II (Basic Restorative)	20%	20%
Class III (Major Restorative)	40%	40%
Class IV (Orthodontics)	40%	40%
Class V (TMJ)	50%	50%
Maximum Per Individual		
Calendar Year (Classes I thru III)	$3,000	
Lifetime (Class IV)	$2,000	
Lifetime (Class V)	$750	

* Applies to Class II through V services.
** The same Coinsurance applies whether services are received from a Participating Provider or a Non-Participating Provider. However, a Non-Participating Provider may bill you for amounts in excess of the Reasonable and Customary Charge.

TERMS YOU SHOULD KNOW

Child

A child is a legitimate child; an adopted child; a stepchild, foster child, a child of a Domestic Partner, or recognized natural child who lives with you in a regular parent-child relationship; and a recognized natural child for whom a judicial determination of support has been obtained, or those whose support the enrollee makes regular and substantial contributions.

Coinsurance

The term coinsurance means the percentage of charges for Covered Expenses that an insured person is required to pay under the Plan.

Covered Expenses

Covered expenses are those incurred by or on behalf of you or any one of your eligible Dependents for charges made by a Dentist for performing a Dental Service listed in the Dental Services Schedule that is essential for the necessary care of the teeth that starts and is completed while the person is insured.

A dental service is deemed to start when the actual performance of the service starts, except that:

- For fixed bridgework and full or partial dentures, it starts when the first impressions are taken;
- For a crown, inlay or onlay, it starts on the first date the involved tooth is prepared; and
- For root canal therapy, it starts when the pulp chamber of the tooth is opened.

Deductible

The deductible is the initial amount the insured pays for covered services rendered. The deductible is in addition to any other expenses incurred for which no benefits are payable because of any Coinsurance. There are two types of deductibles: Individual and Family.

Dentist

An individual who is duly licensed to practice dentistry or perform oral surgery in the state where the dental service is performed and is operating within the scope of his or her license. For the purpose of this definition, physicians will be considered to be dentists when they perform any of the dental services described in the Schedule of Dental Services and are operating within the scope of their license.

Dependent

Eligible Dependents are:

1) A lawful Spouse or a Domestic Partner;

2) An unmarried Child up to age 22.

3) An unmarried Child age 22, dependent for support and enrolled in an accredited College or University as a full-time student, are eligible for coverage up to age 25.

4) A Child age 22 or over who is incapable of self-support because of mental or physical disability that existed before the child reached age 22. To submit proof of a Child's incapacity no later than 60 days before the 22nd birth day, contact the Benefits Hotline at (877) 334-2111(TDD: 1-877-334-3092), or your OIG/HRB representative at (703) 562-6419. The mental or physical disability must have occurred prior to attainment of age 22. The standards for determining whether a Child is disabled and incapable of self-support are listed in title 5, Code of Federal Regulations, Part 890, Section 890.302(d).

Domestic Partner

A person in a Domestic Partnership with a retiree,

Domestic Partnership

A committed relationship between two adults of the same or opposite sex which meet all of the following conditions:

- The Domestic Partnership has been in effect for at least six months
- Both partners are at least 18 years of age
- Both partners are each other's sole domestic partner and intend to remain so indefinitely
- Neither partner is married (either legally or by common law) to, or legally separated from, anyone else
- The partners are not related by blood or marriage to a degree of closeness that would prohibit marriage in the state in which they reside
- Both partners reside together and intend to do so indefinitely
- Both partners agree they are in a committed relationship and consider each other jointly responsible for each other's common welfare and financial obligations
- Both partners agree that they are not in the relationship solely for the purpose of obtaining benefits coverage.

Non-Participating Provider

A Dentist who does not have a contracted arrangement with MetLife.

Participating Provider – MetLife Preferred Dental Provider (PDP)

A Dentist or a professional corporation, professional association, partnership or other entity that has entered into a contract with MetLife to provide dental services at predetermined fees. Participating Providers may change from time to time. To determine if a Dentist is a Participating Provider, call 1-800-942-0854, or log onto MetLife's web site at www.metlife.com .

Permitted Election Change

A change can be made if you experience one of the permitted events. To change coverage during a Plan Year, the permitted event must occur within the Plan Year and be consistent with the requested change. See PERSONAL EVENTS AFFECTING COVERAGE for a list of Permitted Election Changes.

Plan

Plan means the FDIC Dental Insurance Plan.

Plan Year

The Plan Year is the calendar year.

Reasonable and Customary Charges

A charge made for a dental service that is the amount normally charged by the provider for a similar dental service or supply and does not exceed the amount ordinarily charged by most providers of comparable dental services in the locality where the services are received.

In determining whether a charge is reasonable and customary, due consideration will be given to the nature and severity of the condition being treated and any medical complications or unusual circumstances which require additional time, skill, or experience.. Any charges for a dental service which exceed the reasonable and customary charge for that service will not be considered Covered Expenses. A Non-Participating Provider may bill you for amounts in excess of the reasonable and customary charge.

Spouse

Spouse means a person to whom you are legally married or with whom you live in a common law relationship in a State that recognizes such.

PARTICIPATING IN THE FDIC DENTAL PLAN

Who is Eligible

You must meet the following requirements for you and your Dependents to continue to be covered under the Plan in retirement:

- Retire from the FDIC/RTC on or after September 4, 1982 [1], with an immediate annuity from the Civil Service Retirement System (CSRS) or the Federal Employees Retirement System (FERS); and
- Be covered under the Plan for five consecutive years immediately preceding retirement, or for the full period for which eligible, whichever is less. [2]

A former employee who meets the requirements for an immediate annuity under 5 U.S.C. 8412(g) (also known as an "MRA+10" FERS annuity) and for continuation of coverage under the Plan, and whose enrollment is suspended because he or she elects to postpone receipt of an immediate annuity, may request reinstatement of their FDIC Dental Insurance. Coverage is effective the first day of the month following submission of the U.S. Office of Personnel Management (U.S. OPM) notification indicating the commencement of the annuity and approval by FDIC. For all retirees except those of the Office of Inspector General (OIG), the request for reinstatement should be mailed to the FDIC, Benefits Center, VS - A -1029, 3501 Fairfax Dr., Arlington, VA 22226 within 60 days of the date of U.S. OPM's notice. OIG retirees should mail their request to the FDIC, OIG/Human Resources Branch, 3501 Fairfax Dr. Rm. VS E-9010, Arlington, VA 22226.

Eligible dependents are a Spouse or Domestic Partner and unmarried children up to age 22.

An unmarried child over age 22, dependent for support and enrolled in an accredited College or University as a full-time student, is eligible for coverage up to age 25.

A Child age 22 or over who is incapable of self-support because of mental or physical disability that existed before the child reached age 22. To submit proof of a Child's incapacity no later than 60 days before the 22nd birthday, contact the Benefits Hotline at (877) 334-2111(TDD: 1-877-334-3092), or your OIG/HRB representative at (703) 562-6419. The mental or physical disability must have occurred prior to attainment of age 22. The standards for determining whether a Child is disabled and incapable of self-support are listed in title 5, Code of Federal Regulations, Part 890, Section 890.302(d).

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[1] The Plan was implemented on September 4, 1982.

[2] This requirement went into effect on January 1, 2002. All employees and retirees who were covered under the Plan on December 31, 2001, are deemed to meet this requirement, provided that they do not subsequently cancel or otherwise lose coverage.

Dual Enrollment is Prohibited

If you are married to, or in a Domestic Partnership with, an FDIC employee or retiree, each of you may be enrolled for Self-Only coverage or one may be enrolled for Self & Family coverage with the other person enrolled as a Dependent.

Dependents are eligible under only one Self and Family coverage. For example, in the case of divorce or termination of a Domestic Partnership, the dependent children can be covered under only one Self and Family enrollment. The other person is eligible for a Single-Only coverage.

An FDIC employee or retiree enrolled as a Dependent on the Spouse's/Domestic Partner's Self & Family coverage may enroll for Self-Only coverage in the event of the Spouse's/Domestic Partner's death, divorce, termination of the Domestic Partnership, or a decision that each party change to Self-Only coverage. (If the Spouse/Domestic Partner is an employee, a decision to change to Self-Only can only be done during an Open Enrollment Period, absent a Permitted Election Change event.)

If FDIC uncovers a dual enrollment, the enrollees will be notified of the need to change their coverage. Previous claims and premiums may need to be adjusted retroactively.

The Cost of Coverage

Retirees and eligible survivors of retirees and employees are responsible for a portion of the premium on a post-tax basis, as determined by the FDIC and announced annually. Benefit Allocation Systems, (BAS) Inc., FDIC's third party administrator, provides billing, premium collection, and customer service to FDIC's retirees and survivors enrolled in the FDIC Dental Plan.

Upon your retirement and following determination of your eligibility to continue coverage as a retiree, BAS will send you a packet of information describing how you submit premium payments.

If you covered your Domestic Partner as an employee and will continue that coverage as a retiree, be aware that:

- The value of coverage for a Domestic Partner is imputed as taxable income to the retiree, as it is when a Domestic Partner is covered under an employee's enrollment.
- The portion of the premium for your Domestic Partner's Dental coverage will be included in your Self & Family premium. Because retirees pay for Dental premiums on a post-tax basis, there is no need for separate billing for the premiums associated with Domestic Partner coverage in retirement as there is when a Domestic Partner is covered under an employee's enrollment.

When Coverage Begins

You and Your Existing Dependents

Following BAS's receipt of your premium payment, coverage as a retiree under the Plan begins the day following your last day as an active FDIC employee. If you meet the eligibility criteria, you and your Dependents will be covered automatically under the Standard Option benefit. You do not need to take any additional action to enroll as a retiree. Upon notification to either the FDIC or BAS, coverage for survivors of insured retirees and employees will transfer directly to the survivor's name to provide continuous insurance.

Or, if you are approved by OPM for federal disability retirement and meet the five year or first eligible rules previously discussed, you may be reinstated for coverage under the FDIC Dental Plan for Retirees. Coverage will be effective the later of the date of your retirement or the 366th day in a leave without pay status (LWOP).

New Dependents

You will need to advise FDIC within 60 days after you gain a Dependent and provide any required documentation (e.g., a marriage license). Coverage for the new Dependent begins on the date that FDIC approves the Dependent's coverage. If the addition of a new Dependent results in a change in your coverage from Self-Only to Self & Family, higher premiums will go into effect at the beginning of the next month after the date of approval of the new Dependent's coverage.

You may also enroll a new Dependent during the annual certification that occurs in October of each year. Documentation may be required (e.g., a marriage license). Coverage of the new Dependent begins effective with the beginning of the next Plan Year. If the addition of the new Dependent results in a change in your coverage from Self-Only to Self & Family, higher premiums will go into effect at the beginning of the next Plan Year and will be reflected in your annual billing statement received in December.

When Coverage Ends

Retiree or Survivor (of Employee and Retiree)

You may elect to voluntarily terminate enrollment in the Plan at any time. All terminations are effective the last day of a month. You must send a written statement indicating your reason for termination and the proposed termination date to Benefit Allocation Systems, Inc., (BAS). The statement may be e-mailed to FDIC@BASUSA.com , faxed to 1 (888) 265 -2144, or mailed to Benefits Hotline, P.O. Box 62407, King of Prussia, PA 19406. Retroactive terminations are not allowed. Refunds for premiums paid in advance will be issued as of the first day of the month following termination. **Re-enrollment is not allowed if you voluntarily terminate enrollment.**

In the event of your death, coverage will terminate (if there are no covered Dependents) as of the date of death. Refunds for premiums paid in advance will be issued as of the first day of the month following termination and made payable in the name of the enrollee. Coverage will be transferred to the name of the covered Spouse/Domestic Partner or eldest eligible Child, as applicable. Premium adjustments will be made in the event that a Self & Family enrollment transfers to a Self-Only enrollment.

Coverage terminates due to nonpayment of premiums or if the FDIC no longer provides this benefit for retirees. A retiree or a survivor, for whom a premium payment is not received, will be terminated retroactively to the first day of the month in which payment was due.

If your insurance was terminated due to non-payment, you may submit a written request for reinstatement. Your request should be e-mailed, faxed or mailed to BAS as indicated above. FDIC will make all reinstatement determinations. BAS reinstates an enrollee's coverage whenever the FDIC directs BAS to effect such reinstatement. All determinations by the FDIC are final.

> **Note**: In the event that the FDIC contract with the Dental Claim Administrator expires, your terminated coverage cannot be reinstated retroactively under the expired contract. In such a case, the FDIC may grant a one-time prospective enrollment under the new Dental Claim Administrator.

Your insurance terminates if the FDIC no longer provides Dental insurance for retirees or survivors.

In addition to the above, coverage terminates automatically for survivors of employees as of the earliest of the following events:

1. The remarriage of the surviving Spouse, in which case the coverage for all eligible Dependents ceases,
2. Your surviving Domestic Partner enters into another Domestic Partnership, in which case coverage for all Dependents ceases,
3. The Dependent loses eligibility (e.g., an unmarried Child reaches age 22); or
4. Two years from the end of the month from the date of your death.

There is no extension of coverage in the event of either voluntary or involuntary termination except as indicated in Dental Benefits Extension.

Dependents

The insurance for a Dependent terminates when your insurance terminates, or on their last day of eligibility, or when the Plan terminates, or when FDIC cancels coverage because of nonpayment of premiums, whichever happens first. **There is no 31-day extension beyond this date.** (See "Personal Events Affecting Coverage" for information on Dependent coverage in the event of your death.)

You will need to advise FDIC within 60 days after you lose a Dependent, or if one of your Dependents loses eligibility for coverage, e.g., as a result of your divorce or the Dependent's reaching age 22, getting married, or losing student status if over age 22 but less than 25. (See "Changes in Coverage" for further information.)

Dental Benefits Extension

An expense incurred in connection with a covered service that is completed after coverage terminates will be deemed to be incurred while the patient's coverage was in effect if:

- for fixed bridgework and full or partial dentures, the first impressions are taken and/or abutment teeth fully prepared while the patient is insured and the prosthesis inserted within three calendar months after insurance terminates;
- for a crown, inlay or only, the tooth is prepared while the patient is insured and installed within three months after insurance terminates; or
- for root canal therapy, the pulp chamber of the tooth is opened while the patient is insured and the treatment is completed within three months after insurance terminates.

Annual Certification of Dependents and Enrollment

Each Fall, you will be required to certify the accuracy of information on your Dependents and enrollment (Self-Only or Self & Family). An involuntary change in enrollment from Self & Family to Self-Only will become effective the first day of the month following the loss of the dependent. A change in Dependents (increase or decrease) under a Self & Family enrollment will become effective the first day of the month following receipt of your Annual Certification. A change in enrollment from Self-Only to Self & Family or a voluntary change to Self-Only will become effective at the beginning of the next Plan Year.

HOW THE PLAN WORKS

Understanding a PPO Plan

The Plan is a Preferred Provider Organization (PPO). Just like an indemnity plan, the PPO has deductibles, Coinsurance and maximums. Each time you

need care, you decide whether to go to a Participating Provider or to a Non-Participating Provider. Even though the Plan has the same level of Coinsurance for a Participating PDP Provider and a Non-Participating PDP Provider, your out-of-pocket cost may be less with a Participating PDP Provider because of the discounted fees that MetLife has arranged.

Selecting a MetLife Participating PDP Provider

To locate a Participating PDP Provider:

- Go to the MetLife web site at *www.metlife.com*. Look at Dental Center and choose to click on either Find a Participating PDP Dentist or you may enter your zip code into Quick Search and then click on GO. If you choose to use Find a Participating PDP Dentist, you may search for a dentist by address or specific name. Either of these search options will give you a list of Participating PDP Providers who meet your search criteria.

OR

- Contact MetLife at 1-800-942-0854 between 6:00am – 11:00pm M-F EST for information on Participating PDP Providers convenient to you.

Claims Payment Rules

If you or your Dependents incur Covered Expenses while insured under the Plan and the Deductible amount, if any, has been satisfied, the Covered Expense will be paid up to the maximum amount allowed for the Class of Service, subject to the "Alternate Benefit Provision."

Alternate Benefit Provision

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. For example, if a tooth can be restored with a filling or a crown, but a crown is used, the Plan will pay benefits based on the cost of a filling. **You are responsible for the difference in cost between the two treatments in addition to any applicable Deductibles and Coinsurance on the covered service.**

For this reason, MetLife strongly recommends obtaining a Pre-treatment Estimate when major dental services are needed, so that you and your Dentist know in advance what the Plan will cover before any treatment begins.

Pre-treatment Estimate

The Pre-treatment Estimate is a review by MetLife of a Dentist's description of planned treatment and expected charges, including those for diagnostic x-rays.

A Pre-treatment Estimate from MetLife should be obtained whenever extensive dental work is proposed.

Your Dentist can request the Pre-treatment Estimate on-line or by phone and receive an immediate response. The Estimate will detail what services the Plan will cover and at what payment level.

The Pre-treatment Estimate should be submitted before the dental work is started.

MetLife reviews the Dentist's description of planned treatment and expected charges. MetLife determines if the proposed treatment is subject to the Alternate Benefit Provision described above and determines the expenses that will be included as Covered Expenses.

The Pre-treatment Estimate does not guarantee payment. The estimate of benefits payable may change based on the actual services performed and/or the benefits, if any, for which a person qualifies at the time services are completed.

The final decision regarding treatment is up to you. If there is a major change in the treatment plan, a revised plan should be sent to MetLife. Keep in mind that you will be responsible for paying charges in excess of the predetermined amount.

When there has not been a Pre-treatment Estimate, MetLife will determine the expenses that will be included as Covered Expenses at the time the claim is received.

How the Deductible Amount Applies

The individual Deductible amount as shown in the "FDIC Dental Plan Highlights," will be applied only once during a calendar year to each individual's Covered Expenses.

When three (3) or more family members incur Covered Expenses during the same calendar year, and the total Covered Expenses used toward satisfying their Individual Deductible amounts are at least equal to the $150 Family Deductible amount, no further Deductible amounts are required for the remainder of the calendar year. For example, if five (5) family members have $30 each in Covered Expenses, a $150 Family Deductible would be satisfied.

No Deductible is required for Class I (Preventive and Diagnostic) dental services.

Any Covered Expenses incurred in October, November or December that are used to satisfy the Individual Deductible in full or in part, will also offset the Deductible amount for the following calendar year.

Deductible amounts cross-accumulate between Covered Expenses incurred with Participating PDP Providers and those incurred with Non-Participating PDP Providers.

Maximum Amount Payable

See "Dental Plan Highlights" for the applicable maximum amount payable for each Class of Services:

- A calendar year limit applies to Classes I through III combined.
- Classes IV and V each have a separate lifetime limit.

Maximum amounts cross-accumulate between Covered Expenses incurred with Participating PDP Providers and those incurred with Non-Participating PDP Providers, subject to the following limitations and restrictions: Alternate Benefit Provision, Orthodontics in Progress, Pre-treatment Estimates, and Reasonable and Customary Charges.

Coordination of Benefits

For services rendered on or after January 1, 2007,

This plan is primary to any other dental plan in which you and your Dependents are enrolled. Benefits from the FDIC Dental Plan will be primary in all situations for you and your Dependents, even if you and your Dependents are enrolled in another dental plan.

For services rendered on or before December 31, 2006

If you are the subscriber patient, (i.e., not a Dependent) and are covered by two dental plans as the subscriber patient (i.e.: your FDIC Dental Plan and your Federal Employee Health Benefits Plan or Federal Employees Dental and Vision Plan - FEDVIP), the oldest plan will pay first. You can then submit a claim to your other plan that will pay benefits according to its rules. This includes services rendered in 2007 and related to the Dental Benefits Extension provision.

SCHEDULE OF DENTAL SERVICES

The following is a list of dental services, by Class, that are allowable as Covered Expenses. If a service is not listed, it may not be a Covered Expense. MetLife reviews the Dentist's description of treatment and expected charges. MetLife determines if the treatment is subject to the Alternate Benefit Provision and determines the expenses that will be included as Covered Expenses.

MetLife must review and approve all unlisted services before they can be reimbursed as Covered Expenses. See Dental Plan Highlights for applicable Deductibles, Maximum limits and percentage of Coinsurance when services are rendered by a Participating PDP Provider or a Non-Participating PDP Provider.

Class I Services - Diagnostic and Preventative
(No Deductible Applies)

- Emergency pain treatment (when no other dental service except radiographs is performed) (Any x-ray taken in connection with such treatment is a separate dental service.)
- Periodic oral evaluations (D0120), limited/problem focused oral evaluations (D0140, D0145, D0160, D0170), and comprehensive oral evaluations (D0150, D0180) have a **combined** frequency limitation under this plan; no more than twice in a calendar year.
- X-rays (complete series) - (no more than one in any three calendar years)
- Panoramic (Panorex) X-ray – Only one per person in any three calendar years
- Bitewing x-rays (up to seven films twice in a calendar year)
- Prophylaxis cleaning with or without oral examination (no more than two Dental prophylaxes in a calendar year)
- Periodontal prophylaxis – Effective 01/01/2009: four per person per calendar year. Prior to 01/01/2009: two per person per calendar year.
- Brush biopsy - Effective 01/01/2009: once in a 24-month period.
- Topical application of stannous fluoride for a person less than 19 years old;(only one treatment in a calendar year)
- Space maintainers, fixed, unilateral – Limited to non-orthodontic treatment
- Topical application on a posterior tooth for a person less than 14 years old (sealant) – only one treatment per tooth in any three calendar years

Class II Services -Basic Restorative, Endodontics, Periodontics Maintenance of Prosthodontics and Oral Surgery
(Deductible Applies)

- Two consultations/second opinions by other than the treating dental provider within a 12-month period
- General anesthesia (only when necessary and in connection with oral surgery)
- Amalgam fillings-deciduous teeth – Primary (baby) teeth
- Amalgam fillings-permanent teeth

- Silicate cement (per filling)
- Acrylic or plastic filling

  Composite acrylic resin filling – Effective 01/01/2009 on all teeth. Prior to 01/01/2009: covered ONLY on pre-molars and anterior (front) teeth. If composite filling is done on a molar tooth, MetLife will pay the Alternate Benefit for an amalgam based on what would have been paid had an amalgam filling been done. Composite acrylic resin filling is allowed on the following teeth numbers: 4-13, 20-23, and 26-29. The Alternate Benefit is paid for teeth numbers 1-3, 14-19, and 30

- Root canal therapy – Soft tissue
  - Not in conjunction with apicoectomy
  - In conjunction with apicoectomy
- Apicoectomy
- Gingivectomy or gingivoplasty (per area)
- Root planing (per quadrant)
- Osseous surgery (per area and once every 36 months)
- Osseous Graft, Multiple Site (per area)
- If an osseous surgery and an osseous graft are performed together, then each service will be paid as a separate service,
- Periodontal scaling (per area)
- Root planing/osseous surgery, including current perio charting, x-rays of area, and case type. Soft tissue periodontal procedures (tissue grafts, gingivectomy, frenulectomy), including current perio charting and detailed narrative.
- Bone replacement grafts - Prior to 01/01/2009: when provided in conjunction with periodontal services (include current perio charting, narrative, and x-ray of area) - once in a 36-month period. Effective 01/01/2009: when provided in conjunction with periodontal services as previously described and when provided in conjunction with a surgical dental implant treatment (include x-ray and narrative).
- Guided tissue regeneration – Include current perio charting, narrative, and x-ray of area (once per 36 months).
- Repair of surgical dental implants – Effective 01/01/2009: not more than once in a 12-month period.

- Repair of surgical dental implant supported prosthetics – Effective 01/01/2009: not more than once in a 12-month period.
- Adjustments to dentures (partial denture)
- Replace broken tooth on complete or partial denture, not in conjunction with other repairs
- Recement bridge or crown
- Any adjustment or repair to a denture performed within six months of the installation of the denture is considered included with the primary service. Simple extractions (erupted tooth)
- Surgical extractions (erupted tooth)
- Surgical extractions (impacted)
  - Soft tissue
  - Bone-partial
  - Bone-complete
- Biopsy of oral tissue (hard)
- Biopsy of oral tissue (soft)
- Routine post-operative care is considered part of each dental service for oral surgery under this Schedule.

Class III Services - Major Restorative, Installation of Prosthodontics (Deductible Applies)

- Gold inlay fillings (two surfaces)
- Gold inlay fillings (three surfaces)
- Crowns (porcelain), Crowns-cast gold (full), Crowns-cast gold (three-fourths) – Anterior (front) Crowns/veneers/Inlay, Onlay: current pre-operative x-ray, prior placement date (if applicable) and detailed narrative are required
- Complete dentures (upper or lower) – Prior replacement date and reason for placement (if applicable) are required
- Partial dentures/Bridgework - Full arch (current) x-rays and prior placement date (if applicable) are required
  - Lower, with two gold clasps and lingual bar
  - Upper, with two gold clasps and palatal bar

- Bridge pontics (cast gold)
- Bridge pontics (porcelain fused to gold)
- Bridge pontics (plastic processed to gold)
- Abutment crowns (porcelain)
- Abutment crowns (porcelain with gold)
- Abutment crowns (full, cast-gold)
- Surgical dental implants - Effective 01/01/2009, but not more than once for the same tooth position in a five-year period. X-rays and narrative are required.
- Surgical dental implant supported prosthetics - Effective 01/01/2009, but not more than once for the same tooth position in a five-year period. X-rays and narrative are required.

Class IV Services – Orthodontics
(Deductible and Lifetime Maximum Applies)

- Preliminary study, including cephalometric radiographs, diagnostic casts and treatment plan.
- First month of active treatment including all active and retention appliances.
- Active treatment per month after the first month.

Orthodontics in Progress

"Orthodontics in Progress" refers only to orthodontic care in progress at the time your dental coverage becomes effective.

The orthodontics benefit is calculated based on the Coinsurance level for orthodontic treatment and the number of months remaining of treatment after your effective date. The orthodontics benefit is payable up to the applicable Lifetime Maximum or until the treatment is completed, whichever comes first. The orthodontics benefit ends if you or a Dependent loses coverage under the Plan, the orthodontics benefit is changed or modified, or the Plan is terminated, whichever comes first.

Benefits applied to either the High Option or Low Option Lifetime Maximum while an active FDIC employee will be carried over to the Standard Option Lifetime Maximum upon transfer to the FDIC Retiree Dental Plan.

The Dentist must submit the following information to MetLife:

- An assignment of benefits to include the name of the provider,

- The original treatment plan including the total months of treatment,

- The total fee for orthodontic services, and

- The date of interceptive appliance insertion or banding.

MetLife dental payment(s) will be made quarterly to the Dentist; however, if you have prepaid your bill, you can request that MetLife pay you directly.

Class V Services -Temporomandibular Joint (TMJ) Dysfunction (Deductible and Lifetime Maximum Applies)

Limited benefits for services rendered as treatment of TMJ dysfunction are payable at the percentage shown in the Dental Plan Highlights, subject to the Deductible, not to exceed the Lifetime Maximum shown in the Dental Plan Highlights for TMJ procedures.

Benefit applied to either the High Option or Low Option Lifetime Maximum while an active FDIC employee will be carried over to the Standard Option Lifetime Maximum upon transfer to the FDIC Retiree Dental Plan.

Only the dental services listed below will be considered Covered Expenses for the treatment of TMJ:

- Office visits for appliance adjustments; and
- Mandibular orthopedic repositioning appliance (only one appliance per person in any five-year period).

SERVICES NOT COVERED UNDER THE PLAN

Exclusions

No payment will be made for expenses incurred for:

1. Services performed solely for cosmetic reasons.
2. Replacement of a lost or stolen appliance.
3. Replacement of a bridge, crown, denture or mandibular orthopedic repositioning appliance within five years after originally installed unless: (a) such replacement is made necessary by the placement of an original opposing full denture or the necessary extraction of natural teeth; or (b) the bridge, crown, denture or mandibular orthopedic repositioning appliance while in the mouth, has been damaged beyond repair as a result of an injury received while the retiree or Dependent is insured for these benefits.
4. Any replacement of a bridge, crown, denture or mandibular orthopedic repositioning appliance that is or can be made useable according to common dental profession standards.

5. Procedures, appliance or restorations, except for full dentures, whose main purpose is to: (a) alter vertical dimension; (b) diagnose or treat conditions or dysfunction of the temporomandibular joint except as shown in the Dental Service Schedule; (c) stabilize periodontally involved teeth; or (d) restore occlusion.

6. Porcelain or acrylic veneers of crowns or pontics on or replacing the upper and lower first, second and third molars.

7. Bite registrations; precision or semi-precision attachments; or splinting.

8. Prior to 01/091/2009: A surgical dental implant of any type, however the associated exam, x-ray and crown are eligible under the appropriate class(es). The surgery to implant the post and the associated bone graft are excluded from coverage under any class. Effective 01/01/2009 – surgical dental implants and associated services are eligible.

9. Instruction for plaque control, oral hygiene and diet.

10. Dental services that do not meet common dental profession standards.

11. Services that are deemed to be medical services.

12. Trigger point injection of local anesthesia into muscle fascia for TMJ (considered medical service).

13. Services and supplies received from a hospital.

14. Services for which benefits are not payable according to the “General Limitations” section.

In addition, dental benefits will be reduced so that the total payment will not be more than 100% of the charge made for the dental service if benefits are provided for that service under this plan and any other insurance plan or prepaid treatment program.

General Limitations

No payment will be made for expenses incurred for you or any one of your Dependents:

1. For a temporary dental service. This will be considered an integral part of the final dental service rather than a separate service.

2. For or in connection with an injury arising out of, or in the course of, any employment for wage or profit.

3. For or in connection with a sickness which is covered under any workers’ compensation or similar law.

4. For charges made by a hospital owned or run by the United States Government, if such services are directly related to a military service-connected condition.
5. To the extent that payment is unlawful where the retiree or Dependent resides when the expenses are incurred.
6. For charges which the retiree or Dependent is not legally required to pay.
7. For charges which would not have been made if the retiree or Dependent had no insurance.
8. To the extent that charges are more than Reasonable and Customary Charges.
9. For charges for unnecessary care, treatment or surgery.
10. To the extent that the retiree or Dependent is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid.
11. For or in connection with experimental procedures or treatment methods not approved by the American Dental Association or the appropriate dental specialty society.
12. No payment will be made for expenses incurred by you or any one of your Dependents to the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a “no fault” insurance law; or an uninsured motorist insurance law.

HOW TO CLAIM BENEFITS

Claims for services included in Class II, III, IV and V should include documentation demonstrating the medical necessity of the treatment. Such documentation should be provided by the treating dental provider and may include, x-rays, charting, and a narrative as appropriate.

Claims Procedures

You must file claims for benefits under the plan with MetLife. The following describes the procedure for filing claims. As part of the claims administration process, MetLife will:

- pay claims for benefits due under the plan;
- provides written explanations of the reasons for denied claims;
- processes claimant requests for reviews of denied claims; and
- makes the final decision on denied claims.

To receive Plan benefits, you must follow the procedures established by MetLife. If you do not follow the Plan's claim procedures, you may lose your right to a benefit under the Plan including any right you may have to file a legal action for benefits.

Claims Denial and Appeal Procedures

You have the right to appeal a denied claim. If your claim is denied, you may request a written explanation of the denial within 60 days of your receipt of the denial notice. Mail your appeal of a claims denial or payment amount to:

MetLife Dental Claims
PO Box 981282
El Paso, TX 79998-1282

Your written request should state the reasons why you feel the claim should not have been denied, including any additional documentation (e.g., medical or dental records) to support your claim. You can also request additional information from MetLife or request to review pertinent documents.

For standard cases, you will be notified of a decision within 60 days of the date your request is reviewed by MetLife. However, special circumstances, such as a lengthy investigation, may require up to 120 days.

Participating Provider

The Participating Provider usually files the claim for Covered Expenses with MetLife. Claims must be submitted to MetLife within one year of the date of service. If your Participating Provider does not file the claim for you, you can submit the claim directly to MetLife. The FDIC Dental Claim form can be obtained by:

1. accessing the FDIC retiree website at www.fdic.gov/retiree ,
2. accessing www.myenroll.com, select Access Benefit Plan Info/Dental Insurance /MetLife Dental Claim Form,
3. calling the FDIC Benefits Hotline at (877) 334-2111, (TDD: 1-877-34-2111) (OIG retirees may call the OIG/HRB at 1-703- 562-6419), or
4. calling MetLife at 1-800-942-0854.

All dental benefits through a Participating Provider will be paid directly to the person or institution providing the dental care.

Non-Participating Provider

To receive reimbursement for Covered Expenses provided by Non-Participating Providers, you must submit a claim for benefits to MetLife. You can obtain an FDIC Dental Claim form by:

1) accessing www.MyEnroll.com (select Access Benefit Plan Info/Dental Insurance/MetLife Dental Claim,
2) accessing the FDIC retiree website at www.fdic.gov/retiree,
3) calling the FDIC Benefits Hotline at (877) 334-2111 (TDD: 1-877-34-2111) (OIG retirees may call the OIG/HRB at 1-703-562-6419), or
4) calling MetLife at 1-800-942-0854.

All dental benefits as a result of services from a Non-Participating Provider are payable to you. However, you may have payments made directly to the Dentist by completing the "Authorization to Pay Benefits to Dentist" section of the claim form. Claims must be submitted to MetLife within one year of the date of service.

Benefits payable for dental service by a Non-Participating Provider are limited to Reasonable, and Customary Charges, as determined by MetLife. The Non-Participating Provider can bill you for any amount above Reasonable and Customary Charges.

If an overpayment occurs, MetLife has the right to recover the overpayment from the person to whom it was made or offset the amount of that overpayment from a future claim payment.

PERSONAL EVENTS AFFECTING COVERAGE

If You Acquire a New Dependent

If you acquire a new Dependent, you must enroll that Dependent and make any appropriate Plan change within 60 days after acquiring the Dependent, using MyEnroll.com or by calling the Benefits Hotline at (877) 334-2111 (TDD: 1-877-334-3092). Retirees of the Office of Inspector General or the predecessor Office of Audit and Investigations need to call the OIG/HRB benefits representative at (703) 562-6419.

If a Dependent Loses Eligibility

If your Dependent loses eligibility, dental benefits cease on the last day of his or her eligibility. To discontinue coverage for an ineligible Dependent, call the Benefits Hotline at (877) 334-2111 (TDD: 1-877-334-3092). OIG retirees need to call the OIG/HRB benefits representative at (703) 562-6419 for assistance.

If You Die

If you die, coverage of your surviving Dependent(s) continues until the earliest of:

1. Non-payment of premiums,
2. The remarriage of a surviving Spouse, at which time coverage for all Dependents ceases,
3. Your surviving Domestic Partner enters into another Domestic Partnership or marriage with another person, in which case coverage for all Dependents ceases,
4. The Dependent loses eligibility (e.g., an unmarried Child reaches age 22), or
5. The FDIC terminates Plan benefits for retirees and survivors.

Please note: Coverage for the surviving Spouse/Domestic Partner of an employee continues until the earliest of the above mentioned events or two years from the end of the month from the date of the employee's death.

IMPORTANT CONTACTS

Questions about the eligibility of a treatment process for benefits or a Participating Provider office may be directed to MetLife's Customer Service department at 1-800-942-0854. You can also verify eligibility, locate a Participating Provider, request claim forms, and check claim status by calling this number or accessing www.metlife.com.

If you have enrollment or premium questions, you should contact the FDIC Benefits Hotline at 877-334-2111 (TDD: 877-334-3092). Retirees and survivors of retirees and employees of the Office of Inspector General need to contact the OIG/HRB benefits representative at (703) 562-6419.

OTHER IMPORTANT INFORMATION

Health Insurance Portability and Accountability Act of 1996

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that health plans protect the confidentiality of your health information, as defined under HIPAA. The Plan will not use or further disclose such information except as necessary for treatment, payment, health plan operations and plan administration, or as permitted or required by law. In particular, the Plan will not without authorization, use or disclose your health information for employment-related activities and decisions, or in connection with any other benefit or employee benefit plan of the FDIC.

Under HIPAA, you have certain rights with respect to your health information, including seeing and copying the information, receiving an accounting of certain disclosures of the information and, under certain circumstances, amending the information. You also have the right to file a complaint with MetLife or with the Secretary of the U.S. Department of Health and Human Services if you believe your rights under HIPAA have been violated.

The Plan maintains a Privacy Notice that provides a complete description of your rights under HIPAA's privacy rules. For a copy of the Notice, or if you have questions about the privacy of your protected health information, please contact MetLife at the following address:

MetLife
Institutional Business HIPAA Privacy Office
PO Box 6898
Bridgewater, NJ 08807-6896

Not an ERISA Plan

This plan is not subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Dental Plan Documents Govern

This Summary Plan Description generally describes the FDIC Dental Plan for Retirees and their Survivors as of the revised date. The FDIC Dental Plan Insurance Contract provides a complete description of the terms, conditions, and limitations of this Plan, and is the governing document. Every effort has been made to ensure the accuracy of the information provided in this Summary Plan Description. In the unlikely event of a discrepancy between the information contained in this Description and the actual Insurance Contract, the language and provisions of the Insurance Contract will prevail.

Dental Plan May Be Amended or Terminated

The FDIC may terminate the Plan or may modify, amend or change the provisions, terms and conditions of this Plan at any time.

Dental Claim Administrator

The claim administrator for the FDIC Dental Plan for Retirees is Metropolitan Life Insurance Company (MetLife),
MetLife Dental Claims Processing Center
P.O. Box 981282
El Paso, TX 79998-1282

Dental Plan Sponsor

Federal Deposit Insurance Corporation (FDIC)
3501 Fairfax Drive, VS-A- 1029
Arlington, VA 22226

Dental Plan Identification

FDIC Account Number: 29084

Employment Rights Not Implied

Participation in the Plan neither gives you the right to be retained in the employ of the FDIC, nor does it guarantee your right to claim any benefit except as outlined in the Plan.

GLOSSARY OF DENTAL TERMS

abutment	A tooth or implant used to support a prosthesis. A crown unit used as part of a fixed bridge.
abscess	A localized inflammation due to a collection of pus in the bone or soft tissue, usually caused by an infection.
amalgam	A dental filling material, composed of mercury and other minerals, used to fill decayed teeth.
alveoloplasty	A surgical procedure used to recontour the supporting bone structures in preparation of a complete or partial denture.
anesthetic	A class of drugs that eliminates or reduces pain. See local anesthetic.
anterior	Refers to the teeth and tissues located towards the front of the mouth (upper or lower incisors and canines).
apex	The tip or end of the root of the tooth.
apicoectomy	The amputation of the apex of a tooth.
bicuspid	A two-cusped tooth found between the molar and the cuspid also known as an eye tooth or canine tooth.
biopsy	A process of removing tissue to determine the existence of pathology.
bitewing x-rays	X-rays taken of the crowns of teeth to check for decay.
bleaching	The technique of applying a chemical agent, usually hydrogen peroxide, to the teeth to whiten them.
bonding	A process to chemically etch the tooth's enamel to better attach (bond) composite filling material, veneers, or plastic/acrylic.
bone loss	The breakdown and loss of the bone that supports the teeth, usually caused by infection or long-term occlusal (chewing areas of the teeth) stress.
bridge	A nonremovable restoration that is used to replace missing teeth.
brush biopsy	The collection a cell sample from an oral lesion via a rotational brushing tool of the oral mucosa in order to screen the lesion for potential malignancy.
bruxism	The involuntary clenching or grinding of the teeth.
calculus	The hard deposit of mineralized plaque that forms on the crown and/or root of the tooth. Also referred to as tartar.
canine tooth	The second tooth from the big front tooth, commonly called the eye tooth or cuspid.
cap	Another term for crown; usually referring to a crown for a front tooth.
caries	The correct technical term for decay which is the progressive breaking down or dissolving of tooth structure, caused by the acid produced when bacteria digest sugars.
cavity	A layman's term for tooth decay. Also, the dental term for the hole that is left after decay has been removed.
cement	A special type of glue used to hold a crown in place. It also acts as an insulator to protect the tooth's nerve.
cementum	The very thin, bonelike structure that covers the root of the tooth.
cephalometric radiographs	X-ray of the skull.

clenching	The forceful holding together of the upper and lower teeth, which places stress on the ligaments that hold the teeth to the jawbone and the lower jaw to the skull.
complex rehabilitation	The extensive dental restoration involving 6 or more units of crown and/or bridge in the same treatment plan. Using full crowns and/or fixed bridges which are cemented in place, the dentist will rebuild natural teeth, fill in spaces where teeth are missing and establish conditions which allow each tooth to function in harmony with the occlusion (bite). The extensive procedures involved in complex rehabilitation require an extraordinary amount of time, effort, skill and laboratory collaboration for a successful outcome.
composite	A tooth-colored filling made of plastic resin or porcelain.
consultation	A diagnostic service provided by a dentist other than the treating dentist.
cosmetic dentistry	Any dental treatment or repair that is solely rendered to improve the appearance of the teeth or mouth.
crown	The portion of a tooth that is covered by enamel. Also a dental restoration that covers the entire tooth and restores it to its original shape.
crown lengthening	A surgical procedure exposing more tooth for restorative purposes.
curettage	A deep scaling of that portion of the tooth below the gum line. Purpose is to remove calculus and infected gum tissue.
cuspid	See canine tooth.
cusp(s)	The protruding portion(s) of a tooth's chewing surface.
decay	See caries.
deciduous	See primary teeth.
dental floss	A thin, nylon string, waxed or unwaxed, that is inserted between the teeth to remove food and plaque.
dental hygienist	A dental professional specializing in cleaning the teeth by removing plaque, calculus, and diseased gum tissue. He/She acts as the patient's guide in establishing a proper oral hygiene program.
dentin	The part of the tooth that is under both the enamel which covers the crown and the cementum which covers the root.
denture	A removable appliance used to replace teeth. A complete denture replaces all of the upper teeth and/or all the lower teeth. See also partial denture.
DDS	Doctor of Dental Surgery or DMD, Doctor of Dental Medicine. Degrees given to dental school graduates. Both degrees are the same. Dental schools identify at their discretion their graduates as DMD or DDS.
direct pulp cap	The procedure in which the exposed pulp is covered with a dressing or cement that protects the pulp and promotes healing and repair.
dry socket	A localized inflammation of the tooth socket following an extraction due to infection or loss of a blood clot.
enamel	The hard, calcified (mineralized) portion of the tooth that covers the crown. Enamel is the hardest substance in the body.

endodontics	The dental specialty that deals with injuries to or diseases of the pulp, or nerve, of the tooth.
extraction	The removal of a tooth.
excision	Surgical removal of bone or tissue.
exostosis	The overgrowth of normal bone.
extracoronal	The outside of the crown of the tooth.
extraoral	The outside of the mouth.
filling	Material used to fill a cavity or replace part of a tooth.
floss	See dental floss.
fluoride	A chemical compound used to prevent dental decay, utilized in fluoridated water systems and/or applied directly to the teeth.
frenum	Muscle fibers covered by a mucous membrane that attaches the cheek, lips and or tongue to associated dental mucosa.
frenectomy	The removal of a frenum.
gingiva	The soft tissue that covers the jawbone. Also referred to as the gums.
gingivectomy	The removal of gingiva (gum).
gingivitis	An inflammation or infection of the gingiva (gum tissue); the initial stage of gum disease.
gingivoplasty	A surgical procedure to reshape or repair the gingiva (gum).
gum	See gingival.
gum disease	See periodontal disease.
high noble metal	See metals, classification of.
immediate denture	A denture constructed for immediate placement after removal of the remaining teeth.
impacted tooth	An unerupted or partially erupted tooth that is positioned against another tooth, bone or soft tissue so that complete eruption is unlikely.
implant	An artificial device, usually made of a metal alloy or ceramic material, that is implanted within the jawbone as a means to attach an artificial crown, denture, or bridge. (See Exclusions.)
Incisors	The four front teeth referred to as central and lateral incisors, located in the upper and lower jaws and used to cut and tear food. The central incisors are the two large teeth in the middle of the mouth and the lateral incisors are next to the central incisor, one on each side.

indirect pulp cap	A procedure in which the nearly exposed pulp is covered with a protective dressing to protect the pulp from additional injury and to promote healing and repair via formation of secondary dentin.
inlay	A cast gold filling that is used to replace part of a tooth.
interproximal	The area between two adjacent teeth.
Incisors	The four front teeth referred to as central and lateral incisors, located in the upper and lower jaws and used to cut and tear food. The central incisors are the two large teeth in the middle of the mouth and the lateral incisors are next to the central incisor, one on each side.
intracoronal	The area within the crown of a tooth.
intraoral	The inside of the mouth.
labial	The area pertaining to or around the lip.
lingual	The area pertaining to or around the tongue.
local anesthetic	The injection given in the mouth to numb the areas where a tooth or area needs a dental procedure. Often referred to as novocaine.
malocclusion	The improper alignment of biting or chewing surfaces of upper and lower teeth.
mandible	The lower jaw.
maryland bridge	The trade name that has become synonymous with any resin bonded fixed partial denture (bridge).
mastication	The act of chewing.
maxilla	The upper jaw.
metals, classification of	The noble metal classification system has been adopted as a more precise method of reporting various alloys in dentistry commonly used in crowns, bridges and dentures. These alloys contain varying percentages of Gold, Palladium and/or Platinum. High noble contains more than 60% of Gold, Palladium, and/or Platinum (with at least 40% gold); noble contains more than 25% Gold, Palladium and/or Platinum; predominantly base contains less than 25% Gold, Palladium and/or Platinum.
molars	The broad, multi-cuspid back teeth, used for grinding food are considered the largest teeth in the mouth. In adults there are a total of twelve molars (including the four wisdom teeth, or third molars), three on each side of the upper and lower jaws.
nitrous oxide	A controlled mixture of nitrogen and oxygen gases (N20) that is inhaled by the patient in order to decrease sensitivity to pain. Also referred to as laughing gas.

novocaine	A generic name for the many kinds of anesthetics used in the dental injection, such as Xylocaine, Lidocaine, or Novocaine. See local anesthetic.
occlusal x-ray	An intraoral x-ray taken with the film held between the teeth in biting position.
occlusal surface	The chewing surface of the back teeth.
occlusion	Any contact between biting or chewing surfaces of upper and lower teeth.
onlay	A cast gold or porcelain filling that covers one or all of the tooth's cusps.
oral surgery	The removal of teeth and the repair and treatment of other oral problems, such as tumors and fractures.
orthodontics	A specialized branch of dentistry that corrects malocclusion and restores the teeth to proper alignment and function. There are several different types of appliances used in orthodontics, one of which is commonly referred to as braces.
osseous graft	Osseous means bone. Graft refers to a piece of tissue or synthetic material placed in contact with the tissue to repair a defect or supplement a deficiency.
osseous surgery	Removal of infected bone and gums supporting the tooth (teeth).
overbite	A condition in which the upper teeth excessively overlap the lower teeth when the jaw is closed. This condition can be corrected with orthodontics.
palate	The hard and soft tissues forming the roof of the mouth.
palliative	Treatment that relieves pain but is NOT curative.
panorex	An extraoral full-mouth X-ray that records the teeth and the upper and lower jaws on one film.
partial denture	A removable appliance used to replace one or more lost teeth.
pediatric dentistry	The specialized branch of dentistry that deals solely with treating children's dental disease. Also referred to as pedodontics.
periapical	The area that surrounds the root tip of a tooth.
pericoronitis	An inflammation of the gum tissue around the crown of a tooth, usually the third molar.
periodontal	Relating to the tissue and bone that supports the tooth (from peri, meaning "around," and odont, "tooth").
periodontal disease	The inflammation and infection of gums, ligaments, bone, and other tissues surrounding the teeth. Gingivitis and periodontitis are the two main forms of periodontal disease. Also called gum disease or pyorrhea.
periodontal pocket	An abnormal deepening of the gingival crevice. It is caused when disease and infection destroy the ligament that attaches the gum to the

	tooth and the underlying bone.
periodontal surgery	A surgical procedure involving the gums and jawbone.
periodontics	The dental specialty that deals with and treats the gum tissue and bone that supports the teeth.
periodontitis	Inflammation of the supporting structures of the tooth, including the gum, the periodontal ligament, and the jawbone.
periradicular	The area which surrounds a portion of the root of the tooth.
permanent teeth	The thirty-two adult teeth that replace the baby or primary teeth. Also known as secondary teeth.
pit	A recessed area found on the surface of a tooth, usually where the grooves of the tooth meet.
plaque	A film of sticky material containing saliva, food particles, and bacteria that attaches to the tooth surface both above and below the gum line. When left on the tooth it can promote gum disease and tooth decay.
pontic	An artificial tooth used in a bridge to replace a missing tooth.
premolar	Another name for bicuspid.
preventive dentistry	Education and treatment devoted to and concerned with preventing the development of dental disease.
preventive treatment	Any action taken by the patient, assisted by the dentist, hygienist, and the office staff that serves to prevent dental or other disease. Sealants, cleanings and space maintainers are examples of preventive treatment.
primary teeth	The first set of teeth that humans get, lasting until the permanent teeth come in. Also referred to as deciduous teeth or baby teeth.
prophylaxis	The scaling and polishing procedure performed to remove calculus, plaque, and stains from the crowns of the teeth.
prosthodontics	The dental specialty dealing with the replacement of missing teeth and other oral structures.
pulp	The hollow chamber inside the crown of the tooth that contains its nerves and blood vessels.
pulpectomy	Removal of the entire pulp from the canals in the root.
pulpitis	An often painful inflammation of the dental pulp or nerve.
pulpotomy	The removal of a portion of the tooth's pulp.
quadrant	The dental term for the division of the jaws into four parts, beginning at the midline of the arch and extending towards the last tooth in the back of the mouth. There are four quadrants in the mouth; each quadrant generally contains five to eight teeth.
rebase	The process of refitting a denture by replacing the base material.

receded gums	A condition characterized by the abnormal loss of gum tissue due to infection or bone loss.
re-cement bridge	The bridge is a non-removable restoration that is used to replace missing teeth and re-cement holds it in place.
referral	When a dental patient from one office is sent to another dentist, usually a specialist, for treatment or consultation.
reline	The process of resurfacing the tissue side of a denture with a base material.
replantation	The return of a tooth to its socket.
resorption	The breakdown and assimilation of the bone that supports the tooth, i.e., bone loss.
restoration	Any material or devise used to replace lost tooth structure (filling, crown) or to replace a lost tooth or teeth (bridge, dentures, complete or partial).
retainer	A removable dental appliance, usually used in orthodontics, that maintains space between teeth or holds teeth in a fixed position until the bone solidifies around them.
retrograde filling	A method of sealing the root canal by preparing and filling it from the root tip, generally done at the completion of an apicoectomy.
root	The part of the tooth below the crown, normally encased in the jawbone. It is made up of dentin, includes the root canal, and is covered by cementum.
root canal	The hollow part of the tooth's root. It runs from the tip of the root into the pulp.
root canal therapy	The process of treating disease or inflammation of the pulp or root canal. This involves removing the pulp and root's nerve(s) and filling the canal(s) with an appropriate material to permanently seal it.
root planing	The process of scaling and planing exposed root surfaces to remove all calculus, plaque, and infected tissue.
scaling	A procedure used to remove plaque, calculus and stains from the teeth.
six-year molar	The first permanent tooth to erupt, usually between the ages of five and six.
socket	The hole in the jawbone into which the tooth fits.
space maintainer	A dental appliance that fills the space of a lost tooth or teeth and prevents the other teeth from moving into the space. Used especially in orthodontic and pediatric treatment.
stainless steel crown	A pre-made metal crown, shaped like a tooth, that is used to temporarily cover a seriously decayed or broken down tooth. Used most often on children's teeth.
subgingival scaling	The removal of calculus and plaque found on the tooth below the gum line.
supra gingival scaling	The removal of calculus and plaque found on the tooth above the gum line.

systemic	Relating to the whole body.
tartar	See calculus.
temporomandibular joint (TMJ)	The connecting hinge mechanism between the upper jaw and the base of the skull.
temporomandibular joint (TMJ) syndrome	The problems associated with TMJ, usually involving pain or discomfort in the joints and ligaments that attach the lower jaw to the skull or in the muscles used for chewing.
third molar	The last of the three molar teeth, also called wisdom teeth. There are four third molars, two in the lower jaw and two in the upper jaw, one on each side. Some people are born without third molars.
torus	A bony elevation or protuberance of normal bone. Usually seen on the upper palate behind the front teeth or under the tongue inside the lower jaw.
treatment plan	A list of the work the dentist proposes to perform on a dental patient based on the results of the dentist's X-rays, examination, and diagnosis. Often more than one treatment plan is presented.
veneer	An artificial filling material, usually plastic, composite, or porcelain, that is used to provide an aesthetic covering over the visible surface of a tooth. Most often used on front teeth.
wisdom teeth	See third molar.