

It's time to
enroll for your
benefits



MASSACHUSETTS TEACHERS ASSN

Here are the benefits in which you're eligible to participate.

- Dental Insurance

Questions? Contact your benefit administrator

Dental Insurance

Why dental insurance makes sense

What does dental insurance protect?

Dental problems can be unpredictable and expensive. For example, did you know that a crown can cost up to \$1,535?¹

Dental insurance not only helps you pay for your dental care, it can help prevent problems.

When your preventive care is covered, you're more likely to go for cleanings and checkups — this can help you avoid problems before they become too costly or complicated.

More to smile about

- See whatever dentist you want. Even if your dentist isn't in the network, you can go to him or her—just remember you usually save more when you stay in network.²
- You have a wide choice of participating dentists. Plus, dentists in the network are carefully selected.³
- Take advantage of negotiated fees that are typically 30–45% less than average charges in the same area.⁴
- Your dentist usually handles claims—which means less paperwork for you.
- Find out what you'll pay ahead of time. Your dentist can request a pre-treatment estimate for any service that is more than \$300. This helps you manage your costs and care.⁵

Understanding your PPO plan is as easy as 1, 2, 3:

1. Understand the types of procedures

Different plans pay different percentages for these procedures. And, while they may change depending on your plan, the definitions below usually describe the standard service types.

- Preventive Care—cleanings, X-rays and exams
- Basic Care—fillings and extractions
- Major Care—bridges, crowns and dentures

2. Know the percentages

Look on your Plan Summary—next to each of these categories is a percentage. That's the percentage MetLife will pay for covered services, and you'll be responsible for the rest.

3. Look at out-of-pocket costs

- Next, check to see if the plan has an Annual Deductible—that's the amount you'll have to pay each year before your benefits kick in.
- Also, check the Annual Maximum Benefit—that's the most MetLife will pay in a year. There's also a difference between the Individual Maximum (for each family member) and the Family Annual Maximum (which applies to the total that is paid for everyone in your family).

Now that you know the benefits of having dental coverage, [learn more and enroll today!](#)

1. Based on 2021 MetLife data for a crown (D2740) in ZIP code 06340. This cost reflects the 80th percentile Reasonable and Customary (R&C) fee. R&C fees are calculated based on the lowest of 1) the dentist's actual charge, 2) the dentist's usual charge for the same or similar services or 3) the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife. This example is used for informational purposes only. Fees in your area may be different.

2. Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered.

3. Certain providers may participate with MetLife through an agreement that MetLife has with a vendor. Providers available through a vendor are subject to the vendor's credentialing process and requirements, not MetLife's. If you should have any questions, contact MetLife Customer Service.

4. Negotiated Fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

5. MetLife strongly recommends that you have your dentist submit a pretreatment estimate to MetLife if the cost is expected to exceed \$300. When your dentist suggests treatment, have him or her send a claim form, along with the proposed treatment plans and supporting documentation to MetLife. An explanation of benefits (EOB) will be sent to you and the dentist detailing an estimate of what services MetLife will cover and at what payment level. Actual payments may vary from the pretreatment estimate depending upon annual maximums, deductibles, plan frequency limits and other plan provisions at time of payment.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact MetLife or your plan administrator for complete details.



Understanding Your Dental Plan

MetLife dental plans featuring the Preferred Dentist Program are designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services — both in and out of the network.

The goal is to deliver affordable protection for a healthier smile and a healthier you. You also get great service and educational support to help you stay on top of your care.

Freedom of choice to go to any dentist.

You have the flexibility to visit any dentist — your dentist — and receive coverage under the plan. Just remember that non-participating dentists haven't agreed to accept negotiated fees¹. That means you usually save² more dental dollars when you go to a participating dentist.

If you prefer to stay in the network, there are thousands of general dentists and specialists to choose from nationwide — so you are sure to find one who meets your needs. Plus, all participating dentists go through a rigorous selection and review process.³ This way you don't need to worry about quality. You also don't need any referrals.

To check out the general dentists and specialists in the **PDP Plus network**, visit www.metlife.com/dental.

Additional savings when you visit participating dentists.

Your out-of-pocket costs are usually lower when you visit in-network dentists. That's because they have agreed to accept negotiated fees that are typically 30% to 45% less than average dental charges in the same community. This may help lower your final costs and stretch your plan maximum.

Service where and when you want it.

MyBenefits, your secure self-service website, is available 24/7.⁴ You can use the site to get estimates on care or check coverage and claim status. Plus, if you are on the go and need to find an in-network provider, view a claim or see your ID card, there's an app for that. Search "MetLife" at the iTunes App Store or Google Play to download the app.⁵

Educational tools and resources.

The right dental care is an essential part of good overall health. That's why you and your dentist get resources to help make informed decisions about your oral health. You'll find a range of topics on our online dental education website, www.oralfitnesslibrary.com. Read up on the link between dental and overall health, kids' dental health and more. You can also put your oral health to the test by taking an online risk assessment.

The information below explains certain terms to make it easier for you to understand and use your benefits.

1. Coverage Types. Dental procedures are grouped into the following categories: Preventive (Type A), Basic Restorative (Type B), Major Restorative (Type C), and Orthodontia (Type D). Your group's plan determines how each procedure is categorized (Type A, B, C, D). Generally, benefits for Type A procedures pay at the highest benefits level because they prevent and diagnose dental disease.

Network: XYZ Benefit Summary		
Coverage Type	In-Network	Out-of-Network
Type A – cleanings, oral examinations	XX% of Negotiated Fee	XX% of R&C Fee or XX% of Negotiated Fee
Type B – fillings	XX% of Negotiated Fee	XX% of R&C Fee or XX% of Negotiated Fee
Type C – bridges and dentures	XX% of Negotiated Fee	XX% of R&C Fee or XX% of Negotiated Fee
Type D – orthodontia	XX% of Negotiated Fee	XX% of R&C Fee or XX% of Negotiated Fee
Deductible	In-Network	Out-of-Network
Individual	\$XX,XX	\$XX,XX
Family	\$XXX,XX	\$XXX,XX
Annual Maximum Benefit	In-Network	Out-of-Network
Per Person	\$X,XXX	\$X,XXX
Orthodontia Lifetime Maximum	In-Network	Out-of-Network
Per Person	\$X,XXX	\$X,XXX

2. Co-insurance. The co-insurance percentage helps determine what your out-of-pocket costs will be for each coverage type. Each Type – A, B, C, and D – has a pre-set percentage that represents what your plan will reimburse for the services in each category. Your total out-of-pocket responsibility is subject to any deductibles, benefit maximums, plan provisions, if you receive out-of-network services, and your plan's basis for reimbursement. Please see your Dental Plan Benefits Summary for more information.

Copay. This is the fixed amount that you have to pay for covered services. Copayment amounts are listed in the Procedure Charge Schedule that you received with your Dental Benefits Plan Summary. Your total out-of-pocket responsibility is subject to any deductibles, benefit maximums, plan provisions, if you receive out-of-network services, and your plan's basis for reimbursement. Please see your Dental Plan Benefits Summary and Procedure Charge Schedule for more information.

3. Deductible. This is the amount you must pay out-of-pocket before benefit payments will be made by the plan. For most plans, the deductible amounts for in-network services are less than the amount for out-of-network services. Many plans do not require that a deductible be met for Type A services.

4. Annual Maximum Benefit. This is the total amount the plan will pay in the plan year. Once this amount is reached, no further benefits will be paid.

5. Orthodontia Lifetime Maximum. Not all plans cover Orthodontia Treatment. If your plan covers Orthodontia there is a Lifetime Maximum that is applicable only to Orthodontia. This does not affect your Annual Maximum Benefit for Types A, B, and C coverages. The Lifetime Maximum is the total amount the plan will pay for orthodontic services for each covered person (subject to any plan age limitations). Once this amount is reached, no further benefits will be paid.

Putting it all together – maximizing the value of your dental benefits.

- Make the most of your benefits — visit a participating dentist to reduce your out-of-pocket costs.
- Keep a healthy dental regimen by getting routine exams and cleanings – the cost of preventive services (Type A) is usually less than the cost for fillings, root canals, extractions, etc. – and can help to prevent the need for these higher-cost treatments.
- It is recommended that you request a pre-treatment estimate⁶ for services that cost more than \$300. The estimate will give you an idea of what your out-of-pocket costs will be. To receive a benefit estimate, have your dentist submit a request online at www.metdental.com or by calling 1-877-MET-DDS9 (phone number and website for dental professionals only).
- Visit the dental education website at www.oralfitnesslibrary.com for important tools and resources to help you become more informed about dental care.

Remember, dental coverage can be an important part of protecting your health and finances. By using the educational tools and benefits made available to you through this plan, you'll be better prepared to protect your oral health and your budget.

1 Negotiated fees refers to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. The R&C fee referenced in the table in the Out-of-Network column refers to the Reasonable and Customary charge, which is based on the lowest of 1) the dentist's actual charge, 2) the dentist's usual charge for the same or similar services or 3) the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

2 Savings from enrolling in a MetLife dental plan featuring the 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.

3 Certain providers may participate with MetLife through an agreement that MetLife has with a vendor. Providers available through a vendor are subject to the vendor's credentialing process and requirements, not MetLife's. If you should have any questions, contact MetLife Customer Service.

4 With the exception of scheduled or unscheduled systems maintenance or interruptions, the MyBenefits website is typically available 24 hours a day, 7 days a week.

5 To use the MetLife mobile app, employees can choose to register at metlife.com/mybenefits from a computer or directly through the app. Certain features of MetLife US Mobile App are not available for some MetLife Dental Plans.

6 MetLife strongly recommends that you have your dentist submit a pretreatment estimate to MetLife if the cost is expected to exceed \$300. When your dentist suggests treatment, have him or her send a claim form, along with the proposed treatment plans and supporting documentation, to MetLife. An explanation of benefits (EOB) will be sent to you and the dentist detailing an estimate of what services MetLife will cover and at what payment level. Actual payments may vary from the pretreatment estimate depending upon annual maximums, deductibles, plan frequency limits and other plan provisions at time of payment.

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

Like most group benefits programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.





Dear MTA Member:

A comprehensive dental insurance plan can be an important part of good oral health. That’s why MTA Benefits offers members two NEW dental plan options from MetLife.

MetLife’s Preferred Dentist Program provides benefits for a broad range of covered services and the flexibility to visit any dentist, whether or not the dentist participates in the network. However, you will save more on out-of-pocket expenses if you visit a network dentist. You may purchase coverage for yourself or for you and your dependents. Here’s an overview of the two new plans:

- **Standard Plan:** A lower level of coverage for in-network and out-of-network services than the Premium plan. Orthodontia service is **not covered**. Maximum annual benefit amount is \$1,000.
- **Premium Plan:** Greatest coverage with maximum benefits for both in-network and out-of-network services. Orthodontia service is **not covered**. Maximum annual benefit amount is \$1,500.

It’s easy to enroll.

1. Select a plan, complete the enrollment form and make your payment method selection. If you are electing monthly payments, include a check for one month's premium. Be sure to retain a copy of the enrollment form for your records.
2. Mail the form and check to: *Professional Insurance Services, Inc.(PISI), 3913 Hartzdale Drive Suite 1300, Camp Hill PA, 17011.*
3. Completed forms and premium postmarked by the 20th of the month will have a coverage effective date of the 1st of the proceeding month (i.e.: if received by January 20th, coverage will begin February 1st).

When submitting claims, your dentist will need to reference your social security number and the MTA Group # (TS 242019). Please note that you will not be issued an ID card because they are not required with MetLife plans. For your convenience, we’ve outlined important contact information below.

Enrollment Inquiries	PISI, 800.382.1352
Detailed Plan Information	www.mtabenefits.com
Finding A Participating Dentist	www.metlife.com
Managing Your Benefits Online: MyBenefits	www.metlife.com/mybenefits
Billing Inquiries	800.382.1352

Sincerely,

Elizabeth Bejoian
President, MTA Benefits, Inc.

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2 Heritage Drive, 8th Floor, Quincy, MA 02171-2119 • T: 800.336.0990 • F: 617.557.6687 • www.mtabenefits.com

MTA Benefits, Inc. A subsidiary of the Massachusetts Teachers Association

MTA Insurance Agency, Inc. A subsidiary of MTA Benefits, Inc.

Massachusetts Teachers Association Plan Summary

With a MetLife Dental Insurance plan, your acceptance is guaranteed.

- **100% coverage** for preventive care for in-network exams, cleanings and X-rays¹
- **Freedom to visit any dentist** you want whether they are in the MetLife network or not²
- **Typical savings of 30% - 45%** on covered services when you use a participating dentist³

Eligibility

All Eligible members⁴

Plan Benefits — Choose a Plan

Plan Option 1

Premium Plan

Network: PDP Plus

Coverage Type	In-Network % Negotiated Fee*	Out-of-Network % R&C Fee** 80 th Percentile
Type A: Preventive (cleanings, exams, X-rays)	100%	90%
Type B: Basic Restorative (fillings, extractions)	80%	70%
Type C: Major Restorative (bridges, dentures)	60%	50%
Deductible[†]		
Individual (per calendar year)	B & C \$50	B & C \$50
Family (per calendar year)	B & C \$150	B & C \$150
Annual Maximum Benefit		
Per Person	\$1,500	\$1,500

Child(ren)'s eligibility for dental coverage is from birth up to age 26⁵.

*Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to

**R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

†Applies only to Type B and C Services.

Plan Option 2

Standard Plan

Network: PDP Plus

Coverage Type	In-Network %Negotiated Fee*	Out-of-Network % R&C Fee** 80 th Percentile
Type A: Preventive (cleanings, exams, X-rays)	90%	80%
Type B: Basic Restorative (fillings, extractions)	70%	60%
Type C: Major Restorative (bridges, dentures)	50%	40%
Deductible†		
Individual (per calendar year)	B & C \$75	B & C \$75
Family (per calendar year)	B & C \$225	B & C \$225
Annual Maximum Benefit		
Per Person	\$1,000	\$1,000

Child(ren)'s eligibility for dental coverage is from birth up to 26⁵.

*Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

**R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

†Applies only to Type B and C Services.



List of Primary Covered Services & Limitations

The services and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category but is not a complete description of the Plan.

Type A: Preventive

Covered Services (for all plans)

- Prophylaxis (cleanings) - Once every six (6) months
- Oral Examinations - Once every six (6) months
- Topical Fluoride Applications – One time in a 12 month period for dependent children up to their 15th birthday
- X-rays –
 - Bitewings X-rays; one set per calendar year for adults; two times per calendar year for children up to up their 19th birthday

Type B: Basic Restorative

- X-rays –
 - Full mouth X-rays; one per 60 months
- Amalgam Fillings-1 replacement per surface in 24 months
- Oral Surgery: Simple extractions
- Crown, Denture and Bridge Repair / Recermentations
- Endodontics - Root canal treatment limited to once in 24 months
- Periodontics Maintenance
 - Periodontal scaling and root planning once per quadrant every 24 months
 - Periodontal surgery once per quadrant every 36 months
 - Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year, includes 2 cleanings received during a calendar year
- Space Maintainers - Space maintainers for dependent children, one per lifetime up to their 15th birthday
- Sealants - One application of sealant material every 5 years for a dependent child up to their 16th birthday



Type C: Major Restorative

- Implant Repair /once per tooth in a 12 month period
- Oral Surgery: Surgical Extractions
- Implants- Replacement once every 10 calendar years
- Bridges and Dentures
 - Initial placement to replace one or more natural teeth, which are lost while covered by the plan.
 - Dentures and bridgework replacement; one every 10 years
 - Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed
- Crowns, Inlays and Onlays - Replacement once every 10 years
- Endodontics - Root canal treatment limited to once per tooth per 24 months / in your lifetime
- General Anesthesia - When dentally necessary in connection with oral surgery, extractions or other covered dental services



Exclusions

This plan does not cover the following services, treatments and supplies:

- Services which are not dentally necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature.
- Services for which covered person would not be required to pay in the absence of dental insurance;
- Services or supplies received by a covered person before the dental insurance starts for that person;
- Services which are primarily cosmetic (for Texas residents, see notice page section in Certificate);
- Services which are neither performed nor prescribed by a dentist except for those services of a licensed dental hygienist which are supervised and billed by a dentist and which are for:
 - Scaling and polishing of teeth; or
 - Fluoride treatments
- Services or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by a disease;
- Restorations or appliances used for the purpose of periodontal splinting;
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
- Personal supplies or devices including, but not limited to: waterpicks, toothbrushes, or dental floss;
- Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work;
- Missed appointments;
- Services:
 - Covered under any workers' compensation or occupational disease law;
 - Covered under any employer liability law;
 - For which the participating association of the person receiving such services is required to pay; or
 - Received at a facility maintained by the participating association, labor union, mutual benefit association, or VA hospital;
- Services covered under other coverage provided by the participating association;
- Biopsies of hard or soft oral tissue;
- Temporary or provisional restorations;
- Temporary or provisional appliances;
- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- The following when charged by the dentist on a separate basis:
 - Claim form completion;
 - Infection control such as gloves, masks, and sterilization of supplies; or
 - Local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food;

- Caries susceptibility tests;
- Modification of removal prosthodontic and other removable prosthetic services;
- Initial installation of a fixed and permanent denture to replace one or more natural teeth which were missing before such person was insured for dental Insurance, except for congenitally missing natural teeth;
- Other fixed denture prosthetic services not described elsewhere in the certificate;
- Precision attachments associated with fixed and removable prostheses, except when the precision attachment is related to implant prosthetics;
- Addition of teeth to a partial removable denture to replace one or more natural teeth which were missing before such person was insured for dental Insurance, except for congenitally missing natural teeth;
- Adjustment of a denture made within 6 months after installation by the same dentist who installed it;
- Implants supported prosthetics to replace one or more natural teeth which were missing before such person was insured for dental Insurance, except for congenitally missing natural teeth;
- Fixed and removable appliances for correction of harmful habits;
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards;
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders. This exclusion does not apply to residents of New Mexico
- Repair or replacement of an orthodontic device;
- Services, to the extent such services, or benefits for such services, are available under a government plan. This exclusion will apply whether or not the person receiving the services is enrolled for the government plan. We will not exclude payment of benefits for such services if the government plan requires that Dental Insurance under the group policy be paid first.
- Duplicate prosthetic devices or appliances
- Replacement of a lost or stolen appliance, cast restoration, or denture; and
- Intra and extraoral photographic images

Limitations

Alternate Benefits: Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. We suggest you discuss treatment options with your dentist before services are rendered, and obtain a pre-treatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's reimbursement for those services, and your out-of-pocket expense. Procedure charge schedules are subject to change each plan year.

Cancellation/Termination of Benefits: Coverage is provided under a group insurance policy (Policy form GPNP15-2T / GCERT2015-DENTAL) issued by MetLife.

Coverage terminates when your membership ceases, the participating association ceases to participate in the trust, insurance ceases for your class, when your dental contributions cease or upon termination of the group policy by the Policyholder or MetLife. The group policy terminates for non-payment of premium and may terminate if participation requirements are not met or if the Policyholder fails to perform any obligations under the policy. The following services that are in progress while coverage is in effect will be paid after the coverage

ends, if the applicable installment or the treatment is finished within 31 days after individual termination of coverage: Completion of a prosthetic device, crown or root canal therapy.

1. Preventive services (Type A) are 100% covered when you visit an in-network participating dentist. Subject to frequency limitations.
2. Your out-of-pocket costs may be greater when you visit a dentist who does not participate in the MetLife network.
3. Based on internal analysis by MetLife. Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered.
4. You must be a member of the Massachusetts Teachers Association to qualify for this insurance plan.
5. Refers to your dependent children through age 26.

Coverage may not be available in all states. Please contact the Third-Party Administrator, PISI at 1-800-382-1352 for more information.

The association and/or the plan administrator incurs costs in connection with providing oversight and administrative support for this sponsored plan. To provide and maintain this valuable membership benefit, MetLife may compensate the association and/or the plan administrator for these and/or other costs.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact your plan administrator PISI at 1-800-382-1352 for costs and complete details.

Policy form GPNP15-2T

Certificate form GCERT2015-DENTAL

Policy number 242019-1-G

Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166

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Required Regulatory Information

Like most insurance policies, insurance policies offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations, and terms for keeping them in force. Please contact MetLife or your plan administrator for complete details.

Certain of the benefits mentioned in this communication may be sponsored by your employer as part of an employee benefit plan subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Those policies/products which are not part of an employer-sponsored plan are offered by MetLife or an affiliate and are not subject to ERISA. With respect to employer-sponsored benefits, you should obtain additional information regarding terms and eligibility from your employer. The MetLife Auto & Home® Group Insurance Program is not part of your employer-sponsored plan and is not subject to ERISA.

The companies listed in this communication operate independently and are not responsible for each other's financial obligations.

METLIFE U.S. CONSUMER PRIVACY NOTICE — GROUP BUSINESS & SPECIALIZED BENEFIT RESOURCES

Facts:	What Do the MetLife Companies Do With Your Personal Information?
Plan Sponsors and Group Insurance Contract Holders	This privacy notice is for individuals who apply for or obtain our products and services under an employee benefit plan, group insurance or annuity contract, or as an executive benefit. In this notice, “you” refers to these individuals.
Why?	Financial companies choose how they share your personal information. The law gives consumers the right to limit some but not all sharing. The law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: <ul style="list-style-type: none"> • Social Security number and employment information • income and assets • driving record • credit information and other consumer report information • medical information and insurance history • information about any business you have with us, our affiliates, or other companies
How Does MetLife Get Your Information?	We collect personal information from you as well as through third parties. We also use outside sources to help ensure our records are correct and complete. Third parties include consumer reporting agencies, employers, other financial institutions and adult relatives. Information collected may be kept by the consumer reporting agency and later given to others as permitted by law. We don’t control the accuracy of information outside sources give us. If you want to make changes to information we receive about you, you must contact those sources. If we have asked for a consumer report about you, and you write or call us, we will give you the name, address, and phone number of the consumer reporting agency. The agency will give you a copy of the report, if you ask the agency and provide proper identification. Consumer reports may tell us about a lot of things, including: <ul style="list-style-type: none"> • reputation • work history • driving record • finances • hobbies and dangerous activities <p>In some limited circumstances, we may ask an agency for an investigative report about you. They will ask others about you. We will ask them to contact you as well.</p>
How Does MetLife Use Your Information?	We collect personal information to help decide if you’re eligible for our products or services. We may also use it to help deter fraud or money laundering. How we use this information depends on what products and services you have or want from us. We may also use it to: <ul style="list-style-type: none"> • administer your products and services • market new products to you • confirm or correct your information • help us run our business • process claims and other transactions • comply with applicable laws • perform business research
How Does MetLife Protect Your Information?	We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our service providers must also protect it, and use it only to meet our business needs. We take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.
Reasons MetLife Shares Your Information	All financial companies need to share personal information to run their everyday business. We may share your personal information with others with your consent, by agreement, or as permitted or required by law. We may share your personal information without your consent if permitted or required by law. For example, we may share your information with our sales agents and businesses hired to carry out services for us. We may share your information with our regulators or with law enforcement. If you have MetLife products because of your relationship with an employer, association or other sponsoring organization, we may share information with it and its agents as permitted by law. In the section below, we list the reasons financial companies can share their customers’ personal information; the reasons MetLife chooses to share; and whether you can limit this sharing.

Reasons We Can Share Your Personal Information	Does MetLife share?*	Can you limit this sharing?
For our everyday business purposes – such as to process your transactions, learn if you qualify for coverage, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes – with service providers we use to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	Not Applicable
For our affiliates' everyday business purposes – Information about your transactions and experiences	No	Not Applicable
For our affiliates' everyday business purposes – Information about your creditworthiness	No	Not Applicable
For our affiliates to market to you	No	Not Applicable
For non-affiliates to market to you	No	Not Applicable
How Does MetLife Handle Your Health Information?	The Health Insurance Portability and Accountability Act (“HIPAA”) protects your information if you request or purchase dental, vision, long-term care and/or medical insurance from us. We will provide information about your rights under HIPAA with any dental, vision, long- term care or medical coverage issued to you. You can obtain a copy of our HIPAA Privacy Notice by visiting our website at www.MetLife.com . Select “Privacy Policy” at the bottom of the home page. For additional information about your rights under HIPAA or to have a HIPAA Privacy Notice mailed to you, contact us at HIPAAprivacyAmericasUS@metlife.com , or call us at (212) 578-0299.	
Definitions:		
Affiliates	Companies related by common ownership or control. Affiliates can be financial or nonfinancial companies. Our affiliates include life, car, and home insurers. They also include a legal plans company and a securities broker-dealer. In the future, we may have affiliates in other businesses.	
Non-affiliates	Companies not related by common ownership or control. Non-affiliates can be financial or nonfinancial companies. MetLife does not share personal information with non-affiliates for their marketing purposes.	
Joint Marketing	A formal agreement between non-affiliated financial companies that together market financial products or services to you.	
How Can I Access and Correct Information?		
You may ask us for a copy of the personal information we have on you. Generally, we will provide it as long as it is reasonably retrievable and within our control. You must make your request in writing and provide the account or policy number associated with the information you wish to access. For legal reasons, we may not show you privileged information relating to a claim or lawsuit, unless required by law. If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing. We will include your statement whenever we give your disputed information to anyone outside MetLife.		
Who is Providing This Notice?	Metropolitan Life Insurance Company Delaware American Life Insurance Company Safeguard Health Plans, Inc. MetLife Health Plans, Inc. General American Life Insurance Company SafeHealth Life Insurance Company Metropolitan Life Insurance Company as administrator for the Prudential Insurance Company of American; Business Men’s Assurance Company of America; Employer’s Reinsurance Corporation; and Teachers Insurance and Annuity Association of America	
How Will I Know if This Notice is Changed?	We may revise this privacy notice at any time. If we make material changes, we will notify you as required by law.	
Questions?	Send privacy questions or requests for more information to: MetLife Privacy Office, P.O. Box 489, Warwick, RI 02887-9954; Call (877) 638-7684 or go to www.metlife.com	

*Information we collect in connection with HIPAA-covered products will only be shared as allowed by HIPAA.

CALIFORNIA HEALTHCARE LANGUAGE ASSISTANCE PROGRAM NOTICE TO INSURED

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card, if any, or 1-800-942-0854. For more help call the CA Dept. of Insurance at 1-800-927-4357.

To receive a copy of the attached MetLife document translated into Spanish or Chinese, please mark the box by the requested language statement below, and mail the document with this form to:

Metropolitan Life Insurance Company
PO Box 14587
Lexington, KY 40512

Please indicate to whom and where the translated document is to be sent.

Servicio de Idiomas Sin Costo. Puede obtener la ayuda de un intérprete. Se le pueden leer documentos y enviar algunos en español. Para recibir ayuda, llámenos al número que aparece en su tarjeta de identificación, si tiene una, o al 1-800-942-0854. Para recibir ayuda adicional llame al Departamento de Seguros de California al 1-800-927-4357.

Para recibir una copia del documento adjunto de MetLife traducido al español, marque la casilla correspondiente a esta oración, y envíe por correo el documento junto con este formulario a:

Metropolitan Life Insurance Company
PO Box 14587
Lexington, KY 40512

Por favor, indique a quién y a dónde debe enviarse el documento traducido.

NOMBRE _____

DIRECCIÓN _____

免費語言服務。 您可獲得免費口譯服務。您可要求翻譯員向你口譯文件，或可要求向你發回文件的中文譯本。如需協助，請致電您的ID卡上所示號碼（如有），或 1-800-942-0854。如需更多協助，請致電加州保險部熱線1-800-927-4357。

為收取隨附MetLife文件的中文譯本，請勾選此陳述前的方框，並將文件連同此表一併郵寄至：

Metropolitan Life Insurance Company
PO Box 14587
Lexington, KY 40512

請指明經翻譯文件收件人的姓名及地址。

姓名 _____

地址 _____

Անվճար թարգմանչապան ծառայություններ: Ձեզ կտրամադրվի հայերենի թարգմանիչ, որի օգնությամբ կարող եք հայերենով կարդալ փաստաթղթերը: Հարցերի դեպքում զանգահարեք մեզ Ձեր ID քարտի վրա նշված հեռախոսահամարով կամ 1-800-942-0854: Առավել մանրամասն տեղեկատվության համար զանգահարեք Կալիֆոռնիայի Ապահովագրական Դեպարտամենտ 1-800-927-4357 հեռախոսահամարով:

សេវាបកប្រែដោយឥតគិតថ្លៃ ។ អ្នកអាចទទួលបានអ្នកបកប្រែម្នាក់ និងឱ្យគេអានឯកសារនានាឱ្យអ្នកស្តាប់ជាភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើង តាមលេខដែលមានចុះនៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នកប្រសិនបើមាន ឬ តាមលេខ 1-800-942-0854 ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងនៃរដ្ឋកាលីហ្វ័រញ៉ា (CA Dept. of Insurance) តាមលេខ 1-800-927-4357 ។

Kev pab txhais lus tsis kom them nqi. Koj thov tau kom nrhiv neeg txhais lus thiab nyeem ntaub ntawv hais ua lus Hmoob rau koj mloog. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj sau hauv koj daim npav ID, yog muaj, lossis 1-800-942-0854. Yog xav kom pab lwm yam hu rau lub CA Hauv Paus Iv-saws-las ntawm 1-800-927-4357.

無料の通訳サービス。 通訳を通して日本語で文書を読み上げてもらうことができます。サービスの利用をご希望の方は、お手持ちのIDカードに記載されている番号、または 1-800-942-0854 へお電話ください。さらなる支援が必要な場合は、カリフォルニア州保険庁 1-800-927-4357 までお問い合わせください。

무료 통역 서비스. 통역자가 문서를 한국어로 읽어드릴 수 있습니다. 도움이 필요하시면, 귀하의 ID 카드에 있는 번호나 1-800-942-0854 로 전화하십시오. 다른 도움이 필요하시면, 전화번호 1-800-927-4357 로 캘리포니아 보험국에 연락하여 주십시오.

Бесплатные услуги устного перевода. Вы можете воспользоваться услугами переводчика, который прочитает вам документы на русском языке. Чтобы получить помощь, позвоните нам по номеру, указанному на вашей идентификационной карточке, если у вас она есть, либо по номеру 1-800-942-0854. Если вам нужна помощь в других вопросах, позвоните в горячую линию Департамента страхования (CA Dept. of Insurance) 1-800-927-4357.

Libreng serbisyo sa pagsasalín. Maaari kang kumuha ng tagasalin para basahin sa iyo ang mga dokumento sa wikang Tagalog. Para ikaw ay matulungan, tawagan kami sa numerong nakalista sa iyong ID card, kung mayroon man, o sa numerong 1-800-942-0854. Para sa karagdagang tulong tawagan ang CA Dept. of Insurance sa numerong 1-800-927-4357.

Dịch vụ thông dịch miễn phí. Quý vị có thể tìm một thông dịch viên và nhờ đọc các tài liệu này cho quý vị bằng tiếng Việt. Để được giúp đỡ, gọi cho chúng tôi tại số nêu trên thẻ ID của quý vị, nếu có, hoặc 1-800-942-0854. Để được giúp đỡ thêm gọi cho Ban Bảo Hiểm CA tại số 1-800-927-4357.

لا تتوفر خدمات ترجمة بتكلفة. يمكنك الاتصال بمترجم والحصول على خدمة قراءة المستندات باللغة العربية. للمساعدة، اتصل بنا على الرقم الموجود على بطاقة التعريف الخاصة بك، أو اتصل بالرقم 1-800-942-0854. ولمزيد من المساعدة، اتصل بقسم التأمينات التابع لـ CA على الرقم 1-800-927-4357. **سرویس های ترجمه رایگان.** شما می توانید مترجم و اسنادی را به زبان فارسی برای مطالعه دریافت کنید. برای راهنمایی، از طریق شماره درج شده در کارت شناسایی خود (در صورت وجود) یا شماره 1-800-942-0854 با ما تماس بگیرید. برای راهنمایی بیشتر با بخش بیمه کالیفرنیا 1-800-927-4357 تماس بگیرید. **بلا معاوضه مترجم دی خدمات مل سکدی اے۔** ٹسی ایک مترجم دی خدمات حاصل کرسکدے او جو توڈے واسطے دستاویزات پنجابی وچ پڈ سکدا اوے۔ مدد واسطے ایڈیس آئی ڈی کارڈ، گروٹو، دے وچ نمبر یا 1-800-942-0854 پہ کال کرو۔ آگے مزید مدد واسطے اے نمبر 1-800-927-4357 پہ سی اے ڈیپارٹمنٹ برائے انشورنس نال گال کرو۔



METLIFE DENTAL ENROLLMENT FORM FOR MTA MEMBERS



1.) Complete the application by following Steps 1 - 5.
2.) Return the application in the enclosed postage-paid envelope. **Be sure to include your payment for insurance (annual or 1st month)**

QUESTIONS REGARDING THE PLANS OR APPLICATION PLEASE CONTACT 1(800)382-1352

STEP 1: TELL US ABOUT YOURSELF

Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____ MM DD YYYY	Social Security Number (Required):
Address:			
Phone Number: (____) _____ - _____		Email Address:	

MTA Member ID (must be included for application to be processed): _____

STEP 2: SELECT YOUR PLAN AND PAYMENT CHOICE	PREMIUM DENTAL PLAN		STANDARD DENTAL PLAN	
	MONTHLY RATE	ANNUAL RATE	MONTHLY RATE	ANNUAL RATE
Member Only	<input type="checkbox"/> \$58.42	<input type="checkbox"/> \$701.04	<input type="checkbox"/> \$52.38	<input type="checkbox"/> \$628.56
Member + Spouse	<input type="checkbox"/> \$116.40	<input type="checkbox"/> \$1,396.80	<input type="checkbox"/> \$104.42	<input type="checkbox"/> \$1,253.04
Member + Child(ren)	<input type="checkbox"/> \$123.43	<input type="checkbox"/> \$1,481.04	<input type="checkbox"/> \$106.80	<input type="checkbox"/> \$1,281.60
Member + Family	<input type="checkbox"/> \$193.62	<input type="checkbox"/> \$2,323.44	<input type="checkbox"/> \$174.19	<input type="checkbox"/> \$2,090.28

STEP 3: SPOUSE OR DEPENDENT COVERAGE INFORMATION: Dependent children up to age 26 are eligible for coverage.

First Name: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____ MM DD YYYY	Social Security # (Required):
Last Name: _____			

First Name: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____ MM DD YYYY	Social Security # (Required):
Last Name: _____			

STEP 4: PAYMENT CHOICE: *(Please select one)*

Convenient Monthly Bank Draft
Make your check payable to PISI for your first month's premium and complete account information. If the first month's payment is not included with this application, PISI will deduct the funds from the account below.
 Routing Number (9 digit): _____ Account Number: _____

I (we) authorize and request PISI to initiate electronic debit entries to my (our) account indicated on this form in the financial institution named on this form ("BANK"). I (we) authorize and request BANK to honor the debit entries initiated by PISI and debit these charges to that account. This authorization will remain in effect until all amounts owed related to the contract are paid in full, or until I (we) cancel this authorization. To cancel this monthly withdrawal I (we) must notify PISI and BANK in writing 60 days in advance to give PISI and BANK a reasonable opportunity to act. Cancellation of this electronic debit authorization does not cancel the terms of the Dental contract, I am agreeing to pay the full annual Dental premium. I understand that the funds will be withdrawn on the 10th day of each month and that it is my responsibility to ensure sufficient funds are in my account at that time. If the 10th of the month falls on a weekend or holiday, PISI will initiate a debit entry on the next business day. If more than 2 withdrawals in a 12 month period are denied for any reason I understand I risk cancellation of my Dental Benefits.

Annual Payment By Check: Please make your check payable to "PISI".

Annual Payment By Credit Card. American Express cards are not accepted.
 Cardholder Number: _____
 Expiration Date (mm/yy): _____ CVV code (3-digits on back): _____

STEP 5: PLEASE READ AND SIGN BELOW

Any person who knowingly and with intent to defraud any insurance company or other person who files an application for insurance or statement of claim containing any materially false information or conceals for the purposes of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. I hereby apply for the coverage indicated, and understand that the premium payment is for 12 months of coverage and is not refundable for any reason. If I do not renew my contract at the end of the 12 months, I cannot re-enroll for 36 months. I further understand that my enrollment is subject to receipt of payment in the correct amount. If a check is returned for any reason, a \$20.00 fee will be charged.

_____ Date _____

Please sign as acknowledgment of above

For office use only Eff Date: _____ Cust ID: _____ DW: _____ VW: _____

Notes

Notes

