

**Transition of Care Guidelines<sup>1</sup>**

When moving your dental benefits plan from one carrier to another, some of the most common services that may be affected include orthodontic, endodontic (e.g., root canal), and prosthodontic (e.g., crowns, bridgework and dentures) services. MetLife has established “Transition of Care” guidelines for participants whose dental treatment is in progress during the benefit plan transition to MetLife.

Generally, MetLife will credit to each participant the annual or lifetime maximum usage, deductibles, and other plan limits used under the prior carrier to the MetLife plan. Any remaining benefits will be paid according to the MetLife Plan.

**Orthodontia Treatments**

For orthodontia services, there are two critical steps — obtaining payment history and treatment plan information. MetLife will apply this information to the participants’ MetLife dental plans<sup>2</sup> — pro-rating the charges prior to the MetLife effective date — and issue benefits from the effective date forward, under the MetLife dental plan. This process ensures the total benefit paid between the two carriers does not exceed the lifetime orthodontia maximum under the MetLife PPO plan.

Prior Carrier is a DHMO Plan: MetLife will not apply the payment information that was rendered while under the DHMO plan to the participant’s MetLife PPO plan. MetLife will prorate the charges prior to the MetLife effective date and issue benefits from the effective date forward under the MetLife PPO plan.

- Payment history: This information can be obtained two ways:

During the transitioning period, the current carrier can provide MetLife with a report containing a list of participants with orthodontic work in progress. The report contains 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.

Once the plan is effective and MetLife receives an orthodontia claim with banding dates prior to the effective date of coverage, we will 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, and orthodontic appliance code from the current American Dental Association *Common Dental Terminology (CDT) manual*.

- 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: 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).

<b>Endodontic Treatments<sup>3</sup></b>	<b>Root Canal</b> — A tooth opened prior to, but completed AFTER the MetLife effective date will be considered an eligible expense <sup>3</sup> under the MetLife dental plan.
<b>Prosthodontic Treatments</b>	<p><b>Crowns and Bridgework</b> - Treatment (preparation and impressions) started prior to, but placed AFTER the MetLife effective date will be considered an eligible expense<sup>4</sup> under the MetLife dental plan.</p> <p><b>Partial or Full Dentures</b> - Final impressions for appliances completed prior, but delivery made AFTER the MetLife effective date will be considered eligible expenses<sup>4</sup> under the MetLife dental plan subject to MetLife plan frequency limits.</p>
	<p>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.</p> <p><sup>1</sup> 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.</p> <p><sup>2</sup> MetLife dental plans include plans underwritten by MetLife (insured) and those administered by MetLife (self-insured).</p> <p><sup>3</sup> 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.</p> <p><sup>4</sup> 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.</p>