Transition of Care to MetLife Dental

FOR GOLD & SILVER (PPO) PLANS

For orthodontia services in progress as of the effective date of coverage, MetLife requires claim payment and treatment history in order for participants to receive benefits from MetLife for future services rendered. This information should be provided at the time the initial claim is submitted.

A copy of the patient’s treatment plan will be required in order for any future claims to be paid and must contain the following information:

1. Name of dentist
2. Assignment of benefits
3. Date the appliance was placed
4. Total orthodontic treatment fee
5. Total number of estimated months of treatment

A copy of the last Explanation of Benefits (EOB) from your prior carrier will also be required. The EOB is provided by the prior carrier and should include the total amount of benefits your prior carrier has paid toward Orthodontic treatment for the patient.

MetLife will apply this information to the participants’ MetLife dental plan, pro-rating the charges prior to the effective date with MetLife, and issue benefits going forward. This process ensures that the total benefit paid between the two carriers does not exceed the lifetime orthodontia maximum under the MetLife PPO plan.

For other services:

- **D4910 Periodontal Maintenance** – Benefits for Periodontal Maintenance are provided only when MetLife has evidence of recent prior active periodontal therapy in two or more different quadrants.
  - When submitting your first claim for a D4910 to MetLife, please have your attending Dentist provide the dates and quadrants and nature of the prior periodontal therapy as well as the date of the most recent periodontal maintenance visit.

- **For Fixed Bridgework, Implants, Complete Removable Dentures or Partial Removable Dentures**
  - If the prosthetic is an initial placement, please have your attending Dentist provide the date of the extraction of the missing tooth/teeth being replaced by the prosthesis.
  - If the prosthetic is a replacement of an existing prosthesis, please have your attending Dentist provide the date the last prosthetic was completed and the reason to replace.

FOR PLATINUM (DHMO) PLANS

Within 30 days of becoming eligible for benefits, participant must submit the Continuing Orthodontic Treatment Request Form along with Evidence of Payment and a Provider Claim Form to MetLife at the address below. Evidence of Payment and Provider Claim Form can be obtained directly from your Dentist. All documentation is required in order for payments to be made on any future claims for orthodontic services.

SafeGuard Claims Department
P.O. Box 981987
El Paso, TX 79998

MetLife’s Dental PPO plans are issued by Metropolitan Life Insurance Company, New York, NY. Dental HMO plans are available in CA, FL and TX only, through a domestic company in the applicable state named SafeGuard Health Plans, Inc. The SafeGuard companies are part of the MetLife family of companies. “Dental HMO” is used to refer to products that may differ by state of residence of the enrollee, including but not limited to: “Specialized Health Care Service Plans” in California; “Prepaid Limited Health Service Organizations” as described in Chapter 636 of the Florida statutes in Florida; and “Single Service Health Maintenance Organization” in Texas.