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. The value of the services rendered will be established by subtracting the benefit amount MetLife would have paid for the treatment rendered prior to the MetLife effective date from the maximum benefit for the entire treatment (up to the MetLife lifetime orthodontia maximum). This information should be provided at the time the initial claim is submitted and include the following:

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 participant’s 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.
  o 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**
  o 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 prosthetic.
  o If the prosthetic is a replacement of an existing prosthetic, please have your attending Dentist provide the date the last prosthetic was completed and the reason to replace.

FOR PLATINUM (DHMO) PLAN

Within 30 days of the group plan’s effective date, the 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. In order to qualify, the participant or their dependent must be enrolled prior to their employer’s effective date with MetLife, have had coverage under the employer’s prior plan, and been in active Orthodontic treatment covered by that plan as of the effective date of the group contract. Upon receipt of the completed form and all supporting documentation, MetLife will accept liability for continuing payment of the remaining balance owed, up to a maximum of $1,500 multiplied by the percentage of the total orthodontic treatment remaining as of the group plan’s effective date, subject to the applicable limitations and exclusions. 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 Managed Care/DHMO plans are available in CA, FL, TX, NY and NJ only. Dental Managed Care Plan benefits are provided by Metropolitan Life Insurance Company, a New York corporation in NY. Dental HMO plan benefits are provided by: SafeGuard Health Plans, Inc., a California corporation in CA; SafeGuard Health Plans, Inc., a Florida corporation in FL; SafeGuard Health Plans, Inc., a Texas corporation in TX; and MetLife Health Plans, Inc., a Delaware corporation and Metropolitan Life Insurance Company, a New York corporation in NJ. The Dental HMO/Managed Care companies are part of the MetLife family of companies. “DHMO” is used to refer to product designs 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; "Single Service Health Maintenance Organizations” in Texas; and "Dental Plan Organizations” as described in the Dental Plan Organization Act in New Jersey.