

Using Your New Dental Plan



MetLife®

Having trouble verifying coverage? We may still be in the process of installing your plan, but you can still use your benefits in the meantime. To confirm your participation in a MetLife PPO Dental plan, please follow the steps below to verify eligibility by speaking with one of our customer service representatives. Be sure to take this flyer to your first dental appointment so your provider can verify benefits too!

If you are the member:

Call 1-800-ASK-4-MET
(1-800-275-4638)

Press 1: Employee or Member

Press 1: Dental Inquiries

Press 1: If you are the policy holder
or a covered family member

Enter the Employee's SSN or ID Number
followed by the pound (#) sign

No eligibility
found

Press 1: You or your
employer has recently
selected dental coverage
with MetLife.

Press 4: For verification of
dental coverage or to speak
to a Customer Service
Consultant*

Tell your MetLife Customer Service Representative that you are
a new dental member needing to have your coverage verified in
our **Dental Verification** database

Eligibility found but not
for your current plan

Press 3: For general
inquiries such as ID cards
and other miscellaneous
information.

Press 3: To speak with a
Customer Service
Consultant*

For your dental provider:

Call 1-877-638-3379

Press 2: For all other inquiries

Enter the Employee's SSN or ID Number
followed by the pound (#) sign

Enter the provider's 9-digit Tax ID #

Press 1: If you are an
in-network provider
for this patient

Press 2: If you are an
out-of-network provider
for this patient

Press 1: For General Inquiries

Press 5: All Other Inquiries

Press 1: To speak with a Customer Service Consultant*

Tell your MetLife Customer Service Representative that you need
to verify coverage for a new customer in our **Dental Verification**
database

Your Plan Information:

Company Name

MetLife Group #

Effective Date



**Automated self-service options will not be available via the 1-800 # until your group's account is fully implemented in our systems. During this interim period, pre-treatment estimates and claims submissions cannot be processed. Your dentist may verify eligibility and general plan information by speaking with a customer service representative per the instructions outlined above. Please note that benefits payments can only be determined upon receipt of a claim.*