MetLife | Dental

Making it easier for employees to get continued care

When switching dental carriers, employees may worry about what will happen if they have dental care that's in progress. Will they need to delay or adjust their treatment plan? Will they have to pay out-of-pocket? Some of the most common services—such as braces, root canals, and crowns—are ongoing treatments that could be affected if their employer switches dental carriers.



Many employees need continued dental care during times of change, and we're here to help ease the transition. For dental treatment in progress, we'll generally credit each participant the annual or lifetime maximum usage, deductibles, and other plan limits used under the prior carrier. That means employees don't have to start over, or pay excessive out-of-pocket expenses. And any remaining benefits will be paid according to the MetLife plan. And if you choose, you have the flexibility to tailor the standard MetLife guidelines to meet your needs.

With these "Transition of Care"[1] guidelines, as well as the support and guidance from our experts, you can be confident in your decision to choose MetLife to deliver your dental benefits.

Orthodontia Treatments	For orthodontia services, there are two key steps — obtaining **payment history** and **treatment plan** information. We'll apply this payment and treatment information to the employee's MetLife dental plan.[2] We ask that the dental office submit a claim to us after the employee's effective date of coverage begins. We'll then pro-rate the benefits and pick up payments. This process ensures the total benefit paid between the two carriers does not exceed the lifetime orthodontia maximum under the MetLife dental PPO plan. 1. **Payment history:** Information can be obtained one of the following ways: a. During the transition period, the prior carrier can provide us with a list of participants with orthodontic work in progress. It should contain the name of the employee (or identification number), the name of the patient, and the amount that has been paid towards the lifetime orthodontia maximum. b. The dental office can provide the payment history, as follows: once the plan is effective and we receive an orthodontia claim with banding dates prior to the effective date of coverage, we'll deny the claim pending the following information from the dental office (to determine plan benefits): › total orthodontic treatment fee › amount paid by the prior carrier › date the appliance was placed › total number of estimated months of treatment › orthodontic appliance code from the current American Dental Association (ADA) *Common Dental Terminology (CDT)* manual.

Navigating life together

Orthodontia Treatments *(continued)*	**If the prior plan is a dental HMO (DHMO) plan:** MetLife will not apply the payment information that was provided under the DHMO plan to the employee's MetLife PPO plan. Instead, we'll prorate the charges prior to the MetLife effective date and issue benefits from the effective date forward under the MetLife PPO plan (upon receipt of orthodontia claim to MetLife). **2. Treatment plan:** In order for participants to receive benefits from MetLife for services rendered after the effective date, the first submitted claim must include the following information: › name of dentist › assignment of benefits › date the appliance was placed › total orthodontic treatment fee › total number of estimated months of treatment **"New hires" or added dependents after the effective date:** The total benefit payable under the MetLife plan will be determined based on the lifetime orthodontia maximum under the MetLife dental plan minus the estimated value of service rendered prior to the participant's effective date. The remaining benefit will be considered over the course of treatment. **Value of services rendered:** This is 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).
Endodontic Treatments[3]	**Root Canal:** A tooth opened prior to, but completed after the MetLife dental plan effective date will be considered an eligible expense[4] under the MetLife dental plan.
Prosthodontic Treatments[3]	**Crowns and Bridgework:** Treatment (preparation and impressions) started prior to, but placed after the MetLife effective date will be considered an eligible expense[4] under the MetLife dental plan. **Partial or Full Dentures:** Final impressions for appliances completed prior, but delivery made after the MetLife effective date will be considered eligible expenses[4] under the MetLife dental plan subject to MetLife plan frequency limits.

Get expert guidance for confident decisions — for your organization, and your employees.
Contact your MetLife representative today.

1. This document provides MetLife's standard guidelines for some of the most common services affected when transitioning from one carrier to another due to work-in-progress. These guidelines are not intended to be comprehensive and are subject to change.
2. MetLife dental plans include plans underwritten by MetLife (insured) and those administered by MetLife (self-funded).
3. Endodontic and Prosthodontic treatments, as well as other services eligible for transition of care, are subject to annual maximums and plan frequency limits as set by the MetLife dental plan.
4. Please note that MetLife assumes that the dentist is using the completion date (not the preparation date) as the billing date. Based on this assumption claims received with dates of service prior to the MetLife effective date will be declined.

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Availability of products and services is based on MetLife's guidelines, group size, underwriting, and state requirements.

Like most insurance policies and benefit programs, insurance policies, and benefit programs offered by Metropolitan Life Insurance Company (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.

Group dental plans featuring the MetLife Preferred Dentist Program are provided by Metropolitan Life Insurance Company, 200 Park Avenue, New York, NY 10166.

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