



MetLife Dental Preferred Dentist Program (PDP) Frequently Asked Questions for Members of the Uniformed Firefighters Association

We recently wrote to you advising that MetLife will be UFA's dental administrator starting on January 1, 2024. As we make the change to MetLife, there are a few transition items we wanted to draw your attention to a few reminders:

About the new dental PPO plan from MetLife

The Preferred Dentist Program (PDP) is the name MetLife gives to its Dental Preferred Provider Organization (PPO) product. The PDP plan provides benefits for a broad range of covered services/procedures, giving you the flexibility to choose any licensed dentist, in or out-of-network. MetLife's PDP network allows you to choose from a large number of dentists and oral care specialists to find the right provider for you and your family.

Similar to other benefits, the programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations, and terms for keeping them in force.¹ Contact MetLife for details by calling 1-866-832-5756 Monday-Friday 8AM to 11PM EST. Starting on January 1, 2024, you can access your plan details online by creating an account at www.metlife.com/mybenefits

Here's how to find a participating DHMO dentist and/or facility

There are thousands of general dentists and specialists to choose from nationwide — so you are sure to find one who meets your needs. To locate a PDP dentist, start by going to www.metlife.com/UFADental scroll down to the "Find a Dentist" tool, select "PDP" under "Your Network". You can search by your ZIP code for a list of participating dentists or by provider name. You do not have to pre-select a primary dentist. You make the decision on whether to see a participating provider at the point when you need care.

For members with dental treatment in-progress

When switching dental carriers, you may worry about what will happen if you have dental care that's in progress. Some of the most common services—such as braces, root canals, and crowns—are ongoing treatments that could be affected if there is a change in dental carriers. Here is how MetLife will handle care that's in progress:

Endodontic Treatments²

Root Canal: A tooth opened prior to, but completed after the MetLife dental plan effective date will be considered an eligible expense under the MetLife dental plan.

Prosthodontic Treatments²

Crowns and Bridgework: Treatment (preparation and impressions) started prior to, but placed after the MetLife effective date will be considered an eligible expense 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 under the MetLife dental plan subject to MetLife plan frequency limits.



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For Endodontic and Prosthodontic treatment, 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 (completion dates) prior to the MetLife effective date will be declined.

Orthodontia Treatment

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 covered person's MetLife PDP dental plan.

We ask that the dental office submit a claim to us after the covered participant's effective date of coverage begins. We'll then pro-rate the benefits and pick up payments. This process helps ensure the total benefit paid between the two carriers does not exceed the lifetime orthodontia maximum under the MetLife dental PDP plan.

1. Payment history: Information will be obtained the following ways:

a. History from your prior carrier will provide us the amount that has been paid towards the lifetime orthodontia maximum.

b. Your dental office will 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.

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

For "New hires" or added dependents after the effective date that have orthodontia treatment in progress, 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.



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MetLife sets the value of services rendered 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).

We are committed to making this a smooth transition for all UFA members. For more information, please visit www.metlife.com/UFA dental or call MetLife at 1-866-832-5756.

Sincerely,

Uniformed Firefighters Association

¹ Refer to your dental benefits plan summary for your out-of-network dental coverage.

² 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.