

Start a healthy conversation.

MetLife



BTW, your smile
lights up a room.

*TY! I owe it all
to my dental plan!*



Do we have enough dental coverage?

***DK. How much
do we need?***

Starting a healthy conversation about your dental benefits often begins with choosing a dental plan that's right for you. And no matter who you talk to—your family, your dentist, your employer—The MetLife Federal Dental Plan keeps the conversation real, with answers and options tailored to Federal employees and your needs. Flexible, easy to use and highly affordable, the plan offers a wide variety of dental and periodontal services, with your choice of dentists, from a vast national network, all of whom meet MetLife's rigorous standards. Plus, it offers access to many out-of-network benefits, too.

(one)

And with a generous \$3,000 Annual Maximum, the plan provides greater protection for your mouth and lessens the financial impact on your wallet.

The right dental coverage is an important part of any conversation about health, and of the personal safety net you build for you and your family. And that's GTK. (Good To Know!)

short-hand

[shawrt-hand]

n. a method of rapid hand-writing using simple strokes, abbreviations or symbols that designate letters, words or phrases. Commonly used in chat rooms, e-mail, message boards, Internet and other text-based messaging devices.

BAU	business as usual
BITD	back in the day
BTW	by the way
DK	don't know
DTRT	do the right thing
EZ 123	easy as 1-2-3
GR-8	great
GTK	good to know
LOL	laughing out loud
OIC	oh I see
OMG	oh my gosh
PDP	in-network preferred dental provider
ROTM	right on the money
TY	thank you
411	information

MetLife



(1)
Consider
the needs of
your family.

Choosing the right plan is EZ 123.

As you compare plan options, think about the dental coverage your family might require in 2010:

- " What services do you think you'll need?
- " Can you cover yourself and family members?
- " How much will it cost?
- " How many times a year do you need to see a dentist?
- " Do you really need dental insurance?

(2)
Ask
questions.

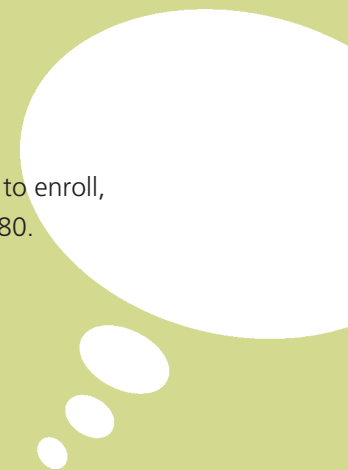
Ask questions about specific plan offerings.

As you measure one plan against another, be sure to ask:

- " What choices do I have?
- " What's the annual maximum benefit?
- " Can I use my own dentist?
- " Is my dentist part of the network?
- " How much can I save?

(3)
Get the answers
you need.

This brochure is designed to get you talking about your dental plan. To find out more, or to enroll, go to www.BENEFEDS.com or talk to a consultant at 1-877-888-FEDS/TTY-1-877-889-5680.



MetLife offers choice and flexibility.

GR-8! Now we're talking.

Over 400,000 of your peers have chosen MetLife as their dental carrier. See what they are saying.

- “ **Freedom of choice.** You can select between two plan options—a High Option and a Standard Option. Choose the one that best meets your needs.
 - 97% of MetLife Federal Dental participants surveyed are Very Satisfied/Satisfied with the Overall PDP Program¹
- “ **Select the dentist of your choice:** in-network or out. Visit your dentist and get great coverage. With over 120,000 in-network dentist locations, there's a good chance your dentist is already part of MetLife's network.
 - 71% of all MetLife Federal Dental participants utilize an in-network dentist²
 - 94% of all MetLife Federal Dental participants are Very Satisfied/Satisfied with the value of the PDP¹

- “ **Get a dentist you can trust.** All of MetLife's in-network dentists have undergone a rigorous credentialing process.
 - 97% of MetLife Federal Dental participants surveyed are Very Satisfied/Satisfied with the overall care from their PDP dentist¹
- “ **Get negotiated fees.** In-network negotiated fees are typically 10% to 35% below the average fee charged by dentists for the same services in a given geographic area. These negotiated fees also apply to non-covered services, like cosmetic dentistry and extra cleanings.
- “ **Fast claims processing.** 99% of approved federal dental claims are paid in 10 days or less.³



1 2009 2nd Quarter FEDVIP PDP Satisfaction Survey results
2 2009 2nd Quarter FEDVIP PDP Savings Report
3 June 2009 FEDVIP Claim Time Service Report

MetLife helps you create your own personal safety net with guarantees that protect you—and your family—for life. We're a leading provider of insurance, employee benefits and other financial services to over 70 million customers around the world. We're financially strong and have delivered on our promises for over 140 years.

- “ **Open Season—November 9 thru December 14, 2009**
- “ **Effective—January 1, 2010**
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- “ **www.opm.gov/insure** (OPM)
- “ **www.BENEFEDS.com** (Benefeds)
- “ **1-888-865-6854** (MetLife)
- “ **1-877-888-FEDS** (1-877-888-3337) (Benefeds)

OMG, Sarah has a cavity.

Smile. We're covered.

Benefits: 2 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, you can pay your premiums with pre-tax dollars via payroll deduction,¹ making our coverage even easier to afford.

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 2010 FEDVIP Plan Brochure is available for viewing and printing at our Web site, www.federaldental.metlife.com. The 2010 FEDVIP Plan Brochure will govern if any discrepancies exist between this "FEDVIP: 2010 Summary of Covered Dental Services" and the actual MetLife FEDVIP Plan.

In-Network:

What will your dentist charge you?

MetLife's negotiated fee² with participating dentists, typically 10% to 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 service.⁴

	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)	
Basic: cleanings, x-rays and oral examinations	CLASS A > 100%	100%	60%	90%
Intermediate: fillings and periodontal maintenance	CLASS B > 55%	70%	40%	60%
Major: crowns, bridges, root canal treatment and dentures	CLASS C > 35%	50%	20%	40%
Orthodontia⁵: comprehensive orthodontic treatment, fixed appliance	CLASS D > 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

2010 summary of covered dental services

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

CLASS A "basic"

Description "How Many; How Often"

- 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.

CLASS 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.
- Prosthetic 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.

CLASS 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.
- Endodontics Services " Plan offers anterior, bicuspid and molar Root Canal (exclusions apply).
" Plan offers Retreatment of anterior, bicuspid and molar root canal therapy.
- Periodontics Services " Plan offers Gingivectomy or Gingivoplasty; One to three teeth, per quadrant; One every 36 months.
- Prosthetic 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.

CLASS D "orthodontia"

- " There is a 24-month waiting period from the effective date of coverage.
- " Offered to dependent children only; Dependent children are covered until the end of the month of their 19th birthday.
- " Orthodontic benefits end at cancellation of coverage.

How do you determine your cost?

Here's the 411!

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	ME	entire state	2	2	PA	183	5	5
AL	entire state	1	1	MI	480-485	3	3	PA	189-194	3	3
AR	entire state	1	1	MI	rest of state	2	2	PA	rest of state	1	1
AZ	entire state	1	1	MN	550-555	4	4	PR	entire state	1	1
CA	919-921	4	4	MN	rest of state	2	2	RI	entire state	5	5
CA	942, 956-958	4	4	MO	entire state	1	1	SC	entire state	1	1
CA	rest of state	5	5	MS	entire state	1	1	SD	entire state	1	1
CO	entire state	4	4	MT	entire state	1	1	TN	entire state	1	1
CT	entire state	5	5	NC	entire state	1	1	TX	entire state	1	1
DC	entire state	4	4	ND	entire state	1	1	UT	entire state	1	1
DE	entire state	3	3	NE	entire state	1	1	VA	201, 220-226	4	4
FL	330-334	3	3	NH	entire state	5	5	VA	rest of state	1	1
FL	rest of state	1	1	NJ	080-084	3	3	VT	entire state	2	2
GA	300-303, 311	2	2	NJ	rest of state	5	5	WA	980-985	5	5
GA	rest of state	1	1	NM	entire state	1	1	WA	rest of state	4	4
HI	entire state	4	4	NV	897	4	4	WI	540	4	4
IA	entire state	1	1	NV	rest of state	2	2	WI	rest of state	2	2
ID	entire state	1	1	NY	004, 005	5	5	WV	entire state	1	1
IL	600-608	4	4	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	463-464	4	4	OH	entire state	1	1				
IN	rest of state	1	1	OK	entire state	1	1				
KS	entire state	1	1	OR	970-973	4	4				
KY	entire state	1	1	OR	rest of state	3	3				
LA	entire state	1	1								
MA	entire state	5	5								
MD	206-218	4	4								
MD	219	3	3								
MD	rest of state	2	2								

**** Rates and Rating Areas ****

How to find your monthly or bi-weekly rate:

- “ In the first chart on the previous page, look up your state and zip code to determine your Rating Area.
- “ In the chart on this page, match your Rating Area to your enrollment type and plan options.

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	\$47.23	\$94.45	\$141.68	\$27.04	\$54.10	\$81.16
1	\$32.07	\$64.16	\$96.18	\$18.59	\$37.25	\$55.86
2	\$35.86	\$71.74	\$107.60	\$20.11	\$40.21	\$60.30
3	\$39.02	\$78.02	\$117.04	\$22.23	\$44.44	\$66.65
4	\$42.21	\$84.39	\$126.58	\$24.66	\$49.31	\$73.97
5	\$47.23	\$94.45	\$141.68	\$27.04	\$54.10	\$81.16

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	\$21.80	\$43.59	\$65.39	\$12.48	\$24.97	\$37.46
1	\$14.80	\$29.61	\$44.39	\$8.58	\$17.19	\$25.78
2	\$16.55	\$33.11	\$49.66	\$9.28	\$18.56	\$27.83
3	\$18.01	\$36.01	\$54.02	\$10.26	\$20.51	\$30.76
4	\$19.48	\$38.95	\$58.42	\$11.38	\$22.76	\$34.14
5	\$21.80	\$43.59	\$65.39	\$12.48	\$24.97	\$37.46

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- “ **1-877-888-FEDS** (1-877-888-3337) (Benefeds)

RU older...and wiser?

How much do you really know about aging and oral health? This quiz can help you find out.

Regardless of your age, oral health can have an impact on overall health. So, since you have to get older—you can take this quiz and you may get wiser!

- (1) Losing teeth is a natural part of aging. **True False**
- (2) Bad breath is an inevitable part of getting older. **True False**
- (3) My dentist needs to know everything about my medical history. **True False**
- (4) You can fix uncomfortable dentures yourself by adjusting them at home. **True False**
- (5) A decrease in the senses of smell and taste are part of the aging process. **True False**
- (6) I have full dentures so I don't need to go to the dentist anymore. **True False**
- (7) Only children need fluoride. **True False**
- (8) Your mouth makes less saliva as you age. **True False**
- (9) People who have difficulty holding a toothbrush (such as those with painful arthritis) should use a mouthwash instead of brushing. **True False**
- (10) Oral cancer is more likely to strike after age 40. **True False**

(answers on following page)

**** Learn More ****

For detailed answers to these questions, and to learn more about the importance of oral health, visit the education page at www.federaldental.metlife.com.

And check out these additional online resources:

- “ The MetLife American Dream Study metlife.com/american dream
- “ The MetLife Mature Market Institute www.maturemarketinstitute.com
- “ American Dental Association www.ada.org

Americans are looking hard at their personal safety nets—including workplace benefits such as dental plans. Over 50% report that they plan to pay—or are already paying—more attention to their employee benefit offerings. (*The 2009 MetLife Study of the American Dream.*)

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;

**** Exclusions and Limitations ****



- “ 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;
- “ 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.

The 2010 MetLife Federal Dental Plan will put a smile on your face.

GTK. Tell me more!

Q&A

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 I am currently enrolled, do I need to re-enroll? No. Your coverage will automatically renew. You will receive a confirmation letter from MetLife in January 2010.

3. Can I make changes to my current MetLife Federal Dental Plan? Yes. During the 2010 Open Season you may change your plan option. You can also elect different coverage options for you and your family members.

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 MetLife Federal Dental coverage. However, for your convenience, a dental ID card will be mailed to you in early January 2010 after you've enrolled.

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.

6. When will my new coverage or changes to my coverage become effective? If you enroll or change your coverage during the 2010 Open Season, your new coverage will become effective January 1, 2010.

How can I get more information on The MetLife Federal Dental Plan?

For more information, visit our Web site at www.federaldental.metlife.com or call MetLife at 1-888-865-6854.



Keep the healthy
conversation going.

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MetLife

(Lift here for magnet)

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