"Transition of Care" Guidelines[1]

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. However, these guidelines are subject to change as customers may elect to alter the guidelines to meet their needs.

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 plan — pro-rating the charges prior to the MetLife effective date — and issue benefits from the effective date forward, under the MetLife plan. This process ensures the total benefit paid between the two carriers does not exceed the lifetime orthodontia maximum under the MetLife 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, and 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 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).

ENDODONTIC TREATMENTS

- **Root Canal** — A tooth opened prior to, but completed AFTER the MetLife effective date will be considered an eligible expense[2] under the MetLife plan.

PROSTHODONTIC TREATMENTS

- **Crowns and Bridgework** — Treatment (preparation and impressions) started prior to, but placed AFTER the MetLife effective date will be considered an eligible expense[2] under the MetLife plan.

- **Partial or Full Dentures** — Final impressions for appliances completed prior, but delivery made AFTER the MetLife effective date will be considered eligible expenses[2] under the MetLife plan.

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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 subject to change by the customer.

2 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, if the dentist uses claims received with dates of service prior to the MetLife effective date will be declined.

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