



Uniformed Firefighters Association
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Your 2024 Dental Plan:
PPO

Benefits Update

RET

Get ready to
**SAY
CHEESE!**

The Uniformed Firefighters Association is thrilled to announce improvements to your dental coverage for 2024. It's a big change that will surely make you smile!



COMING SOON: A Reason to Show Off Those Pearly Whites

Have you struggled to find an in-network dentist you like and trust? If so, we have good news! Starting **January 1, 2024**, your dental benefits will be provided through **MetLife Dental**, giving you access to one of the largest dental provider networks in the U.S.

Access to Dental Networks with 21st Century Convenience

With MetLife, you'll have access to a robust network of thousands of high quality dentists, far more dentists than in our plan today.

Starting January 1, you'll be able to use the **MyBenefits portal** and have mobile access to find in-network dentists and:

- Review your plan details
- Download digital ID cards
- Check the status of your claims and payments

By the Numbers



20,000,000+

People covered under MetLife dental plans today¹

60+

Years MetLife has been administering group dental plans²

94,000+

Dentists in MetLife's PDP network³

¹ MetLife data as of year-end 2022

² MetLife data as of 1/1/23

³ MetLife data as of October 2023, based on unique providers



Your 2024 Dental Plan

We will continue to offer two options for dental coverage, the Preferred Provider Organization (PPO) Option and the Managed Care Option. Here are a few highlights of each.

You will be enrolled automatically in new coverage on January 1, 2024. **Look at the code under the return address of this mailer to see which plan you'll have for 2024 (PPO or Managed Care).** Your 2024 plan was selected based on the plan you have for 2023 and the availability of network dentists in your service area.

PPO Option with MetLife's Preferred Dentist Program (PDP)* network

- Choose any licensed dentist, in- or out-of-network, and still receive benefits
- Out-of-pocket costs will be lower when you use in-network (PDP) dentists
- 100% coverage for in-network covered services up to the annual or lifetime maximum

Managed Care Option with MetLife's Dental HMO/Managed Care network, plan "MET185"

- Available if you live in parts of NY, NJ, CA, FL, or TX
- Coverage for in-network dentists only
- Each enrolled family member must pre-select an in-network dentist in order to receive benefits
- You can change dentists up to once a month
- 100% coverage for preventative care
- You pay a copay for the services you receive

Explore Your New Dental Network Today

You don't need to wait to start searching for dentists in your area. You can check now if your current provider is in the network or look for a new provider you like and trust.



Start by visiting [metlife.com/UFAdental](https://www.metlife.com/UFAdental) (or scan the QR code), scroll down to "Find a Dentist" then click "Search."

If you're in the PPO, select "PDP" under "Your Network."

Your Network
PDP

Dental HMO/Managed Care

PDP Plus

Federal Dental (FEDVIP)

PDP

If you're in the Managed Care Option, select "Dental HMO/Managed Care" then enter your ZIP code. In the next box, select "MET185" to continue.

Your Network
Dental HMO/Mana...

Dental HMO/Managed Care

PDP Plus

Federal Dental (FEDVIP)

PDP

Select your plan
MET185

MET150A

MET185

MET185 2

* Group dental plans featuring the Preferred Dentist Program are provided by Metropolitan Life Insurance Company, New York, NY.

Additional Changes for the PPO Option

If you're in the PPO Option, next year you'll also see the following changes:

- **Increased flexibility for preventative care**

In 2024, you'll have coverage for two in-network preventative visits—whenever you have them during the calendar year—with no need to wait six months.

- **Improved orthodontic coverage**

Orthodontic coverage, which is available for covered children up to age 19, is increasing to:

- **\$3,000** with an in-network (PDP) orthodontist
- **\$2,500** with an out-of-network orthodontist

These amounts are the most the plan will pay per covered person.

- **Annual limit for non-preventative care coverage**

If you need more than just a check-up, our plan has you covered. Each calendar year, the plan pays for covered services up to the new \$2,500 annual limit for each covered individual. All covered services apply toward the limit except in-network preventative care, which is covered at 100% of the applicable fee schedule. If you seek out-of-network care, you may have to pay for services above the fee schedule.

Once the plan pays \$2,500 in a calendar year for you or a dependent, you will pay all remaining costs for that individual for the rest of the year. Based on historical plan usage, we found that very few members would have reached this maximum if it had been in place for 2023.

What's Next

During December look for a welcome package from MetLife, which will include ID cards, Q&As, more details, and other helpful information. In the spring, you'll have the opportunity to make plan changes.

Why MetLife?

We received significant feedback from our members that the current dental network and service were highly unsatisfactory. MetLife impressed us with the size of their network, their long history of experience with plans like ours, and the tools they offer to help you manage your dental benefits.

If you've been putting off getting dental care because you couldn't find a dentist you like and trust under the current network, now's your chance to find a new dentist and schedule a visit for early 2024. Don't wait until there's a four alarm emergency in your mouth—get your visits scheduled for 2024.

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. Contact UFA for costs and complete details.

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.

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

1. What is MetLife's Preferred Dentist Program (PDP)?

Preferred Dentist Program 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. Contact MetLife for details by calling 1-866-832-5756. Our call center hours of operation are 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.

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

2. Do I have to use a PDP Dentist?

You do not have to use a dentist in MetLife's PDP network. However, there may be advantages to doing so:

- Expansive network of dental providers
- Potentially increased savings when you stay in-network¹; MetLife's negotiated fees at savings of 35-50% off dentist list prices²
- No paperwork since the network dentists submit your claims directly to MetLife
- Preventive care covered 100% in-network³

3. May I choose a non-participating dentist?

Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist, your out-of-pocket costs may be higher.

4. How do I find a participating dentist?

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.

5. Do I need to pre-select a dentist before receiving care?

No, under the MetLife Preferred Dentist Program, you do not need to pre-select a participating provider before receiving care. You can decide whether to use a network provider at the point of service. Covered dependents can use a different network provider than the one you use.

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

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

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

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 Treatments⁶

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 Treatments⁶

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.

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.



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

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.

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).

7. Can my dentist apply for participation in the network?

Yes. If your current dentist does not participate in the PDP network and you would like to encourage him or her to apply, ask your dentist to visit www.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.

8. Do I need an ID Card?

No. 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 PDP 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 and printing one.

9. What services are covered by my PDP plan?

Most services are covered at 100% when you visit an in-network dentist up to the plan maximum. Please see review your PDP Plan Summary for coverage details. This can be found by going online to www.metlife.com/UFADental

10. How are claims processed?

Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive e-mail alerts when a claim has been processed. If you need a claim form, visit www.metlife.com or request one by calling 1-866-832-5756.

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

11. Can I get an estimate of what my out-of-pocket expenses will be before receiving a service?

Yes. You can ask for a pre-treatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend that you request a pre-treatment estimate for services in excess of \$300. Simply have your dentist submit a request online at www.metdental.com or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office, detailing an estimate of what services MetLife will cover and at what payment level. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

12. Who do I call if I have any questions about my claim?

You can reach MetLife's call center by dialing 1-866-832-5756. When prompted for the MetLife product, say "dental." Our automated system is available 7 days a week to confirm eligibility, order claim forms, or request dentist directories. MetLife uses a conversational IVR system that uses voice commands from callers, allowing you to engage with a self-service model. This system is smart and intuitive enough to understand the context and content of your conversation. To speak to a live Customer Service Consultant, hours of operation are Monday-Friday 8AM to 11PM EST.

13. Can I access my coverage online?

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

- in-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.

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
2. Enter Uniformed Firefighters Associations (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 tile to access benefit information

14. Can MetLife help me find a dentist outside of the U.S. if I am traveling?

Yes. Through international dental travel assistance services⁴, you can obtain a referral to a local dentist by calling +1-312-356-5970 (collect) when outside the U.S. to receive emergency or immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits.⁵ Please remember to hold on to all receipts to submit a dental claim. International dental claims should be faxed to our processing center at 859-389-6505 or mail to:



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

MetLife Dental Claims
P.O. Box 981282
El Paso, TX 79998

15. How does MetLife coordinate benefits with other insurance plans?

Coordination of benefits provisions in dental benefits plans are a set of rules that are followed when a patient is covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife dental benefit plan is primary, MetLife will pay the full amount of benefits that would normally be available under the plan. If the MetLife dental benefit plan is secondary, most coordination of benefits provisions require MetLife to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by MetLife may be reduced due to the benefits paid under the primary plan, but the two plans may work together to provide up to 100% coverage. For more information, contact MetLife's Dental Service Center.

16. What is an Annual Maximum Benefit for Dental?

This is the total amount the plan will pay in the plan year. Once this amount is reached, no further benefits will be paid. The Annual Maximum for UFA's PDP option is \$2,500 per individual. Claims for Preventive services do not count towards your annual maximum.

17. What is an Orthodontia Lifetime Maximum Benefit?

The Orthodontia Lifetime Maximum is the total amount the plan will pay for orthodontic services for each covered person (subject to plan age limitations). Once this amount is reached, no further benefits will be paid. This does not affect your Annual Maximum Benefit for non-Orthodontia services like Preventive, Basic Restorative, and Major Restorative services.

18. Does the plan have a Missing Tooth Exclusion?

Yes. The PDP plan contains a Missing Tooth exclusion that goes by the member's hire date. If a tooth was extracted while you are covered by UFA, then it would be considered for benefits. If the tooth was extracted prior to being covered by UFA, then services to replace it would not be covered by this plan.

LEGAL FOOTNOTES

¹ Savings from enrolling in a dental benefits plan featuring the MetLife Preferred Dentist Program will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered.

² Based on internal analysis by MetLife. Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefit maximums. Negotiated fees are subject to change.

³ Subject to frequency limitations.

⁴ AXA Assistance USA, Inc. provides dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance or services provided by MetLife. Referral services are not available in all locations.

⁵ Refer to your dental benefits plan summary for your out-of-network dental coverage.

⁶ 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.

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