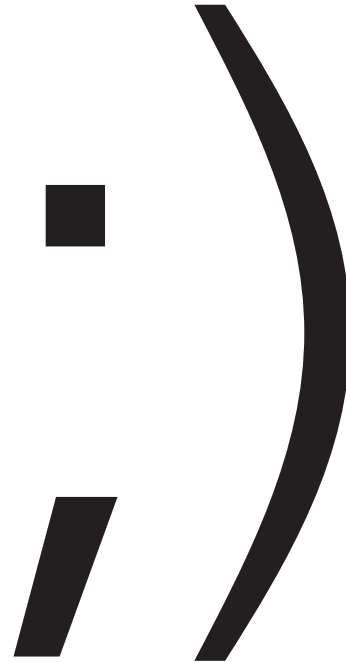


MetLife Federal Dental Plan - FEDVIP



if you brush after every meal o:)

if you bit too hard on an olive pit :-@

if you can't remember the last time you visited the dentist :-O

①

②

③

\$3,000 Annual Maximum

Maybe you have some type of dental coverage now, but the question is, is it enough? Do you have all the coverage you'll need for you and your family?

The fact is, oral health is an essential component of your overall well-being. Taking care of your teeth is more important than you might imagine. Studies have shown a correlation between periodontal disease and other health problems.¹ If left unchecked, oral infections can spread throughout your system, affecting your overall health.

When you consider how dental problems can affect people of all ages—and how costly they can be to treat—you may realize that you may need more coverage. But MetLife can help, with options for Federal employees and annuitants that cover a wide variety of services, at an affordable cost.

Protection from the “ifs.” Federal employees and annuitants continue to have access to The MetLife Federal Dental Plan. Crowns, fillings and other dental treatments can be expensive, and they're costs you just don't usually plan for. With dental coverage from MetLife, you don't have to worry about “what if I get a cavity?” ...“what if I need a crown replaced?” ...“what if the kids need braces?” Because now you have affordable options to cover you and your family—for a price that's a lot less than you might expect. When you choose MetLife, you can see any dentist you want, with access to a national network of dentists that meet MetLife's credentialing qualifications—and out-of-network benefits, too. Best of all, you'll have a great strategy for helping protect yourself from the cost of dental treatment.

e-mo-ti-con

(e-mo-ti-con) [i-moh-ti-kon]
n. A sideways facial glyph used in e-mail to indicate an emotion or attitude, as to indicate intended humor [:-)].

:) or :-) smile (happy)

:(or :-(frown (sad)

:'(crying

O:) or O:-) angelic

:D or :-D laughing

:| straight-faced

:* or :-* kiss

;) or ;-) wink

:-# with braces; confused

:-@ scream

:-O surprised

:-(\$)
put your money
where your mouth is

¹ Jeffcoat, M.K., et al, "Periodontal Disease and Pre-term Birth: Results of a Pilot Interrelation Study," Journal of Dental Research, 82:1446, 2003.

Following these 3 easy steps can help you choose the dental plan that is right for you:

1) Ask questions 2) Consider the needs of your family 3) Get the answers you need.

1 Ask Questions.

You are about to make an important decision about your dental benefits. Do your research first so that you can compare the different plan options.

Think about questions such as:

- : What choices do I have?
- : What is the annual maximum benefit?
- : What are the deductibles and co-pays?
- : What services are covered?
- : How much will it cost?
- : Can I cover myself and my family members?

2 Consider the needs of your family.

Every employee and annuitant will have different needs. Knowing what services you may need in the upcoming year will help you make the right choice.

Consider things such as:

- : Do I really need dental insurance?
- : What services will my family and I need at the dentist?
- : Do I have to use an in-network dentist?
- : How many times a year will I visit the dentist?
- : Can I use my own dentist?
- : How much money can I save?

3 Get the answers you need.

The information in this kit can provide you with the answers you need so that you and your family can feel confident about your decision.

It's as easy as 1-2-3.

- : Enroll online at www.BENEFEDS.com or by calling 1-877-888-FEDS / TTY 1-877-889-5680



What's New for 2009

MetLife is constantly striving to find ways to better serve participants in the Federal Dental Plan.

MetLife has made improvements to the Federal Dental Plan for 2009.

The plan will now include:

- 1. Implants and related services.** Implants, incurred in 2009, will now be considered a covered expense subject to plan guidelines. Please refer to your 2009 FEDVIP brochure for a complete listing of covered implant services and pre-certification provisions.
- 2. Appeal Process.** The charge amount for which you may be eligible for a third party review has been reduced from \$1,000 to \$300.
- 3. A larger network of dentists.** Our PDP network has grown to include more than 113,000 dentist locations and more than 26,000 specialist locations nationwide. Visit www.federaldental.metlife.com for a complete listing of dentists in your area.

If you have any questions about your coverage or the plan changes for 2009, please call us toll free at 1-888-865-6854, 8:00 am to 8:00 pm EST, Monday through Friday.

if your
dental plan
needs a
check-up :-O

: **Open Season – November 10 thru December 8, 2008**

: **Effective – January 1, 2009**

: **www.federaldental.metlife.com** (MetLife)

: **www.opm.gov/insure** (OPM)

: **www.BENEFEDS.com** (Benefeds)

: **1-888-865-6854** (MetLife)

: **1-877-888-feds (1-877-888-3337)** (Benefeds)

Benefits

In-Network:

What will your dentist charge you?

- MetLife's negotiated fee² with participating dentists, typically 10-35% below the community average charge.
- MetLife's negotiated fees² apply to services covered by the plan, as well as those your dental plan does not cover or those rendered after you've reached your annual plan maximum.

Out-of-Network:

What will your dentist charge you?

- A fee set by each individual dentist, which is typically higher than MetLife's negotiated fee.
- You will be responsible for the difference between your dentist's charge and the covered percentage of the Usual and Customary Fee³ for a given service⁴.

Two options.

Which one works better for you?

We offer a Standard and a High option, and both cover a wide array of important services. Each is designed to cover you and your family for less than you might expect. Simply choose the option that best fits your needs. And, employees can pay their premiums with pre-tax dollars via payroll deduction,¹ making our coverage even easier to afford.

	Standard Option	High Option	Standard Option	High Option
Non-Ortho Annual Maximum Per Person	\$1,200	\$3,000	\$600	\$3,000
Orthodontic Lifetime Maximum Per Person ⁵	\$1,500	\$3,000	\$1,000	\$3,000
Coverage Type	What will your plan fee cover? (% of PDP fee ²)		What will your plan fee cover? (% of U&C fee ³)	
Type A Basic : cleanings and oral examinations	100%	100%	60%	90%
Type B Intermediate : x-rays, fillings and periodontal maintenance	55%	70%	40%	60%
Type C Major : crowns, bridges, root canal treatment and dentures	35%	50%	20%	40%
Type D Orthodontia ⁵ : comprehensive orthodontic treatment, fixed appliance	50%	50%	50%	50%
	Annual Deductibles		Annual Deductibles (Applies to Basic, Intermediate and Major Services)	
Deductible Per Person :	\$0.00	\$0.00	\$100.00	\$50.00

1 For employees only, does not apply to annuitants and their pensions.

2 MetLife's negotiated or PDP fees refer to the fees that dentists participating in MetLife's Preferred Dentist Program (PDP) have agreed to accept as payment in full for services rendered by them.

3 U&C Fee refers to the Usual and Customary (U&C) charge, which is based on the lowest of (1) The dentist's actual charge, (2) The dentist's usual charge for the same or similar services, or (3) The charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

4 Subject to any deductibles, cost sharing, benefit maximum and terms of the plan.

5 There is a 24-month waiting period for orthodontic benefits, which begins on the effective date of coverage. The dental service categories and plan limitations shown on the following page represent an overview of your plan benefits. This document is not a complete description of the plan. The MetLife 2009 FEDVIP Plan Brochure is available for viewing and printing at our website, www.federaldental.metlife.com. The 2009 FEDVIP Plan Brochure will govern if any discrepancies exist between this "FEDVIP: 2009 Summary of Covered Dental Services" and the actual MetLife FEDVIP Plan.

2009 MetLife Federal Dental Plan Overview

if my pearly whites...aren't? :-(:-)

2009 Summary of Covered Dental Services

The following are examples of covered dental services in each of the categories.

Description : How Many : How Often

Type A : Basic

Diagnostic and Treatment : Plan offers periodic Oral Evaluations; One every 6 months, from last service date.
: Plan offers Bitewing X-Rays; One set every calendar year for adults.
: Plan offers Bitewing X-Rays; One set every 6 months for children.

Preventive Services : Plan offers Prophylaxis (Cleanings) for adults and children; One every 6 months.
: Plan offers topical application of Fluoride for children; Two every 12 months; Age limit 22.
: Plan offers topical application of Fluoride for adults; Two every 12 months; Age 15 to 22.

Type B : Intermediate

Minor Restorative Services : Plan offers resin-based anterior Composites; Alternate benefit of amalgam will be provided on molar teeth.
: Plan offers prefabricated stainless steel Crowns; One per tooth every 60 months.

Endodontics Services : Plan offers Therapeutic Pulpotomy (exclusions apply).

Periodontics Services : Plan offers Periodontal Scaling and Root Planing; Four or more teeth per quadrant; One every 24 months.

Prosthodontic Services : Plan offers Rebase of Complete Maxillary Dentures; One in a 36 month period; 6 months after initial installation.

Oral Surgery : Plan offers Removal of an Impacted Tooth.
: Plan offers Surgical Access of an Unerupted Tooth.

Type C : Major

Major Restorative Services : Plan offers metallic Onlays; Four or more surfaces; One per tooth every 60 months.
: Plan offers porcelain or ceramic Crown substrate; One per tooth every 60 months.

Endodontic Services : Plan offers anterior, bicuspid and molar Root Canal (exclusions apply).
: Plan offers Retreatment of anterior, bicuspid and molar root canal therapy.

Periodontic Services : Plan offers Gingivectomy or Gingivoplasty; One to three teeth, per quadrant; One every 36 months.

Prosthodontic Services : Plan offers porcelain, ceramic and cast metal Retainers for resin bonded fixed prosthesis; One every 60 months.

Implant Services : Plan offers implant services subject to the guidelines of the plan.

Type D : Orthodontia

: There is a 24 month waiting period from the effective date of coverage.
: Dependent children are covered until the end of the month of their 19th birthday.
: Orthodontic benefits end at cancellation of coverage.

Premium Rating Areas by State / Zip Code (first three digits)

State	State / Zip (first 3)	MetLife High Plan	MetLife Standard Plan	State	State / Zip (first 3)	MetLife High Plan	MetLife Standard Plan	State	State / Zip (first 3)	MetLife High Plan	MetLife Standard Plan
AK	entire state	5	5	MA	entire state	5	5	PA	150-154,156,160	1	1
AL	entire state	1	1	MD	206-218	4	4	PA	183	5	5
AR	entire state	1	1	MD	219	3	3	PA	189-194	3	3
AZ	entire state	1	1	MD	rest of state	2	2	PA	rest of state	1	1
CA	900-918, 922-935	5	5	ME	entire state	2	2	PR	entire state	1	1
CA	919-921	4	4	MI	480-485	3	3	RI	entire state	5	5
CA	939-941, 943-954	5	5	MI	rest of state	2	2	SC	entire state	1	1
CA	942, 956-958	4	4	MN	550-555	4	4	SD	entire state	1	1
CA	rest of state	5	5	MN	rest of state	2	2	TN	entire state	1	1
CO	entire state	4	4	MO	entire state	1	1	TX	entire state	1	1
CT	entire state	5	5	MS	entire state	1	1	UT	entire state	1	1
DC	entire state	4	4	MT	entire state	1	1	VA	201, 220-226	4	4
DE	entire state	3	3	NC	entire state	1	1	VA	230-232,238	1	1
FL	327-328, 347	1	1	ND	entire state	1	1	VA	rest of state	1	1
FL	330-334	3	3	NE	entire state	1	1	VT	entire state	2	2
FL	rest of state	1	1	NH	entire state	5	5	WA	980-985	5	5
GA	300-303, 311	2	2	NJ	080-084	3	3	WA	986	4	4
GA	rest of state	1	1	NJ	rest of state	5	5	WA	rest of state	4	4
HI	entire state	4	4	NM	entire state	1	1	WI	530-534	2	2
IA	entire state	1	1	NV	897	4	4	WI	540	4	4
ID	entire state	1	1	NV	rest of state	2	2	WI	rest of state	2	2
IL	600-608	4	4	NY	004, 005	5	5	WV	entire state	1	1
IL	620-622	1	1	NY	100-119, 124-126	5	5	WY	entire state	1	1
IL	rest of state	1	1	NY	rest of state	2	2	INTERNATIONAL	All	0	0
IN	460-462	1	1	OH	entire state	1	1				
IN	463-464	4	4	OK	entire state	1	1				
IN	rest of state	1	1	OR	970-973	4	4				
KS	entire state	1	1	OR	rest of state	3	3				
KY	entire state	1	1								
LA	entire state	1	1								

Rates and Rating Areas

Monthly Rates

Rating Area	High Option Self Only	High Option Self Plus One	High Option Self and Family	Standard Option Self Only	Standard Option Self Plus One	Standard Option Self and Family
0	\$44.72	\$89.42	\$134.14	\$26.37	\$52.76	\$79.15
1	\$30.44	\$60.91	\$91.33	\$18.22	\$36.49	\$54.73
2	\$34.02	\$68.06	\$102.07	\$19.67	\$39.35	\$59.02
3	\$36.99	\$73.97	\$110.96	\$21.71	\$43.42	\$65.13
4	\$39.98	\$79.95	\$119.90	\$24.07	\$48.12	\$72.19
5	\$44.72	\$89.42	\$134.14	\$26.37	\$52.76	\$79.15

How to find your monthly rate?

: In the first chart, on the previous page, look up your state or zip code to determine your Rating Area.

How to find your monthly or bi-weekly rate?

: In the chart, on this page, match your Rating Area to your enrollment type and plan options.

Bi-weekly Rates

Rating Area	High Option Self Only	High Option Self Plus One	High Option Self and Family	Standard Option Self Only	Standard Option Self Plus One	Standard Option Self and Family
0	\$20.64	\$41.27	\$61.91	\$12.17	\$24.35	\$36.53
1	\$14.05	\$28.11	\$42.15	\$8.41	\$16.84	\$25.26
2	\$15.70	\$31.41	\$47.11	\$9.08	\$18.16	\$27.24
3	\$17.07	\$34.14	\$51.21	\$10.02	\$20.04	\$30.06
4	\$18.45	\$36.90	\$55.34	\$11.11	\$22.21	\$33.32
5	\$20.64	\$41.27	\$61.91	\$12.17	\$24.35	\$36.53

if cleaning my
teeth didn't clean
out my wallet :-*

if I can fix a toothache without a headache :-)



The MetLife Preferred Dentist Program (PDP) can help you better manage your out-of-pocket dental costs by providing coverage for routine and more complex services. You have the freedom to visit the dentist of your choice—but you can save by choosing one of more than 113,000 participating MetLife PDP dentist locations and more than 26,000 specialist locations.

See whatever dentist you like.

What if your dentist isn't in our network? With MetLife, you can go to the dentist you're most comfortable with—because we recognize you are more likely to go regularly when you trust the dentist you're seeing. But with over 113,000 in-network dentist locations, there's a good chance your dentist is part of MetLife's Preferred Dentist Program (PDP), so you can save even more.¹ Should you go on vacation within the U.S. or even get transferred, you'll be able to find a dentist in our network—anywhere in the U.S.

And thanks to an arrangement with AXA Assistance, we can even refer you to a dentist if you are living or when traveling outside the continental United States. For further information, please contact AXA Assistance at 866-384-2771 (From U.S.) or 312-935-9210 (Collect).⁵

Not just any dentist.

MetLife approved dentists.

When you see a MetLife in-network (PDP) dentist, you're assured of getting care from a professional who has passed a rigorous credentialing process. MetLife reviews our in-network (PDP) dentists' credentials on a regular basis, so you know you're receiving professional care.

Lower costs to you.

Your out-of-pocket expenses will be less, since in-network (PDP) dentists agree to accept MetLife's negotiated fees as payment in full. Typically, these fees are as much as 10-35% less than the average charges in the same community. And keep in mind: those negotiated fees² even apply to non-covered services like cosmetic dentistry and extra cleanings—so you can save even more.

Maximizing Your Savings with a Participating MetLife PDP Dentist



Less paperwork. Less worries.

What if you don't like filling out forms? With MetLife, there's less paperwork because your dentist can submit your claims for you. Your dentist can even get a pre-treatment estimate while you're in the dental office.³ And any time you want to check coverage, claim status or history, or get a pre-treatment estimate, you can get a quick answer from us via the Internet, phone or fax. With dental coverage from MetLife, you can feel confident that you're taking charge of your oral care.

While we encourage you to consider using a MetLife in-network dentist (PDP Dentist) to help maximize the value of your plan, you are always free to select the dentist of your choice.⁴ However, if you choose a dentist who does not participate in MetLife's network (PDP), your out-of-pocket expenses may be higher, since you will be responsible for any difference between the dentist's fee and your plan's payment. Also, if you choose a non-participating dentist, a deductible will apply for most covered services. If you receive services from an in-network dentist (PDP Dentist), you are only responsible for the difference between your plan's benefit payment and the participating PDP dentist's negotiated fee for the service performed.

: Visit us at www.federaldental.metlife.com and click on the 'Find a Dentist' tab.
To request a listing of participating PDP dentists in a particular geographic area, call 1-888-865-6854 Monday through Friday (8:00 AM to 8:00 PM Eastern Standard Time)

- 1 Savings in the MetLife Dental Benefits program will depend on various factors, including how often a participant visits the dentist and the cost for services rendered.
- 2 Occasionally, there may be a service for which the dentist's fee is the same or less than the MetLife negotiated amount for that service.
- 3 Transactions are in real-time except when systems are undergoing scheduled or unscheduled maintenance or interruption.
- 4 If your current dentist does not participate in MetLife's network (PDP) and you'd like to encourage him or her to participate, tell your dentist to visit www.metdental.com, or call 1-877-MET-DDS9. Note that this website and phone number are specifically for dentists and not accessible to employees/annuitants. Continued participation of any specific provider cannot be guaranteed. Thus, you should make coverage decisions based on the plan benefits, not based on a specific provider. When you phone for an appointment, please remember to verify that the selected provider is currently in the MetLife PDP Network.
- 5 Referral services are not available in all locations. AXA Assistance is not an affiliate of Metropolitan Life Insurance Company.

Exclusions and Limitations

The exclusions in this section apply to all benefits. Although we may list a specific service as a benefit, we will not cover it unless we determine it is necessary for the prevention, diagnosis, care or treatment of a covered condition.

We do not cover the following:

- : 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 coverage date;
- : 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. Such services are not billable to you by a participating dentist unless the dentist notifies you of your liability prior to treatment and you choose to receive the treatment. Participating dentists should document such notification in their records;
- : 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 Dysfunction (TMD);
- : 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;
- : Charges for copies of your records, charts or x-rays, or any costs associated with forwarding/ mailing copies of your records, charts or x-rays;
- : State or territorial taxes on dental services performed;
- : Those submitted by a dentist, which is for the same services performed on the same date for the same member by another dentist;
- : Those provided free of charge by any governmental unit, except where this exclusion is prohibited by law;
- : Those for which the member would have no obligation to pay in the absence of this or any similar coverage;
- : Those which are for specialized procedures and techniques;

Exclusions and Limitations

- : Those 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;
- : Services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, and restoration for misalignment of teeth;
- : 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;
- : Treatment of services for injuries resulting from war or act of war, whether declared or undeclared, or from police or military service for any country or organization;
- : 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 permanent molars;
- : Precision attachments, personalization, precious metal bases and other specialized techniques;
- : Replacement of dentures that have been lost, stolen or misplaced;
- : Orthodontic services provided to a dependent of an enrolled member who has not met the 24 month waiting period requirement;
- : Orthodontic care for dependent children age 19 and over;
- : Repair of damaged orthodontic appliances;
- : Replacement of lost or missing appliances;
- : Fabrication of athletic mouth guard;
- : Internal bleaching;
- : Nitrous oxide;
- : Oral sedation;
- : 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 Usual and Customary maximum allowable fee charges as defined by MetLife. The member is responsible for all remaining charges that exceed the allowable maximum.

if I still have questions :-#

1. How do I enroll? During open season or as a new hire you can enroll online at www.BENEFEDS.com or by calling 1-877-888-feds(3337) / TTY 1-877-889-5680.

2. If am I currently enrolled, do I need to re-enroll? No. Your coverage will automatically renew. You will receive a confirmation letter from MetLife in January 2009.

3. Can I make changes to my current MetLife Federal Dental Plan? Yes. During the 2009 Open Season you may change your plan option. You can also elect different coverage options for you and your family members. To make these changes, please visit www.BENEFEDS.com. Please note: These changes will become effective January 1, 2009. At that time, the waiting periods for your newly covered dependents will begin.

4. Do I need an ID card? No. You do not need to present an ID card to prove coverage or confirm that you are eligible for Federal Dental coverage. However, for your convenience, a dental ID card will be mailed to you in early January 2009 after you've enrolled. This card is not a guarantee of coverage or eligibility but does highlight your MetLife ID number, MetLife toll-free numbers and URLs used to access benefit information about The MetLife Federal Dental Plan.

5. Does The MetLife Federal Dental Plan coordinate with my other dental benefits? Yes. The MetLife Federal Dental Plan includes a Standard Coordination of Benefits provision. MetLife will pay the difference between what your FEHB carrier pays and the allowable fee.

: **Open Season – November 10 thru December 8, 2008**
: **Effective – January 1, 2009**
: www.federaldental.metlife.com (MetLife)
: www.opm.gov/insure (OPM)
: www.BENEFEDS.com (Benefeds)
: **1-888-865-6854** (MetLife)
: **1-877-888-feds (1-877-888-3337)** (Benefeds)

e-mo-ti-con

(e-mo-ti-con) [i-moh-ti-kon]
n. A sideways facial glyph used in e-mail to indicate an emotion or attitude, as to indicate intended humor [:-)].

Today emoticons have become a part of our everyday language. We use them in emails, text messages and instant messages to communicate our emotions when the person we are speaking with can't actually see our expressions.

As you go through the decision-making process about your dental benefits, you will probably experience a wide range of emotions. You may be confused about what to look for in a dental plan. :-# You may have a difficult time choosing between the plans. :(It may even make you want to scream. :-@

This brochure is intended to provide you with the information you need to make your decision process easier. :) You'll learn what makes The MetLife Federal Dental Plan stand out. :-O And in the end you'll see why 6 out of 10 current enrollees have chosen The MetLife Federal Dental Plan¹ ;-)

:) or :-) smile (happy)

:(or :-(frown (sad)

:'(crying

O:) or O:-) angelic

:D or :-D laughing

:| straight-faced

:* or :-* kiss

;) or ;-) wink

:-# with braces; confused

:-@ scream

:-O surprised

:-(\$)
put your money
where your mouth is

Like most group health insurance policies,
the MetLife Federal Dental Plan contains
certain exclusions, limitations, waiting periods
and terms for keeping coverage in force.
Please contact MetLife for complete details.

MetLife[®]

Metropolitan Life Insurance Company
200 Park Avenue, New York, NY 10166
www.metlife.com

0805-8552 1900030781(0908)
L08081062(exp0809)(All States)(DC,GU,MP,PR,VI)
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