



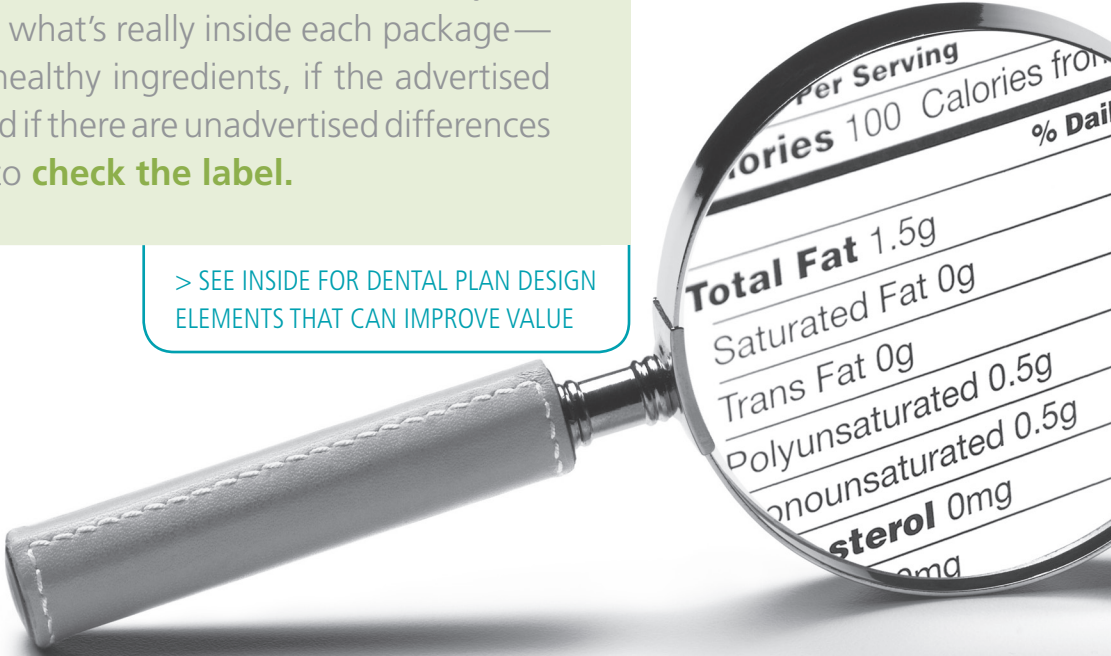
MetLife

Check the Label

>>>> PREVENTIVE, DIAGNOSTIC, PERIO SERVICES

When comparing different brands of the same type of food product, savvy shoppers know one of the best ways to help them understand what’s really inside each package—whether there are unhealthy ingredients, if the advertised benefits have value, and if there are unadvertised differences among products—is to **check the label.**

> SEE INSIDE FOR DENTAL PLAN DESIGN ELEMENTS THAT CAN IMPROVE VALUE



| | |
|--------------------|------|
| Per Serving | |
| Calories | 100 |
| Calories from Fat | |
| % Daily Value | |
| Total Fat | 1.5g |
| Saturated Fat | 0g |
| Trans Fat | 0g |
| Polyunsaturated | 0.5g |
| Monounsaturated | 0.5g |
| Cholesterol | 0mg |
| | mg |

Like food products, differences in dental plan design “ingredients” can vary dramatically and are not always obvious from a basic (or spreadsheet) glance at each plan’s packaging and price.

- > While a plan may look equal to another, have a lower price or appear more attractive because of a certain feature, it could have, or lack, ingredients (e.g., excluded or non-covered services, inappropriate limitations, guidelines and other benefit provisions) that can increase employee noise and dissatisfaction, drive up employee out-of-pocket costs and/or decrease the plan’s value to employers and their employees.

Smart comparison shopping—**checking the label**—is as important when shopping for dental plans as it is for groceries.

At MetLife, we believe employers should take a closer look at the dental benefit plans being presented to them. By reaching beyond spreadsheets and numbers when comparing dental benefit plans, employers may find opportunities to add value by identifying dental plans that better meet the needs of their employees and their company’s bottom line.

COMPARE.

HOW TO COMPARE DENTAL BENEFIT PLANS

When comparing dental benefit plans from multiple carriers, you should:

- > Check for differences in key plan components, beyond deductible, annual maximum, service allocation (coverage percentage) and coinsurance levels
- > Look at the plan’s exclusions, limitations, covered services and claim payment guidelines
- > Ask questions about plan design differences to understand how they may affect plan value
- > Confirm that additional plan benefits and features have value and do what they advertise

BUILD.

HOW TO BUILD MORE VALUE INTO YOUR DENTAL BENEFITS PLAN

MetLife can help you design a dental benefits plan that helps you achieve your benefit objectives and add value for your employees while managing costs effectively. We do this by:

- > Aligning plans with the latest clinical research and parameters of care published by dental professionals
- > Covering services the *right* way to help employees get and stay healthy
- > Understanding and, when appropriate, reacting to market trends
- > Ensuring the right level of coverage for services that drive employee satisfaction, value and health

TAKE A LOOK AT THE FOUR SAMPLE LABELS THAT FOLLOW—TWO FOR PREVENTIVE AND DIAGNOSTIC SERVICES AND TWO FOR PERIODONTAL SERVICES. LOOK AT THE ELEMENTS AND FREQUENCY ON EACH LABEL AND THEIR IMPACT ON PLAN VALUE.

Check the Label: Preventive & Diagnostic Services

Preventive and diagnostic services are critical dental plan elements. They help employees stay healthy and avoid more complex and costly services. However, not all dental plans cover these services the same way. Some may lack coverage for needed services, others may actually encourage dentists to perform services that add to plan costs, but do little to prevent or diagnose disease.

Since preventive and diagnostic services account for approximately 70% of total services and 30% of dentists' charges,¹ it's important that benefits managers **check the label** to help ensure their dental plans have appropriate coverage to distribute the benefit dollars wisely.



EXAMPLE OF A TYPICAL PLAN

| Dental Plan Facts | | |
|---------------------------------------|--|--|
| Plan Elements and Frequency | | Impact on Plan |
| X-rays | | |
| Full-mouth X-rays | 1 in 36 months | May encourage unnecessary X-rays and increase plan costs. See American Dental Association (ADA) guidelines. ² |
| Bitewing X-rays | Adults: 2 in 12 months Children: 2 in 12 months | |
| Brush Biopsies | Not Covered | Service may not be offered to the patient. |
| Vizilite Oral Cancer Screening | Covered Service | Insufficient evidence to support effectiveness and of questionable value. See ADA guidelines. ³ |

EXAMPLE OF A PLAN THAT MAY BETTER MEET YOUR NEEDS

| Dental Plan Facts | | |
|---------------------------------------|--|--|
| Plan Elements and Frequency | | Impact on Plan |
| X-rays | | |
| Full-mouth X-rays | 1 in 60 months, based on necessity | Frequent X-rays for healthy adults may not be necessary. See ADA guidelines. ² |
| Bitewing X-rays | Adults and Children: 1 in 12 months | |
| Brush Biopsies | 1 in 24 months, based on patient risk and suspicious lesions | A generally accepted protocol to help diagnose oral cancer. |
| Vizilite Oral Cancer Screening | Not Covered | Insufficient evidence to support effectiveness and of questionable value. See ADA guidelines. ³ |

¹ MetLife data as of year-end 2010.

² American Dental Association. Guidelines for Prescribing Dental Radiographs Chart. 2004. http://www.ada.org/sections/professionalResources/pdfs/topics_radiography_chart.pdf. Accessed October 14, 2011.

³ Rethman, M.P. et al. Evidence-Based Clinical Recommendations Regarding Screening for Oral Squamous Cell Carcinomas. Journal of the American Dental Association. 2010; 141; 509-520.

Check

Check the Label: Periodontal Services

Many clinical studies have uncovered associations between oral and overall health, and have suggested relationships between periodontal disease (bacteria) and medical conditions such as coronary heart disease⁴ and diabetes.⁵

Given these associations, it is critical that dental plans cover periodontal services based upon proven parameters of care to help employees get and stay healthy. So, it's important that benefits managers **check the label** to help ensure their dental plans provide appropriate coverage for periodontal services.



EXAMPLE OF A TYPICAL PLAN

| Dental Plan Facts | | |
|-------------------------------|---|--|
| Plan Elements and Frequency | | Impact on Plan |
| Scaling & Root Planing | Combined limitations with other periodontal services | |
| Periodontal Maintenance | Limited to 2 per year, combined with routine cleanings | May discourage appropriate treatment and lead to further progression of disease. Does not align with American Academy of Periodontology (AAP) parameters of care. ^{6,7} |
| Periodontal Surgery | Combined frequency limitations for periodontal surgical services, limits coverage to one service within a frequency limit and/or only 2 per area of the mouth | May unexpectedly shift costs to employees, increasing their out-of-pocket costs. |
| Soft Tissue Grafts | Type B | Higher reimbursement for services considered periodontal plastic surgery does not make best use of benefit dollars and decreases plan value. Plans should first ensure appropriate coverage for non-surgical services. |
| Local Chemotherapeutic Agents | Not Covered or not payable | May discourage appropriate treatment and lead to further progression of disease. May unexpectedly shift costs to employees, increasing their out-of-pocket costs. |

4 Humphrey LL, Fu R Buckley DJ, Freeman M, Helfand M. J Gen Intern Med. 2008;23(12):2079-86. <http://ebd.ada.org/SystematicReviewSummaryPage.aspx?srlid=ca81709a-1974-4770-8eb9-87258d04e550&indexId=7ec059fb-eafb-47b6-a628-0539eb39cd4f#>. Accessed October 14, 2011.

5 Mealey B.L. Oates T.V. Diabetes Mellitus and Periodontal Diseases. AAP-Commissioned Review. J Periodontol 2006;77:1289-1303. <http://www.joponline.org/doi/abs/10.1902/jop.2006.050459>. Accessed October 14, 2011.

6 Parameter on Chronic Periodontitis With Slight to Moderate Loss of Periodontal Support, The American Academy of Periodontology, May 2000.

the Label

The Importance of Education

Education—like appropriate plan design—is an integral piece of dental benefit plans. In fact, it takes on more significance as employers make plan design changes and place greater responsibility and ownership on employees for their health.

At MetLife, we offer an educational platform that provides educational tools and resources designed to help employees make—and dentists promote—better choices about their dental benefits and oral health. Through this platform, we can help educate your employees about plan design changes (e.g., why it makes sense based on dental treatment protocols or trends) so they become more comfortable with the changes being made to their dental plans.

>>>>>> For more information, contact your insurance broker, benefits consultant or MetLife representative today.

EXAMPLE OF A PLAN THAT MAY BETTER MEET YOUR NEEDS

| Dental Plan Facts | | |
|--------------------------------------|---|--|
| Plan Elements and Frequency | | Impact on Plan |
| Scaling & Root Planing | Type B, eligible when pocket depths are 4mm or more, bleeding upon probing and is a generalized condition. Should limit to once per quadrant in any 24-month period | Initial therapy to control further progression of disease. See the AAP parameters of care. ⁶ |
| Periodontal Maintenance | Type B, up to 4 periodontal maintenance treatments following active treatment for periodontal disease—scaling & root planing is considered active care | Provides appropriate follow-up care to help control progression of disease. See AAP parameters of care. ⁷ |
| Periodontal Surgery | Type C, based on necessity and meeting parameters of care guidelines. Should have individual surgery (not combined) limitations for different surgical procedures | Helps control moderate to severe cases or patients with compromising medical conditions. Helps increase plan value and reduce out-of-pocket costs. |
| Soft Tissue Grafts | Type C, once per quadrant in any 36-month period | Type C allocation helps increase plan value. Soft tissue grafts are generally considered periodontal plastic surgery. Treating the effects of disease, not disease itself, can positively impact function. |
| Local Chemotherapeutic Agents | Type B, should be covered based on necessity. Review by dentist consultant to determine if services are appropriate should be required | Clinical research suggests the use of chemotherapeutic agents as an adjunct to periodontal maintenance or, in certain cases, as an adjunct to scaling and root planing, can improve the response to periodontal treatment (increase effectiveness). ^{8,9} |

⁷ Parameter on Periodontal Maintenance, The American Academy of Periodontology, May 2000.

⁸ Bonito AJ, Lux L, Lohr KN. Impact of Local Adjuncts to Scaling and Root Planing in Periodontal Disease Therapy: A Systematic Review. Journal of Periodontology. August 2005. Vol. 76. No. 8, Pages 1227-1236.

⁹ American Academy of Periodontology. Parameters of Care. Journal of Periodontology. 2000. Vol. 71. No. 5, Supplement.

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 for complete details.

For the **if in life**[®]

1110-3991 1900031440(1011)
© 2011 METLIFE, INC. L1011214510(exp1112)(All States)(DC,PR)
PEANUTS © 2011 Peanuts Worldwide

MetLife

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