



## MetLife Dental HMO/Managed Care (DHMO) Frequently Asked Questions for members of the Uniformed Firefighters Association

### 1. What is MetLife's Dental HMO/Managed Care Option (DHMO)?

MetLife's Dental HMO/Managed Care option is as dental benefit plan that provides benefits when dental care is received by a provider or facility participating in the network. DHMO coverage is available if you live in parts of NY, NJ, CA, FL, or TX. Coverage is for in-network dentists only. Each family member must pre-select an in-network dentist in order to receive benefits. You can change dentists up to once a month. The plan option available to UFA members is called **MET185**. You pay a copay for the services you receive. In some locations, the name of MetLife's wholly owned DHMO company, SafeGuard, will appear<sup>1</sup>.

### 2. What if I started dental treatment before the new plan goes into effect?

Dental procedures started prior to you or your dependent's eligibility under this plan or started after you or your dependent's benefits have ended are excluded. For example, this exclusion applies to teeth prepared for Crowns, root canals in progress (the tooth has been opened into the pulp (nerve chamber)), or full or partial Dentures for which an impression has been taken prior to January 1, 2024. MetLife will cover eligible dental services with an initial date of service January 1, 2024, and later.

For Orthodontia treatment in progress when MetLife's DHMO becomes effective on January 1, 2024, coverage is available for the remaining portion of treatment received from the current orthodontist. To apply for coverage, the Dental HMO Continuing Orthodontic Treatment Request Form must be completed and submitted to MetLife within 30 days from the plan's effective date.

**For UFA, the Dental HMO Continuing Orthodontic Treatment Request Form needs to be received no later than January 30, 2024.**

Forms received thirty-one (31) days or more after the group contract's effective date/member's effective date under the terms of this group contract will not be accepted. To download a Dental HMO Continuing Orthodontic Treatment Form, go to [www.metlife.com/UFAdental](http://www.metlife.com/UFAdental)

Please complete and submit this form for coverage determination with your current orthodontist (participating or non-participating with MetLife). The form needs to be submitted with supporting documentation from your Orthodontist.

Once approved, MetLife and/or its subsidiary will accept liability for the remaining portion of the treatment, based on a total treatment cost equal to the lesser of the actual treatment cost under the prior carrier or \$1,500. Payments will be made based on the standard MetLife orthodontia payment cycle (i.e., balance owed divided by time left based on plan, in six-month increments). For example, if our liability is under \$500, we will make a lump sum payment to the dentist; or, if our liability is \$1,000 and one year of treatment remains, we will make two payments of \$500 each at six-month intervals.

### 3. How do I find a participating dentist?

Start by visiting [metlife.com/UFAdental](http://metlife.com/UFAdental), scroll down to "Find a Dentist" then click "Search." When selecting the network, choose "Dental HMO/Managed Care." In the "Select your plan" box, choose "MET185" to continue.

### 4. Do I need to select a dentist who participates in the network?

Yes. Since you were previously enrolled in the UFA's DHMO program, you have been automatically enrolled in MetLife's DHMO effective January 1, 2024. **In order to access care, you will need to pre-select a Dental HMO provider for yourself and any other covered person in your family.** The participating dentist you select will provide your routine dental care. You may schedule an appointment with your dentist after you have pre-selected

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them and any time after your plan's effective date. You need to confirm the selected dentist is accepting new patients.

**Starting January 1, 2024, and later, you can select a dentist or facility online at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) and follow these steps:**

1. Log into [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)
2. Enter Uniformed Firefighters Association (UFA) and select "next"
3. Select "register now" if you are not already a registered MyBenefits user
4. Upon login, select "MyAccounts"
5. Select the Dental HMO / Managed Care card
6. Within the Dental Office Information section, select the "+" Show Details icon next to the applicable family member's name
7. Select the hyperlink to either assign or change the dental office facility using the hyperlink

Provider designations and change requests made after the 25th of the month will be effective the first day of the second following month (e.g., a dentist change requested on March 28th will go into effect on May 1st).

### **5. Am I able to change the dentist I selected for myself and my dependents?**

Yes. You and your enrolled dependents can each select different participating dentists and may change dentists as often as once a month. Your transfer will be effective the first day of the next month. Change requests made after the 25<sup>th</sup> of the month will be effective the first day of the second following month (e.g., a dentist change requested on March 28<sup>th</sup> will go into effect on May 1<sup>st</sup>). You should ensure any dental work-in-progress is completed prior to transitioning to a new dentist. Refer to your Schedule of Benefits and Evidence of Coverage for more details. These documents are state specific and can be found online at [www.metlife.com/UFA dental](http://www.metlife.com/UFA dental)

### **6. Who are the dentists that participate in the network?**

MetLife and its affiliates contract with both private practice dentists and those who are in a clinic environment. Every dentist who participates in the network has been thoroughly screened<sup>2</sup> prior to acceptance. Participating dentists are also subject to regular audits, including onsite visits to the dental offices.

### **7. What if I need emergency care?**

All dental offices that participate in the network provide information on how to obtain emergency care 24-hours a day, 7-days a week. If you cannot reach your selected participating dentist, you may receive emergency care from any licensed dental care professional. The definition of what is considered "emergency care" and other specifics can be found in the Schedule of Benefits and Evidence of Coverage documents. These documents are state specific and can be found online at [www.metlife.com/UFA dental](http://www.metlife.com/UFA dental)

### **8. I noticed some dental offices in your directory appear to be closed to new members. What if one of them is my current dentist?**

While these facilities cannot accept new patients, you may not have to change dentists if you are currently a patient in one of those offices. It is important that you contact MetLife Customer Service in order to ensure that you can continue using your current facility under the plan. You can reach MetLife's DHMO Customer Service by dialing 1-800-880-1800 from 8:00 am – 11:00 pm EST.

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### **9. What if I need to see a specialist?**

This is a “direct referral” plan which means your selected participating dentist will refer you to a participating specialist in your area – there is no need to wait for approval. Any copayment amount for services is listed on your Schedule of Benefits. This copayment applies whether the services are provided by your selected participating general dentist or by a participating specialist.

In California, orthodontic and pedodontic specialty services require pre-approval. Your selected participating dentist will contact SafeGuard for pre-approval. Once approved, your dentist will contact you with the name of a participating specialist.

### **10. Can my dentist apply for participation in the network?**

Yes. If your current dentist does not participate in the DHMO/Managed Care network and you would like to encourage him or her to apply, ask your dentist to visit [metdental.com](http://metdental.com), or call 1-866-PDP-NTWK for an application. The website and phone number are for use by dental professionals only. Due to contractual requirements, MetLife is prevented from soliciting certain providers.

### **11. Do I need an ID Card?**

You do not need an ID card to receive dental services. However, all members will receive an ID card as part of the transition to MetLife. This ID card will remain good for as long as you are enrolled in the DHMO plan administered by MetLife. New cards will not be sent each year. If your card is lost or damaged, you can obtain a replacement card by logging onto [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) and printing one.

### **12. What services are covered by my DHMO plan?**

UFA members enrolled in the MetLife DHMO/Managed Care plan will be covered under MetLife’s MET185 plan design. You pay a copay for the services you receive. For plan design information please consult your Schedule of Benefits and Evidence of Coverage. These documents are state specific and can be found online at [www.metlife.com/UFA dental](http://www.metlife.com/UFA dental). Like most group benefits programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations, and terms for keeping them in force. Ask your MetLife representative for costs and complete details.

### **13. How are claims processed?**

Dentists will submit your claims for you which means you will have no paperwork. You can track your claims online and even receive e-mail alerts when a claim has been processed.

### **14. Who do I call if I have any questions about my claim?**

You can reach MetLife’s Customer Service by dialing 1-800-880-1800 from 8:00 am – 11:00 pm EST.

### **15. Can I access my coverage online?**

Yes. Starting on January 1st, you will be able to use MetLife’s MyBenefits portal and have mobile access to find:

- Network dentists;
- Review your plan details;
- Download digital ID cards;
- Check the status of claims and payments for you and any covered family member; and
- Set communication preferences on how to receive notifications from MetLife.



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If you have not already, you will need to register on MyBenefits in order to use this online tool. To register:

1. Log into [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)
2. Enter Uniformed Firefighters Association (UFA) and select “next”
3. Select “register now” if you are not already a registered MyBenefits user
4. Upon login, select “MyAccounts”
5. Select the Dental HMO / Managed Care card

### LEGAL FOOTNOTES

<sup>1</sup> 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.

<sup>2</sup> Certain providers may participate with MetLife through an agreement that MetLife has with a vendor. Providers available through a vendor are subject to the vendor’s credentialing process and requirements, not MetLife’s. If you should have any questions, contact MetLife Customer Service.