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 MEMBER

1. Patient First Name Middle Last	2. Relationship to Member ❒ Self ❒ Spouse ❒ Child ❒ Other	3. Sex ❒ M ❒ F	4. Married ❒ Yes ❒ No	5. Patient Date of Birth	6. Report Number 253712
7. City State Zip	8. MEMBER ID NUMBER	9. If Disabled (Age 23 or Over) ❒ Yes ❒ No	10. Name of Group Dental Program **Air Line Pilots Association**		
11. Member First Name Middle Last	12. Member Date of Birth	13. Office Phone (area code)			
14. Member Residence Mailing Address	15. City, State, Zip				
16. Are other Family Members Employed? ❒ Yes ❒ No Name Soc. Sec. No.	17. Date of Birth	18. Name and Address of Member for Item 16			
19. Is Patient Covered by Another Dental Plan? ❒ Yes ❒ No (If Yes, Complete the Following) Dental Plan Name Group No. Name and Address of Carrier					
20. I Authorize My Dentist/Physician to Release All Information Necessary to Process This Application for Preventive Plus. Signed (Patient, or Parent/Guardian if Minor) Date	21. I Certify that the Above Information is Correct. Member Signature Date				

TO BE COMPLETED BY PROVIDER

22. Dentist/Physician's Name	27. NPI (Treating Provider)	28. NPI (Billing Entity, if different)
23. Mailing Address City, State, Zip	29. Medical condition of the above patient requiring additional preventive services	

24. Provider Soc. Sec. No. or T.I.N. | 25. Provider License No. | 26. Office Phone No.

29. Medical condition of the above patient requiring additional preventive services

- ❒ Pregnancy, expected delivery date:
- ❒ Head and Neck Cancer radiation
- ❒ Diabetes
- ❒ Chronic Kidney Disease / Thyroid Disease
- ❒ Organ Transplant
- ❒ Sjorgren's Syndrome
- ❒ Heart Disease / Stroke / Hypertension

**** Please refer to item 4 under "Eligibility Process" on the following page for additional details.***

30. Detailed description of why more frequent preventive services beyond those covered under the Air Line Pilots Association (ALPA) Group Dental Plan are required:

31. I Hereby Certify That The Patient Above Should Be Considered For Enrollment In MetLife's Preventive Plus Program (Described on the following page of this application).

Signed (Dentist/Physician) Date Print Name

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

MAIL TO: METLIFE DENTAL CLAIMS, PO Box 981282, El Paso, TX 79998. TELEPHONE: 1-888-817-0845 FAX: 1-859-389-6505

For use by MetLife

Date Received in Claim Office ______ Date Patient File Noted by Approver ______

Date Reviewed by Consultant ______ Date for Next Review ______

Consultant Reviewed By ______ Name of Approver ______

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, diabetes and a suppressed immune system. People with these conditions should take extra care of their teeth through more frequent cleanings and other preventive dental measures. To assist members of ALPA 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 members of ALPA who have conditions listed on the form (#29) 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 ALPA Dental Plan.

Eligibility Process

1. Patient must be covered under the ALPA 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. ALPA 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 30 of this Application.
5. MetLife will make all determinations in writing.
6. If denied, covered individual may appeal in writing using normal ALPA procedures.

Applicants approved for the program will submit claims to MetLife on the standard ALPA Dental 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 ALPA 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 (Member ID number) 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. Member must sign item 21.

Information for Attending Dentist/Physician

1. Your patient may be eligible for preventive dental benefits currently covered under the ALPA Dental Plan. For details about ALPA dental benefits, contact MetLife at 1-888-817-0845. Representatives at this number can also answer questions about Preventive Plus. Preventive Plus is not covering procedures already excluded by the ALPA Dental Plan. Instead, Preventive Plus covers existing services with enhanced frequency limits.
2. Acceptance of a covered member 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 312.

Mail completed Preventive Plus Application to:

MetLife Dental Claims PO
Box 981282
El Paso, TX 79998

or Fax Applications to: **1-859-389-6505**

For Inquiries Call: **1-888-817-0845**