2012 FEDVIP Dental

MetLife

a plan so smart,
it’ll make you smile.
IMPORTANT INFORMATION

OPEN SEASON
November 14 – December 12, 2011

EFFECTIVE DATE
January 1, 2012

FIND OUT MORE
MetLife: federaldental.metlife.com
OPM: www.opm.gov/insure
Benefeds: www.BENEFEDS.com
MetLife: 1-888-865-6854
TDD 1-888-260-5376
Benefeds: 1-877-888-FEDS (3337)
TTY 1-877-889-5680

Add MetLife Federal Dental Program's info to your smartphone's address book by scanning this QR code.
For over 48 years, millions of people have smiled a little brighter because they’ve chosen MetLife as their provider of high-quality dental benefits.

And the smiles are spreading — 93% of the people who use the MetLife Preferred Dentist Program (PDP) would recommend it to a friend.\(^1\) Maybe they pass on the good word because it’s easy to recommend quality.

When you visit a participating PDP dentist, you can be sure that you’re getting care from a professional who has passed a rigorous screening process. And MetLife’s Quality Initiative Program provides these dentists with materials and resources to help them stay on top of the latest developments and technologies in oral health.

In addition to quality care, you get access to one of the largest dental networks anywhere and a variety of coverage options.

There are so many smart reasons to participate in the MetLife Federal Dental Plan. Find out more, and start showing off those pearly whites!

\(^1\) 2010 MetLife Plan Participant Satisfaction Survey. Results based on participants who visited a MetLife PDP dentist and reported that they were probably (47%) or definitely (46%) likely to recommend MetLife PDP to a friend.
MetLife helps you create your own personal safety net with coverage that protects you and your family. We’ve been delivering on our promises for over 140 years. You can trust us to provide you with quality service as a participant in the MetLife Federal Dental Plan.

THE SMART PROOF IS IN THE NUMBERS...

- One of the largest dental carriers in the U.S., insuring nearly **20 million Americans**¹
- **30 million dental claims** processed each year²
- Each year, MetLife saves Americans and dental plan sponsors **$1.4 billion in dental costs**²
- **Over 160,000 participating dentist** locations nationwide¹

¹ MetLife data as of 12/31/10.
² Savings calculations based on analysis of 2009 claims information comparing MetLife participating PDP dentists reported usual charges for services to MetLife’s negotiated fees for those same services.
10 FACTS THAT YOUR TEETH WANT YOU TO KNOW!

WHEN IT COMES TO PROTECTING YOUR TEETH, THERE ARE SOME FACTS THAT YOU JUST CAN’T BRUSH ASIDE: HELP PROTECT YOUR SMILE!

**one**
Poor oral health has been linked to heart disease and diabetes.

**six**
One-fourth of U.S. adults aged 65 and older have lost all of their teeth.

**two**
Each year, Americans make about 500 million trips to the dentist.

**seven**
Americans spent approximately $108 billion on dental care in 2010.

**three**
More than 75 percent of the population is affected by some type of gum disease.

**eight**
Maintaining a balanced diet and limiting between-meal snacks can help to avoid dental disease.

**four**
Many diseases can be diagnosed in their early stages through an oral examination.

**nine**
Dental caries (tooth decay) remains the most prevalent chronic disease in both children and adults.

**five**
Toothbrushes should be replaced every 3 to 4 months.

**ten**
Good oral health enhances our ability to speak, smile, smell, taste, touch, chew, swallow and convey our feelings and emotions through facial expressions.
BENEFITS: 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 at a cost that is 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, making our coverage even easier to afford.

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<tr>
<th>Coverage Type</th>
<th>STANDARD OPTION</th>
<th>HIGH OPTION</th>
<th>STANDARD OPTION</th>
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<td>Intermediate: fillings and periodontal maintenance</td>
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<td>Orthodontia*: comprehensive orthodontic treatment, fixed appliance</td>
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**IN-NETWORK**

**What will your dentist charge you?**

MetLife’s negotiated fee with participating dentists, typically 15% to 45% below the community average charge.

MetLife’s negotiated fees 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 Fee for a given service.

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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 2012 FEDVIP Plan Brochure is available for viewing and printing at our website, federaldental.metlife.com. The 2012 MetLife FEDVIP Plan Brochure will govern if any discrepancies exist between this “FEDVIP: 2012 Summary of Covered Dental Services” and the actual MetLife FEDVIP Plan.
2012 SUMMARY OF COVERED DENTAL SERVICES

THE FOLLOWING ARE EXAMPLES OF COVERED DENTAL SERVICES IN EACH OF THE CATEGORIES

CLASS 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.

Preventive Services
Plan offers Bitewing X-rays; One set every 6 months for children.
Plan offers Prophylaxis (Cleanings) for adults and children; One every 6 months.
Plan offers topical application of Fluoride; Two every 12 months; Age limit 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.

CLASS C – MAJOR

Services listed under this class are subject to dental review and the alternate benefit.

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.

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.

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 for orthodontic services until the end of the month of their 19th birthday.
Orthodontic benefits end at cancellation of coverage.

A change in plan option will result in the 24-month waiting period being reset.
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$10,000 annual maximum.
The High Option’s $10,000 annual maximum can ease the financial impact of any unexpected dental work.

### Monthly Rates

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<th>High Option Self Plus One</th>
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### Bi-weekly Rates

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### HOW TO FIND YOUR MONTHLY OR BI-WEEKLY RATE

1) In the first chart on the previous page, look up your state and ZIP code to determine your Rating Area.

2) In the chart on this page, match your Rating Area to your enrollment type and plan options.
THE SMART WAY TO MAXIMIZE YOUR SAVINGS

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 the smartest way to maximize your savings is to choose one of more than 160,000 participating MetLife PDP dentist locations and 40,000 specialist locations.

Take a look at this side-by-side comparison of potential out-of-pocket cost savings for common services based on the plan you choose.

### FEDVIP: HIGH OPTION PLAN

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<th>Usual &amp; Customary Charge</th>
<th>MetLife PDP Fee</th>
<th>Your Out-of-Pocket Costs when using an In-Network Dentist</th>
<th>Your Out-of-Pocket Costs when using an Out-of-Network Dentist</th>
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### FEDVIP: STANDARD PLAN OPTION

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<th>Your Out-of-Pocket Costs when using an Out-of-Network Dentist</th>
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<tr>
<td>Check Up and Cleaning</td>
<td>$182</td>
<td>$87</td>
<td>$0</td>
<td>$18.20</td>
<td>$164</td>
</tr>
<tr>
<td>Filling</td>
<td>$209</td>
<td>$84</td>
<td>$25.20</td>
<td>$83.60</td>
<td>$77.40</td>
</tr>
<tr>
<td>Crown</td>
<td>$1,573</td>
<td>$146</td>
<td>$38.50</td>
<td>$943.80</td>
<td>$905.30</td>
</tr>
<tr>
<td>Orthodontia (Braces)</td>
<td>$7,000</td>
<td>$595</td>
<td>$2,250</td>
<td>$1,258.40</td>
<td>$4,741.60</td>
</tr>
</tbody>
</table>

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1. To illustrate the value of the MetLife Federal Dental Plan, the information above reflects your average out-of-pocket costs for common dental care. Please note that actual savings are based on Zip Code 20002.
2. MetLife PDP Fee Schedule 0762 — Procedures: D0120, D0110, D0230, D0750
3. After meeting a $50 deductible.
4. After meeting a $100 deductible.
Good oral health isn’t just good for your smile, it’s good for your overall well-being. And making the most of your dental benefits plan can really help you manage and maximize your oral health.

MetLife is pleased to offer the MetLife Dental Health Manager to FEDVIP participants to help you and your family effectively use your benefits to promote healthier smiles and better oral health. This tool will be available to FEDVIP participants.

The MetLife Dental Health Manager is packed with tools to help you make the most of your dental plan, including a personal report card on your oral health; ongoing reports that help you track progress and more.

MetLife Federal Dental participants can find out more by visiting federaldental.metlife.com and clicking on the MyBenefits link.

Check it out.

100% preventive care. Preventive services, such as exams, cleanings and X-rays, are covered with no out-of-pocket cost to you when using a MetLife PDP Provider.
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;
- 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;
- 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 adults and 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 dental service exclusions and plan limitations shown on pages 10 and 11 represent an overview of your plan benefits. This document is not a complete description of the plan. The MetLife 2012 FEDVIP Plan Brochure is available for viewing and printing at our website, federaldental.metlife.com. The 2012 FEDVIP Plan Brochure will govern if any discrepancies exist between these exclusions and limitations and the actual MetLife FEDVIP Plan.

reason to smile

When you join a network with over 160,000 participating dental locations nationwide, you’ll be able to find a dentist wherever you may live.
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.

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 2012.

Can I make changes to my current MetLife Federal Dental Plan? Yes. During the 2012 Open Season you may change your plan option. You can also elect different coverage options for you and your family members.

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 2012 after you’ve enrolled.

Does the MetLife Federal Dental Plan coordinate with my other dental benefits? Yes. Please remember to bring your FEHB ID card and FEDVIP ID card to every dental appointment as most FEHB plans offer some level of dental benefits separate from your FEDVIP coverage. Please refer to the 2012 FEDVIP brochure for complete details about benefit coordination.

When will my new coverage or changes to my coverage become effective? If you enroll or change your coverage during Open Season, your new coverage will become effective January 1, 2012.

reason to smile

A new, higher $3,500 lifetime maximum for orthodontics on the High Option Plan will keep your kids smiling while you save.
SMART PLAN. SMART SAVINGS
NOW THAT’S SOMETHING TO SMILE ABOUT!

To enroll in the MetLife Federal Dental Plan, go online to www.BENEFEDS.com or call 1-877-888-3337.