FAQS ABOUT THE USA/MTA DENTAL BENEFIT

Your trustee: Sue Couture, scouture@umass.edu, 577-2412

When you started employment here at the University, you would have enrolled during your HR orientation. Coverage starts 6 months from your hire date. The University or the insurance company does not send you anything to announce when your coverage has begun. If you didn't enroll when you began your employment or came into the USA bargaining unit, then you should go to 325 Whitmore for the enrollment forms. The 6 month waiting period begins from the date of your employment regardless of whether you enrolled upon being hired. This also applies if you came from another bargaining unit on campus. The University sends your enrollment forms to Health Plans Inc., the administrators of the health and welfare trust. They send your enrollment directly and electronically to Metlife. Any issues with enrollment should start at 325 Whitmore (545-6115).

1) What is the health and welfare trust and who pays for it?

The health and welfare trust was set up over 25 years ago to administer the dental benefit. There are an average 8500 people covered by the trust (this is "lives" which means it includes family members). The trust is comprised of faculty at UMass as well as the state and community colleges (MSCA and the MCCC), the APA (a small professional staff union) and the University Staff Association. A representative from each union is appointed by each local president to serve as a trustee on the health and welfare board. Management has an equal number of trustees from various state and community college human resource programs. There are co-chairs, one being a labor trustee and the other from either the President's Office or the Department of Higher Education. A labor trustee is chosen as the treasurer and a management trustee records minutes for the meetings. PSU and AFSCME plans are different and slightly better.

2) Who pays for our dental plan?

The plan is covered 100% by the UMass system. When USA bargains a new contract we ask the trust how much we should request and then we take that to the bargaining table. The contributions from the state do not typically keep up with premium increases, so we continue to ask for more.

3) In-network-coverage VS. Out-of-network coverage

It's in your best interest to choose dentists in the Metlife network. For a dentist to join the Metlife family they have to charge a certain amount for certain procedures. For instance, Metlife may say that a root canal should cost $800. Your Metlife dentist has to charge this and 80% of this is covered. A dentist out of the network can charge $1,000 or more and you pay 60% of the cost. So, a root canal would cost you $160 with a dentist in the network and $400 with a dentist out of the network, which could be more depending on what they charge for the root canal. An added benefit to using in-network providers is that you will always pay the discounted priced, even for non-covered expenses, like orthodontia. Metlife is the only PPO network that does this. This will apply when you run out of benefits too – for example, if you're unlucky enough to need two root canals in one plan year.

4) Do I get any coverage for vision care?

Metlife offers a discount for prescription glasses at many local optometrists as well as the large ones, like J.C. Penney, Lenscrafters and Sears. Our own UHS offers the discount and they have a great

selection. An eye exam (for medical purposes) is covered by your own health insurance with a co-pay. Some providers separate the part of this exam that shows what you'll need for a prescription, but others bundle it in with your exam. We recommend you print the page of the discounts (see below) and bring with you. If a provider claims they are not part of this program, please let your trustee know or call Metlife 1-800-275-4638 and select the "Vision" option.

5) Retirees – can they keep the benefit?

Sorry to say that this is not possible at this time. It's not economically feasible for the state to pay for this coverage when our GIC costs keep rising. COBRA is the first and best option. The cost is minimal - about $350 a year. After this is exhausted there is a plan offered through MTA Benefits that may or may not work for you. You would have to be a lifetime member of USA/MTA/NEA to qualify for this. You'd have to take a long, look at your average dental costs to see if this is worth paying for. If you have fabulous teeth, then the cost of cleanings and the occasional cavity may be more affordable than a monthly fee that would cover these. Check with MTA Benefits for more information.

6) Metlife – why do we stay with them?

What about Delta? Delta Dental was the plan used many years ago when the benefit was really good. Unfortunately, it was so good it became unaffordable. The trust spent more than it brought in. When it's time for a renewal of our policy, the provider usually raises the premium. Delta came back with such a high renewal rate (20%), the trust had to find another provider. Metlife came back with the best offer. We've stayed with Metlife since then because they have given us the best deal.

7) Why aren't there more dentists in the plan?

Metlife assures us that they try to bring dentists into the plan all the time. 52.3% of dentists in Massachusetts are in the Metlife network. This is up 18% since January 2010 and they expect to keep adding to the network. One example would be Amherst Dental Group. Many of us were patients when we switched to Metlife. Some stayed with them, but they did lose many patients who couldn't afford the out-of-network costs. It took a few years, but they finally became part of the network and gained some of those patients back. Some dentists make less money from Metlife patients. For some the losses may be too much. For others, the loss makes up for the extra patients brought in through families and referrals.

8) What to expect from your dentist.

Metlife makes it very easy for dentists to work with them. If you need major work done, tell them you want an estimate of your share BEFORE you schedule the work. If you and your dentist are in the Metlife system and you can't get a definitive answer, then something is wrong with how they are communicating with Metlife. You should not have to call Metlife.

9) What do I do if my dentist stops being in the Metlife network?

There are a few reasons that dentists leave the Metlife network. Metlife has told the trustees that the main reason is costs. The dentists want to charge more for their services and being out-of-network allows them to raise their fees. A dentist that joins the network for a year or more and then drops from the network is frustrating, and we encourage you to let the trustee know. There are some cases where

Metlife occasionally drops dentists from the network because of efficiency, cleanliness issues and/or administrative issues.

10) Questions and facts about covering dependent children

As of July 1st, 2012 unmarried dependent children are now covered until their 26th birthday. This mirrors our health care. This covers dependent children regardless of whether they are enrolled in school full or part-time. You no longer have to prove your dependent is a student.

11) Can I have more than two cleanings a year?

The plan covers cleanings at every six months. This is what most people require. If your dentist wants you to do them 4 times a year, these are called periodontal cleanings and they are not covered 100%. Your share, however, is small. Your dentist would need to bill Metlife for these as periodontal cleanings or the extra cleanings will not be covered.

12) Are dental implants covered?

As of April 2011 implants are now covered by Metlife. Although our $1,200 benefit won't cover much of this, it will be to your advantage to use an in-network provider. If you're planning implants in the near future, check the MyBenefits website to see if your provider is in the network. If a missing tooth or teeth were not there BEFORE you had this insurance, it will not be covered. Your dentist should help you with this. Example…you are recently married and added your husband/wife to your plan. They need implants or a bridge. If the tooth was missing when you added them to the insurance, it will not be covered. If a tooth needs to be pulled before the implants or bridge can be put in, it's covered.

13) Why are things like bite guards and orthodontia not covered?

Anything added onto our plan means an increase in premium. Adding bite guards to our plan would add 2% to our premium. This is a pretty high increase considering that you really need just one that will last a long time AND prevent future and expensive problems with your gums and teeth. The reason for the high cost is that people choose not to wear them. Orthodontia, mostly used by dependent children, is a very large increase in the premium. We've looked into it a few times, but it's not been affordable. Remember that you will get the Metlife discount for any of the services not covered if you use an in-network provider.

14) How do I find a provider for dental or the vision discount?

To find a provider:

- Go to www.metlife.com/mybenefits

- Under "Account Sign In" type: Massachusetts Teachers Association • One the next page you can choose "Dental Benefits" or "Vision Care" If you click on "Dental Benefits"

- You can type in your zip code and click GO to do a search OR click on Advanced Search to find a specialist. On the next page, you'll see a "specialty" box.

- There is also a link to “Learn More about the Metlife Preferred Dentist Program” – this has a glossary and other information. You’ll also find a link to nominate your dentist to encourage them to join the network. If you click on “Vision Care”

- This next page should be self-explanatory – click on the “learn more” and it will show you a page where that states you’re leaving the Metlife site – click “proceed.” • The next page gives you all the information you need. Click on the one of the blue bars to find a provider, get an ID card, see discounts and FAQs. Print