

We're proud to protect your smile.

Dental Plan Summary



Veterans Affairs Dental Insurance Program

In collaboration with



U.S. Department of Veterans Affairs
Veterans Health Administration

This dental benefit program helps protect the smiles of Veterans and their families by offering comprehensive and competitively priced dental coverage.

Participation in VADIP is open to Veterans enrolled in the VA Health Care System and eligible family members who are beneficiaries of the VA's Civilian Health and Medical Program (CHAMPVA).

You must apply with the VA to be eligible for the VA health care benefits. Please visit www.va.gov/healthbenefits for more information or call 1-877-222-VETS.

VADIP covers dental services provided in the United States, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands.

To enroll:

MetLife.com/VADIP
1-888-310-1681

Enrollment: MetLife manages the dental enrollment process and enrollment in this program is "evergreen" (open throughout the year and not limited to a specific enrollment period).



- Participants can enroll in a high option or standard plan option as they become eligible.
- MetLife will verify an applicant's eligibility through an eligibility verification process prior to informing the applicant of their eligibility for this dental program. MetLife will enroll eligible applicants within 5 calendar days from the date of receipt of a request to enroll.
- If you have any questions or encounter an issue with your enrollment, we ask that you contact our customer service for assistance at 1-888-310-1681.
- Lock-in Period: The initial enrollment period will be 12 calendar months.
- The rates provided in this Plan Summary are valid until the end of the calendar year, unless specified otherwise.

You can choose

We've made it simple to choose the right plan to fit your budget with Standard and High Options.

Both plans provide savings¹ for you and your family.

You'll receive:

- Competitive pricing
- No annual deductible for in-network services²
- No waiting periods (except for Orthodontia in high plan which has a 24-month waiting period)

Standard Option:

- No cost for in-network cleanings, X-rays and exams³
- \$1,300/\$1,500* in-network annual maximum benefit per person

High Option provides you with additional protection from unforeseen dental costs:

- No cost for in-network cleanings, X-rays and exams³
- \$3,000/\$3,500* annual maximum benefit per person
- Orthodontia coverage for dependent children up to age 19**

Dental Plan Summary

Coverage Type	Standard Option		High Option	
	In-Network ⁴	Out-of-Network ⁵	In-Network ⁴	Out-of-Network ⁵
Basic — Class A cleanings, bitewing X-rays and oral examinations	100%	60%	100%	90%
Intermediate — Class B X-rays (other than bitewing), fillings and periodontal maintenance	50%	40%	70%	60%
Major — Class C crowns, bridges, root canal treatment and dentures	30%	20%	50%	40%
Orthodontia — Class D** comprehensive orthodontic treatment, fixed appliance	Not Covered	Not Covered	50%	50%
Maximums & Deductibles	In-Network ⁴	Out-of-Network ⁵	In-Network ⁴	Out-of-Network ⁵
Annual Maximum Per Person	\$1,300/\$1,500*	\$1,000/\$1,200*	\$3,000/\$3,500*	\$3,000/\$3,500*
Dependent Child Ortho: Lifetime Maximum Per Person	Not Covered	Not Covered	\$3,000	\$3,000
Annual Deductible Per Person: Applies to Basic, Intermediate and Major Service	\$0.00	\$50.00	\$0.00	\$50.00

In-Network

- Participating dentists charge negotiated fees for covered services that are typically 35–50% less than average charges in the same community based on MetLife data⁶.
- Negotiated fees may even apply to services your plan doesn't cover, including any you've received after you reach your plan's annual maximum.
- To find out if your dentist is in the network, visit **MetLife.com/VADIP** and use our "Find a Dentist" tool.

Out-of-Network

- A non-participating dentist sets his or her standard fee, which is typically higher than the negotiated fee.
- You will be responsible for the difference between your dentist's charge and the covered percentage of the Maximum Allowable Charge⁵ for a given service.



* The Annual Maximum will increase by \$200 in the Standard Option, and by \$500 in the High option on January 1st following completion of 12 months of enrollment in the selected option.

** Orthodontia is for dependent children only. Orthodontia coverage is available for dependents up to age 19 and the dependent must be covered under the High Option for 24 consecutive months before orthodontia will be covered.

1. Savings from enrolling in a dental benefits plan [featuring the MetLife Preferred Dentist Program] will depend on various factors, including the cost of the plan, how often participants visit a dentist, and the cost of services rendered.

2. In-network refers to benefits provided under this program for covered dental services that are provided by a participating dentist. Out-of-network refers to benefits provided under this program for

covered dental services that are not provided by a participating dentist.

3. Subject to frequency limitations.

4. IN-NETWORK: Negotiated fees with participating dentists are typically 30% to 45% less than average dental charges in the same community based on MetLife data. Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for certain services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. Negotiated fees do not apply to non-covered services in states that prohibit limitations for services not covered under a plan. Participating providers in these states may charge their non-negotiated fees for non-covered services. For in-network covered services, the percentages shown are the percentage of the negotiated fee that is covered by the plan. Negotiated fees

may also apply to services your dental plan does not cover or services received after you've reached your annual plan maximum, depending on applicable law.

5. OUT-OF-NETWORK: Reimbursement for out-of-network services is based on the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC). The out-of-network Maximum Allowable Charge is a scheduled amount determined by MetLife.

6. Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for certain services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. Negotiated fees do not apply to non-covered services in states that prohibit limitations for services not covered under a plan. Participating providers in these states may charge their non-negotiated fees for non-covered services.

More coverage

With the Veterans Affairs Dental Insurance Program, it couldn't be easier to get the coverage you need.

Covered Dental Services

Here is a summary of covered dental services in each category:

Class A - Basic

- Oral exams and problem-focused exams, but no more than one exam every 6 months
- Screenings, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis, but no more than once every 6 months
- Patient assessments (limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment), but no more than once every 6 months
- Panoramic X-rays once every 60 months
- Bitewing X-rays 1 set every 12 months
- Cleaning of teeth (oral prophylaxis) once every 6 months

Class B - Intermediate

- Intraoral-periapical X-rays
- X-rays, except as mentioned elsewhere
- Full mouth X-rays once every 60 months
- Emergency palliative treatment to relieve tooth pain
- Initial placement of amalgam fillings
- Replacement of an existing amalgam filling, but only if:
 - at least 24 months have passed since the existing filling was placed; or
 - a new surface of decay is identified on that tooth
- Initial placement of resin-based composite fillings
- Replacement of an existing resin-based composite filling, but only if:
 - at least 24 months have passed since the existing filling was placed; or
 - a new surface of decay is identified on that tooth
- Protective (sedative) fillings
- Periodontal scaling and root planing, but not more than once per quadrant in any 24 month period
- Full mouth debridement, limited to once per lifetime
- Simple extractions
- Periodontal maintenance, where periodontal treatment (including scaling, root planing, and periodontal surgery, such as gingivectomy, gingivoplasty and osseous surgery) has been performed. Periodontal maintenance is limited to four times in any Year less the number of teeth cleanings received during such Year
- Pulp capping (excluding final restoration)
- Therapeutic pulpotomy (excluding final restoration)
- Preventive resin restorations, which are applied to non-restored first and second permanent molars, once per tooth every 36 months
- Pulp vitality and bacteriological studies for determination of bacteriologic agents
- Diagnostic casts
- Sealants for a Child under age 16, which are applied to non-restored, non-decayed first and second permanent molars, once per tooth every 60 months

Class C - Major

- Pulp therapy
- Surgical extractions
- Apexification/recalcification
- Injections of therapeutic drugs
- Initial installation of full or partial Dentures (other than implant supported prosthetics):
 - when needed to replace congenitally missing teeth; or
 - when needed to replace natural teeth that are lost while the person receiving such benefits was insured for Dental Insurance
- Replacement of a non-serviceable fixed Denture if such Denture was installed more than 10 years prior to replacement. 1 in 10 years
- Replacement of a non-serviceable removable Denture if such Denture was installed more than 10 years prior to replacement. 1 in 10 years
- Replacement of an immediate, temporary, full Denture with a permanent, full Denture, if the immediate, temporary, full Denture cannot be made permanent and such replacement is done within 12 months of the installation of the immediate, temporary, full Denture. 1 in 10 years
- Relinings and rebasings of existing removable Dentures:
 - if at least 6 months have passed since the installation of the existing removable Denture; and,
 - not more than once in any 36 month period
- Initial installation of Cast Restorations (except implant supported Cast Restorations)
- Replacement of any Cast Restoration (except an implant supported Cast Restoration) with the same or a different type of Cast Restoration, but no more than one replacement for the same tooth surface within 120 months of a prior replacement
- Prefabricated crown, but no more than one replacement for the same tooth surface within 10 years
- Core buildup, but no more than once per tooth in a period of 10 years
- Posts and cores, but no more than once per tooth in a period of 10 years
- Labial veneers, but no more than once per tooth in a period of 10 years
- Consultations for interpretation of diagnostic image by a Dentist not associated with the capture of the image, but not more than twice in a 12 month period
- Other consultations, but not more than twice in a 12 month period
- Root canal treatment, but not more than once in any 24 month period for the same tooth
- Periodontal surgery, including gingivectomy, gingivoplasty and osseous surgery, but no more than one surgical procedure per quadrant in any 36 month period
- Implant services (including sinus augmentation and bone replacement and graft for ridge preservation):
 - when needed to replace congenitally missing teeth; or
 - when needed to replace natural teeth that are lost while the person receiving such benefits was insured for Dental Insurance; but no more than once for the same tooth position in a 10 year period
- Repair of implants, but no more than once in a 12 month period
- Implant supported Cast Restorations, but no more than once for the same tooth position in a 10 year period
- Implant supported fixed Dentures, but no more than once for the same tooth position in a 10 year period
- Application of desensitizing medicaments where periodontal treatment (including scaling, root planing, and periodontal surgery, such as osseous surgery) has been performed
- Occlusal adjustments, Complete: 1 in 12 months. Limited: No frequency limitation
- Oral surgery, except as mentioned elsewhere in this certificate
- General anesthesia or intravenous sedation in connection with oral surgery, extractions or other Covered Services, when We determine such anesthesia is necessary in accordance with generally accepted dental standards
- Re-cementing of Cast Restorations or Dentures, but not more than once in a 12 month period
- Adjustments of Dentures, if at least 6 months have passed since the installation of the Denture and not more than once in any 12 month period
- Addition of teeth to a partial removable Denture to replace natural teeth removed while this Dental Insurance was in effect for the person receiving such services
- Tissue conditioning, but not more than once in a 36 month period
- Simple Repairs of Cast Restorations or Dentures other than recementing, but not more than once in a 12 month period
- Modification of removable prosthodontic and other removable prosthetic services
- Oral surgery, except as mentioned Under Classes A and B
- Other fixed Denture prosthetic services not described elsewhere in this document, 1 in 84 months

Class D - Orthodontia

- Only covered in the High Plan Option not covered in the Standard Plan
- Orthodontia, for a child under the age of 19
- There is a 24 month waiting period for services

Premium rating areas by state

Finding your monthly rate is simple.

1. Find your state below
2. Match your enrollment type and plan options to your state's monthly rates



Standard Plan – Monthly Premium Rates

State	Veteran		CHAMPVA		
	1 Veteran	2 Veterans	1 Beneficiary	2 Beneficiaries	3 or More Beneficiaries
CT, MA, ME, NH, RI & VT	\$28.89	\$54.90	\$28.89	\$54.90	\$78.01
NJ & NY	\$28.17	\$53.53	\$28.17	\$53.53	\$76.06
DE & PA	\$28.17	\$53.53	\$28.17	\$53.53	\$76.06
MD & WV	\$27.45	\$52.16	\$27.45	\$52.16	\$74.11
DC, NC & VA	\$28.17	\$53.53	\$28.17	\$53.53	\$76.06
AL, GA & SC	\$26.17	\$49.75	\$26.17	\$49.75	\$70.69
FL, PR & VI	\$26.86	\$51.06	\$26.86	\$51.06	\$72.55
KY & TN	\$26.17	\$49.75	\$26.17	\$49.75	\$70.69
IN, MI & OH	\$27.16	\$51.61	\$27.16	\$51.61	\$73.35
IL & WI	\$27.88	\$52.97	\$27.88	\$52.97	\$75.28
KS & MO	\$27.88	\$52.97	\$27.88	\$52.97	\$75.28
AR, LA & MS	\$26.71	\$50.75	\$26.71	\$50.75	\$72.11
TX	\$26.71	\$50.75	\$26.71	\$50.75	\$72.11
CO, MT, OK, UT & WY	\$27.42	\$52.08	\$27.42	\$52.08	\$74.01
AK, ID, OR & WA	\$32.96	\$62.62	\$32.96	\$62.62	\$89.01
CA, HI, NV, AS, GU & MP	\$32.96	\$62.62	\$32.96	\$62.62	\$89.01
AZ & NM	\$32.11	\$61.02	\$32.11	\$61.02	\$86.73
IA, MN, ND, NE & SD	\$28.59	\$54.33	\$28.59	\$54.33	\$77.21

High Plan – Monthly Premium Rates

State	Veteran		CHAMPVA		
	1 Veteran	2 Veterans	1 Beneficiary	2 Beneficiaries	3 or More Beneficiaries
CT, MA, ME, NH, RI & VT	\$61.14	\$116.17	\$61.14	\$116.17	\$165.09
NJ & NY	\$58.08	\$110.36	\$58.08	\$110.36	\$156.84
DE & PA	\$58.08	\$110.36	\$58.08	\$110.36	\$156.84
MD & WV	\$55.03	\$104.55	\$55.03	\$104.55	\$148.58
DC, NC & VA	\$58.08	\$110.36	\$58.08	\$110.36	\$156.84
AL, GA & SC	\$52.49	\$99.73	\$52.49	\$99.73	\$141.72
FL, PR & VI	\$55.40	\$105.27	\$55.40	\$105.27	\$149.60
KY & TN	\$52.49	\$99.73	\$52.49	\$99.73	\$141.72
IN, MI & OH	\$54.47	\$103.50	\$54.47	\$103.50	\$147.08
IL & WI	\$57.49	\$109.25	\$57.49	\$109.25	\$155.25
KS & MO	\$57.49	\$109.25	\$57.49	\$109.25	\$155.25
AR, LA & MS	\$53.54	\$101.74	\$53.54	\$101.74	\$144.58
TX	\$53.54	\$101.74	\$53.54	\$101.74	\$144.58
CO, MT, OK, UT & WY	\$56.52	\$107.39	\$56.52	\$107.39	\$152.61
AK, ID, OR & WA	\$67.95	\$129.12	\$67.95	\$129.12	\$183.49
CA, HI, NV, AS, GU & MP	\$67.95	\$129.12	\$67.95	\$129.12	\$183.49
AZ & NM	\$64.38	\$122.33	\$64.38	\$122.33	\$173.84
IA, MN, ND, NE & SD	\$60.52	\$115.00	\$60.52	\$115.00	\$163.42

Find your personalized rate online by visiting us at [MetLife.com/VADIP](https://www.MetLife.com/VADIP)

VADIP FAQs

How does the Veteran Affairs Dental Insurance Program (VADIP) work?

With the MetLife VADIP you receive a wide range of benefits whether or not you and/or each eligible dependent visit an in-network dentist, plus referrals are not necessary for specialty care. But, when you visit an in-network dentist, you have the opportunity to make the most of your benefit plan because your out-of-pocket expenses may be lower. For further information about the VADIP, please visit the Frequently Asked Questions section of our website at **MetLife.com/VADIP**.

Once you enroll in the VADIP dental program offered by MetLife, you and your eligible dependents must remain in the plan for a period of 12 months. The rates quoted at the time of enrollment are valid until the end of the calendar year.

How do I enroll?

You may enroll in the VADIP using the below options:

Online: visit **MetLife.com/VADIP**

By Phone: call 1-888-310-1681 TDD 888-638-4863 8:00am EST to 11:00pm EST

By Mail: Please download, and print the enrollment form from **MetLife.com/VADIP**

What do I need to do if I want to add a family member to my coverage?

If your dependents are eligible for VADIP coverage under CHAMPVA, they can enroll in the VADIP, even if the Veteran does not.

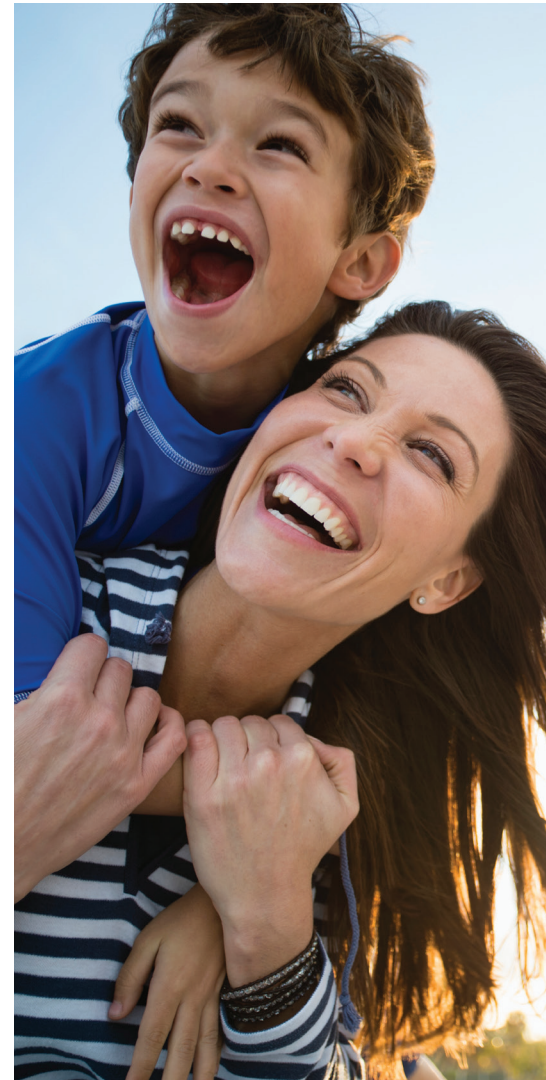
If you are a non-CHAMPVA Dependent:

- While non-CHAMPVA dependents are not eligible for the MetLife VADIP, there is a comparable plan you may be able to enroll in. You must enroll along with an eligible Veteran. For more information call 1-888-310-1681, TDD 888-638-4863, hours: 8:00am EST to 11:00pm EST.
- If the eligible Veteran has already completed enrollment, he or she must contact us at the number above to add beneficiaries to his or her plan.
- Please note that unless they meet certain disability requirements, comparable coverage for children of Veterans is available up to the age of 23. Also, after the age of 19, dependents must provide proof that they are full-time students.



Under the VADIP plan, we will not pay dental insurance benefits for charges incurred for:

- Services and treatment not prescribed by or under the direct supervision of a dentist, except in those states where dental hygienists are permitted to practice without supervision by a dentist. In these states, we will pay for eligible covered services provided by an authorized dental hygienist performing within the scope of his or her license and applicable state law;
- Services and treatment which are experimental or investigational;
- Services and treatment which are for any illness or bodily injury which occurs in the course of employment if a benefit or compensation is available, in whole or in part, under the provision of any law or regulation or any government unit. This exclusion applies whether or not you claim the benefits or compensation;
- Services and treatment received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, VA hospital or similar person or group;
- Services and treatment performed prior to your effective date of coverage;
- Services and treatment incurred after the termination date of your coverage unless otherwise indicated;
- Services and treatment which are not dentally necessary or which do not meet generally accepted standards of dental practice;
- Services and treatment limited by Plan frequency limitations;
- Services and treatment resulting from your failure to comply with professionally prescribed treatment;
- Telephone consultations;
- Any charges for failure to keep a scheduled appointment;
- Any services that are considered strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances;
- Services related to the diagnosis and treatment of Temporomandibular Joint Disorder (TMJ);
- Services or treatment provided as a result of intentionally self-inflicted injury or illness;
- Services or treatment provided as a result of injuries suffered while committing or attempting to commit a felony, engaging in an illegal occupation, or participating in a riot, rebellion or insurrection;
- Office infection control charges;
- Initial installation of a denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
- Charges for copies of your records, charts or X-rays, or any costs associated with forwarding/mailling copies of your records, charts or X-rays;
- State or territorial taxes on dental services performed;
- Any charge submitted by a dentist, which is for the same services performed on the same date for the same member by another dentist;
- Services provided free of charge by any governmental unit, except where this exclusion is prohibited by law;
- Services for which the member would have no obligation to pay in the absence of this or any similar coverage;
- Services which are for specialized procedures and techniques;
- Services performed by a dentist who is compensated by a facility for similar covered services performed for members;
- Duplicate, provisional and temporary devices, appliances, and services;
- Plaque control programs, oral hygiene instruction, and dietary instructions;
- Gold foil restorations;
- Treatment or services for injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is paid or payable under a plan or policy of motor vehicle insurance, including a certified self-insurance plan;
- Hospital costs or any additional fees that the dentist or hospital charges for treatment at the hospital (inpatient or outpatient);
- Charges by the provider for completing dental forms;
- Adjustment of a denture or bridgework which is made within 6 months after installation by the same Dentist who installed it;
- Use of material or home health aids to prevent decay, such as toothpaste, fluoride gels, dental floss and teeth whiteners;
- Sealants for teeth other than non-restored, non-decayed first and second permanent molars;
- Sealants for patients age 16 and over.
- Precision attachments, personalization, precious metal bases and other specialized techniques;
- Replacement of dentures that have been lost, stolen or misplaced;
- Orthodontic services and appliances under the standard option;
- Orthodontic services and appliances for adults;
- Orthodontic services and appliances for dependent children under the age of 19 that have not been enrolled in the high plan option for the entire 24 month waiting period.
- Replacement of an orthodontic device under the standard option;
- Repair or replacement of an orthodontic device for adults;
- Repair or replacement of an orthodontic device for dependent children under the age of 19 that have not been enrolled in the high plan option for the entire 24 month waiting period;
- Replacement of lost or missing appliances;
- Fabrication of athletic mouth guard;
- Internal and external bleaching;
- Nitrous oxide;
- Oral sedation;
- Topical medicament center;
- Bone grafts when done in connection with extractions, apicoectomies or non-covered/non-eligible implants;
- When two or more services are submitted and the services are considered part of the same service to one another the Plan will pay the most comprehensive service (the service that includes the other non-benefited service) as determined by MetLife;
- When two or more services are submitted on the same day and the services are considered mutually exclusive (when one service contradicts the need for the other service), the Plan will pay for the service that represents the final treatment as determined by MetLife;
- All out of network services are subject to the Maximum Allowable Charge (MAC) as determined by MetLife. The member is responsible for all remaining charges that exceed the MAC;
- Space maintainers;
- Fixed and removable appliances for correction of harmful habits;
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards;
- Local chemotherapeutic agents;
- Topical fluoride treatment for patients age 14 & older.



Enroll in the Veterans Affairs Dental Insurance Program today.



Call 1-888-310-1681 or visit **MetLife.com/VADIP** to see how our comprehensive plan can help you save.



Metropolitan Life Insurance Company
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New York, NY 10166
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Like most group benefits programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact MetLife or view the VADIP Plan Summary for cost and complete details.