



APPLICATION FOR PREVENTIVE PLUS

(Program for Special Dental Risks)

(Please Read Instructions On Following Page Before Completing This Form.)

This is not a claim form.

TO BE COMPLETED BY EMPLOYEE

Form section for employee completion, including fields for patient name, relationship, sex, marital status, birth date, report number, city, state, zip, employee social security, disabled status, dental program name, employee name, date of birth, office phone, residence address, city/state/zip, family members, date of birth, employer info, dental plan coverage, and authorization statements.

TO BE COMPLETED BY PROVIDER

Form section for provider completion, including fields for dentist name, NPI, mailing address, medical condition, pregnancy status, provider license, office phone, detailed description of services, and certification of enrollment.

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

MetLife Dental Claims FAX: 1-315-792-6342 or Mail to: MetLife Dental Claims, 5950 Airport Rd, Oriskany, NY 13424.

For use by MetLife

Administrative tracking fields for claim office, consultant, and approver, including dates and names.

Please Review Before Submitting Application

Preventive Plus Program Description

Clinical research shows that some medical conditions can negatively impact dental health. Some of these conditions include pregnancy, cancer and diabetes. People with these conditions should take extra care of their teeth through more frequent cleanings and other preventive dental measures. To assist employees and dependents of Citigroup who may fall into these risk categories, MetLife has developed a program of oral disease management designed to screen and provide targeted, medically necessary preventive care benefits. Covered employees and dependents of Citigroup who are pregnant, have diabetes, or have been treated for cancer, can qualify to receive coverage for additional dental services. These services may include additional dental check-ups, cleanings, and other preventive measures that are medically necessary and would otherwise be limited by age or frequency under the current Citigroup Dental Plan.

Eligibility Process

1. Patient must be covered under the Citigroup Dental plan.
2. Complete and submit Preventive Plus Application to MetLife at the address below. PLEASE DO NOT SEND PREVENTIVE PLUS APPLICATIONS TO METLIFE'S P.O. BOX IN KENTUCKY.
3. Necessary clinical information must be provided by your dentist/physician. Based on the clinical information provided by your dentist or the presentation of information from your physician (e.g., confirming diabetes, pregnancy, etc.), MetLife will determine if the applicant qualifies for acceptance into the Preventive Plus Program.
4. Citigroup and MetLife are aware that other medical conditions may cause an increase in risk to oral health. These conditions will be evaluated by MetLife and may make the applicant eligible to participate in the Preventive Plus Program. Each request for entry into Preventive Plus for medical conditions not identified on this Application must be submitted to MetLife using this form. A complete explanation must appear in item 28 of this Application.
5. If denied, covered individual may appeal in writing using normal Citigroup procedures. MetLife will make all determinations in writing.

Applicants approved for the program will submit claims to MetLife on the standard Claim Form. No special claim form is necessary. Assigned claims submitted by an applicant's dentist will also be accepted through normal methods. Preventive claims that would otherwise have been declined by MetLife due to limitations and exclusions under the Dental Plan will be considered for payment under Preventive Plus.

How to Complete This Application

1. Complete your section of the application (items 1 through 21) in full. Please print or type. Note that item 8 (Employee Social Security / GEID) **must be completed** for the application to be processed.
2. The **patient** (or parent/guardian if patient is a minor under age 18) must sign item 20.
3. Employee must sign item 21.

Information for Attending Dentist/Physician

1. Your patient may be eligible for preventive dental benefits currently covered under the Citigroup Dental Plan. **Preventive Plus is not covering procedures already excluded by the Dental Plan. Instead, Preventive Plus covers existing services with enhanced frequency limits.**
2. Acceptance of a covered employee or dependent into the Preventive Plus Program is no guarantee that additional benefits will be paid by MetLife.
3. It is recommended that all additional treatment for which coverage may be eligible under Preventive Plus be submitted to MetLife in advance as a pre-treatment estimate. Please use MetLife's standard dental claim form for this purpose.
4. Please complete sections 22 – 30, and sign and date item 31.

Mail completed Preventive Plus Application to:

MetLife Dental Claims
5950 Airport Road
Oriskany, NY 13424

or Fax Applications to:

1-315-792-6342