

MetLife



Deliver dental plans that work for your clients

Given the importance of dental to employees (it's the 5th most valued employee benefit¹) and the desire among employers to get more value from their benefits package, recommending the right dental plan can help your clients reach their financial goals and maintain employee satisfaction.

Now is the time to rethink dental benefits

In today's economic times, MetLife provides you with the flexibility and expertise you need to help you address your clients' diverse needs. Our Preferred Provider Organization (PPO) is one of the largest networks in the country (providing dental benefits to more than 34,000 customers with 10 – 499 employees²), and is the foundation upon which we have built a wide range of dental solutions. Furthermore, to help your clients get the most value from their dental benefits package, we offer multi-option features³ and various funding arrangements (including voluntary⁴ and employer-sponsored options).

Dual Option Dental from MetLife gives your clients with 10 – 499 employees a “core” benefit, along with the flexibility for employees to purchase different plan options that best meet their individual needs.

The value of working with MetLife

We use effective strategies to maintain a strong, stable network, help manage costs and create a “quiet” plan. Provider turnover in our PPO is consistently less than 1.5% per year, and was only 1.40% in 2009.⁵ Plus, all participating PPO dentists agree to accept MetLife's negotiated fees which can help your clients and their employees save money. In fact, our negotiated PPO fees resulted in combined savings on plan payments and employees' out-of-pocket costs of nearly \$1.4 billion in 2009 alone.⁶

We continue to focus our efforts on technology. For example, our enrollment, eligibility, claims and billing databases are fed from a single source—ensuring reliable data exchanges and helping to maintain exceptional performance and accuracy levels. Of the more than 33 million claims processed by MetLife in 2009, 99.83% were paid accurately.⁷

Our interactive Oral Health Library and online benefit tools (MetDental for dentists and MyBenefits for employees) can save your clients time, because participants and dental offices can go to MetLife directly with dental benefits questions—easing the administration process and helping your clients get the most out of their relationship with MetLife.

¹ The Eighth Annual MetLife Employee Benefits Trends Study, April 2010.

² MetLife data as of March 2010.

³ Dual option plans available to groups with 25 or more eligible employees.

⁴ Available to groups with 10 or more eligible employees.

⁵ MetLife data as of year-end 2009.

⁶ 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.

⁷ MetLife data as of year-end 2009.

What's available

The following plan options are available to employers based on group size, underwriting and state requirements.⁸

COINSURANCE Choose the option that fits your clients' needs.	STANDARD PLANS —offer coinsurance for preventive and basic services; or preventive, basic and major services TRANSITION PLANS —administered at the employer level, offer coinsurance for preventive and basic; and phase in coinsurance for major services GRADED PLANS —administered at the employee level, offer coinsurance for preventive and basic; and phase in coinsurance for major services
ANNUAL MAXIMUMS	Choices range from \$250 to \$5,000 (in \$50 increments) ⁹
DEDUCTIBLES	Choices range from \$0 to \$300 (in \$5 increments) ⁹
ORTHODONTIA (Optional)	Choose coverage for: <ul style="list-style-type: none"> • Child Only (up to age 19, state restrictions apply), or • Adult & Child Choose: <ul style="list-style-type: none"> • Coinsurance levels ranging from 20% to 80% (in 5% increments)⁹ • Orthodontia maximums ranging from \$250 to \$5,000⁹ • No deductible for orthodontia treatment
REIMBURSEMENTS OUT-OF-NETWORK	There are two options for out-of-network reimbursement: <ul style="list-style-type: none"> • R&C—Reimbursements are based on reasonable and customary charges.¹⁰ Multiple options available. • MAC—Reimbursements are based on the maximum allowable charge, which is the in-network negotiated fee¹¹
ALLOCATION OF SERVICES	Two standard allocation of service options available: <ul style="list-style-type: none"> • Comprehensive Coverage (Oral surgery/Periodontics in Basic) • Primary Coverage (Oral surgery/Periodontics in Major) Additional flexible plan designs are also available.
EMPLOYER CONTRIBUTIONS	<ul style="list-style-type: none"> • Employer-Sponsored Plans—Employer's contribution is between 50% and 100% of the employees' premium. • Voluntary Plans—Employer's contribution is between 0% and 49% of the employees' premium. For MetLife's Dual Option plan, employers must pay a minimum of 50% of the premium for the low plan option for each employee.
MINIMUM PARTICIPATION REQUIREMENTS¹²	
EMPLOYER SPONSORED	SINGLE OPTION PLANS For Standard, Transition and Graded plans: <ul style="list-style-type: none"> • At least 50% of all eligible employees must participate, with a minimum of 10 enrolled DUAL OPTION PLANS At least 65% of all eligible employees must participate with a minimum of 25 enrolled
VOLUNTARY	SINGLE OPTION PLANS For Standard (preventive and basic services), Transition and Graded plans: <ul style="list-style-type: none"> • At least 35% of all eligible employees must participate, with a minimum of 10 enrolled For Standard (preventive, basic and major services) plans: <ul style="list-style-type: none"> • At least 35% of all eligible employees must participate, with a minimum of 10 enrolled; or • 25%–34% of all eligible employees must participate, with a minimum of 10 enrolled if the plan includes a Benefit Waiting Period DUAL OPTION PLANS At least 50% of all eligible employees must participate with a minimum of 100 eligible

For more information, contact your MetLife representative today.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions of benefits, limitations and terms for keeping them in force. Please contact MetLife or your Plan Administrator for complete details.

⁸ Certain plan designs may be subject to restrictions and not available in all states.

⁹ For additional flexibility, contact your MetLife representative. State and underwriting restrictions apply.

¹⁰ The R&C charge is the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the usual charge of other dentists or other providers in the same geographic area equal to one of the following percentile of charges as determined by MetLife based on charge information for the same or similar services or supplies maintained

in MetLife's Reasonable and Customary Charge records: 90th, 80th, 99th, 70th and 51st. The percentile of charges will depend on the plan design chosen.

¹¹ MetLife's negotiated or Preferred Dentist Program (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.

¹² Minimum participation requirements may be greater in certain states.

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