

BOARD OF TRUSTEES
MTA HIGHER EDUCATION HEALTH AND WELFARE FUND
c/o G. T. Reilly & Company
424 Adams Street
Milton, Massachusetts 02186

September 1, 2018

Dear MTA Employee:

On behalf of the Trustees of the MTA Higher Education Health and Welfare Fund, we welcome you! Participation in the MTA affords you dental coverage through MetLife.

Enrollment in the MetLife Dental Plan for yourself is automatic, following a 180-day waiting period for new employees. To add your spouse or any dependents to your plan, please contact your Human Resources representative.

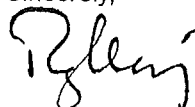
The MetLife Dental Plan continues to be among the best dental plans offered to public employees in the Commonwealth, providing:

- 100% coverage* for preventive services
- 80% coverage* for basic restorative services
- 50% coverage* for major restorative services
- a low annual deductible of \$50 per person, with a \$150 family limit
- an annual maximum benefit of \$1,200 for each covered individual
- coverage for dependents, up to age 26

You are free to select any dentist, but your out-of-pocket costs may be significantly lower if you receive care from a dentist who participates in MetLife's Preferred Dentists network, because MetLife caps procedure charges for their network dentists. Approximately 70% of the over 3,300 practicing dentists in Massachusetts participate in the MetLife network.

Enrollment services for the plan are administered by Health Plans, Inc. (HPI), a Harvard Pilgrim company. To view enrollment information and your specific effective date with the plan (after your waiting period ends), or to download plan materials and forms, visit BHE's dedicated website, HealthPlansInc.com/BHE. If you have any enrollment questions, you may contact HPI at **877-906-5939**, Monday through Friday from 8:00AM to 5:00PM (ET), or visit them online and click on **Contact**. Thank you for providing us with this opportunity to serve you.

Sincerely,



Roy Milbury, Co-Chair



Melissa Woodard, Co-Chair

MTA Higher Education Health and Welfare Fund

* coverage for services performed by network providers

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MTA Higher Education Health and Welfare Fund Dental Plan Benefits

Network: PDP Plus Benefit Summary

Coverage Type	In-Network	Out-of-Network
Type A – cleanings, oral examinations	100% of Negotiated Fee*	80% of R&C Fee**
Type B – fillings	80% of Negotiated Fee*	60% of R&C Fee**
Type C – bridges and dentures	50% of Negotiated Fee*	30% of R&C Fee**
Deductible [†]	In-Network	Out-of-Network
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit	In-Network	Out-of-Network
Per Person	\$1200	\$1200

*Negotiated Fee refers to the fees that participating 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.

**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 usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

[†]Applies only to Type B & C Services.

In Network Savings* Example

This hypothetical example** shows how receiving services from a participating dentist can help save you money.

Your Dentist says you need a Crown, a Type C service —

- Dentist's Usual Fee: \$1,746.00
- R & C Fee***: \$1,720
- Negotiated Fee: \$850.00

IN-NETWORK When you receive care from a participating dentist		OUT-OF-NETWORK When you receive care from a non-participating dentist	
Dentist's Usual Fee is:	\$1,746.00	Dentist's Usual Fee is:	\$1,746.00
The Negotiated Fee is:	\$850.00	The R&C*** Fee is:	\$1,720.00
Your Plan Pays:		Your Plan Pays:	
50% X \$850 Negotiated Fee:	- \$425.00	30% X \$1,720 R&C*** Fee:	- \$516.00
Your Out-of-Pocket Cost:	\$425.00	Your Out-of-Pocket Cost:	\$1,230.00

In this example, you save **\$805.00** (\$1,230.00 minus \$425.00) by using a participating dentist.

*Savings from enrolling in the MetLife Preferred Dentist Program will depend on various factors, including how often participants visit the dentist and the cost for services rendered.

**Please note: This is a hypothetical example that reviews a porcelain/ceramic crown (D2740) in the Boston, MA area, zip 02210. It assumes that the annual deductible has been met.

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

List of Primary Covered Services & Limitations

Type A - Preventive	How Many/How Often
Prophylaxis (cleanings)	<ul style="list-style-type: none"> Once every six months.
Oral Examinations	<ul style="list-style-type: none"> One exam every six months.
Topical Fluoride Applications	<ul style="list-style-type: none"> One fluoride treatment per calendar year for dependent children up to 19th birthday.
X-rays	<ul style="list-style-type: none"> Full mouth X-rays: one per 60 months. Bitewing X-rays: one set per calendar year for adults; one set per 6 month period for dependent children.
Space Maintainers	<ul style="list-style-type: none"> Space Maintainers for dependent children up to 19th birthday.
Sealants	<ul style="list-style-type: none"> One application of sealant material every 60 months for each non-restored, non-decayed 1st and 2nd permanent molar of a dependent child up to 16th birthday.
Type B - Basic Restorative	How Many/How Often
Fillings	
Simple Extractions	<ul style="list-style-type: none"> Extractions of primary teeth or adult teeth solely for orthodontic purposes will be treated as orthodontic services.
Crown, Denture, and Bridge Repair/Recementations	
Endodontics	<ul style="list-style-type: none"> Root canal treatment limited to once per tooth per 24 months.
General Anesthesia	<ul style="list-style-type: none"> When dentally necessary in connection with oral surgery, extractions or other covered dental services.
Oral Surgery	
Periodontics	<ul style="list-style-type: none"> Periodontal scaling and root planing 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.
Type C - Major Restorative	How Many/How Often
Implants	<ul style="list-style-type: none"> Replacement: once every 7 years.
Bridges and Dentures	<ul style="list-style-type: none"> Initial placement to replace one or more natural teeth, which are lost while covered by the Plan. Dentures and bridgework replacement: one every 7 years. Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed.
Crowns/Inlays/Onlays	<ul style="list-style-type: none"> Replacement: once every 7 years.
Type D - Orthodontia	How Many/How Often
	<ul style="list-style-type: none"> Your Children, up to age 26, are covered while Dental Insurance is in effect. All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia. Payments are on a repetitive basis. 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the Plan Summary. Orthodontic benefits end at cancellation of coverage.

The service categories and plan limitations shown above 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.

Common Questions... Important Answers

Who is a participating dentist? A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members. Negotiated fees typically range from 15-45% below the average fees charged in a dentist's community for the same or substantially similar services.*

* Based on internal analysis by MetLife. Savings from enrolling in a dental benefits plan will depend on various factors, including how often members visit participating dentists and the cost for services rendered. Negotiated fees are subject to change.

How do I find a participating dentist? There are thousands of general dentists and specialists to choose from nationwide — so you are sure to find one who meets your needs. You can receive a list of these participating dentists online at www.metlife.com/mybenefits or call 1-800-942-0854 to have a list faxed or mailed to you.

What services are covered by my plan? All services defined under your group dental benefits plan are covered. Please review the enclosed plan benefits to learn more.

Does the Preferred Dentist Program offer any discounts on non-covered services? Negotiated fees may extend to services not covered under your plan and services received after your plan maximum has been met, where permitted by applicable state law. If permitted, you may only be responsible for the negotiated fee.

May I choose a non-participating dentist? Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist, your out-of-pocket costs may be higher. He or she hasn't agreed to accept negotiated fees. So you may be responsible for any difference in cost between the dentist's fee and your plan's benefit payment.

Can my dentist apply for participation in the network? Yes. If your current dentist does not participate in the network and you would like to encourage him or her to apply, ask your dentist to visit www.metdental.com, or call 1-866-PDP-NTWK for an application.* The website and phone number are for use by dental professionals only.

* Due to contractual requirements, MetLife is prevented from soliciting certain providers.

How are claims processed? Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive e-mail alerts when a claim has been processed. If you need a claim form, visit www.metlife.com/mybenefits or request one by calling 1-800-942-0854.

Can I find out what my out-of-pocket expenses will be before receiving a service? Yes. You can ask for a pretreatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend that you request a pre-treatment estimate for services in excess of \$300. Simply have your dentist submit a request online at www.metdental.com or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

Can MetLife help me find a dentist outside of the U.S. if I am traveling? Yes. Through international dental travel assistance services, you can obtain a referral to a local dentist by calling +1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits**. Please remember to hold on to all receipts to submit a dental claim.

*International Dental Travel Assistance services are administered by AXA Assistance USA, Inc. Certain benefits provided under Travel Accident program are underwritten by Virginia Surety Company, Inc. AXA Assistance and Virginia Surety are not affiliated with MetLife and any of its affiliates, and the services they provide are separate and apart from the benefits provided by MetLife.

** Refer to your dental benefits plan summary for your out-of-network dental coverage.

How does MetLife coordinate benefits with other insurance plans?

Coordination of benefits provisions in dental benefits plans are a set of rules that are followed when a patient is covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife dental benefit plan is primary, MetLife will pay the full amount of benefits that would normally be available under the plan. If the MetLife dental benefit plan is secondary, most coordination of benefits provisions require MetLife to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by MetLife may be reduced due to the benefits paid under the primary plan.



**MetLife Dental Insurance Enrollment/Change Form
MTA Higher Education Health and Welfare Fund**

INSTRUCTIONS

1. To be completed by members of APA, MCCC, MSCA, MSP/FSU and USA Unions.
2. Print your name, address, the name and social security numbers of your spouse and eligible dependents.
3. Please include the name and location of your college or university.
4. Sign this application and give it to your HR office.

CHECK OFF ALL THAT APPLY:

<input type="checkbox"/> New Hire		<input type="checkbox"/> Change of Name <i>Provide former name:</i> _____	
<input type="checkbox"/> New Address		<input type="checkbox"/> Prior Service/Transfer from another Institution <i>Provide former institution:</i> _____	
Change in Status-Special Handling:		Change in Family Status:	
<input type="checkbox"/> Waive Waiting Period <i>Coverage Start Date:</i> _____		<input type="checkbox"/> Addition of Dependent(s) <i>Effective Date:</i> _____	
<i>Reason:</i> _____		<i>Reason:</i> _____	
<input type="checkbox"/> Removal of Dependent(s) <i>Effective Date:</i> _____		<i>Reason:</i> _____	
Coverage Requested: <input type="checkbox"/> Employee only <input type="checkbox"/> Family			

EMPLOYEE INFORMATION

Name		Employee ID #		Social Security #	
Street			City		State ZIP Code
Phone #		Date of Birth		Date of Hire	
Place of Employment (specify campus):					

DEPENDENTS

First Name (Indicate Last Names only if different)	Date of Birth	Social Security #	M/F
Spouse			
Child			
Child			
Child			
Child			

Check here if your spouse is also employed by UMASS, the state university system or the community college system in Massachusetts and is also eligible for coverage through the MTA Higher Education Health and Welfare Fund Dental Plan.

DECLINE COVERAGE

Check here if you are declining enrollment in the plan.

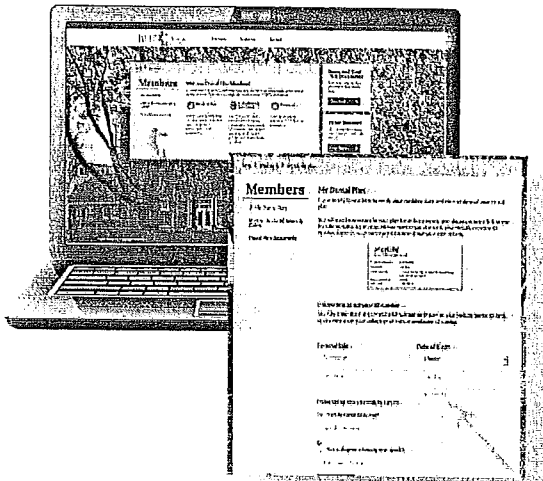
SIGNATURE

Employee Signature	Date
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For more information about the plan, visit HealthPlansInc.com/BHE

HR Administrators may send via: Fax: 508-795-1933 | Email: BHEeligibilityquestions@HealthPlansInc.com | Mail: Health Plans, Inc. • P.O. Box 5199 • Westborough, MA 01581

Print Your ID Card and View Your Claims



Log in to My Dental Plan where you can:

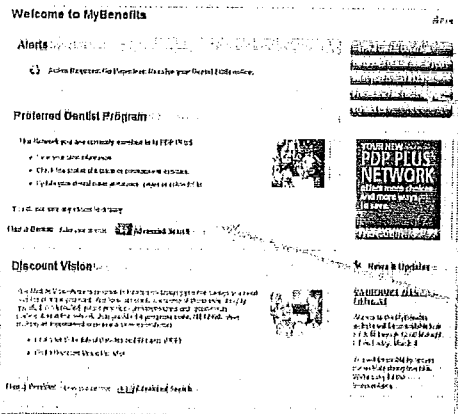
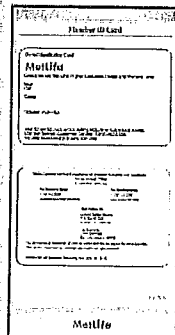
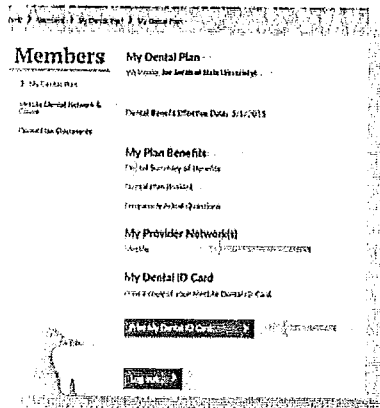
- Print your MetLife dental ID card
- Access your MetLife Employee Benefits page to:
 - View your dental claims
 - Get answers to claim questions
 - Find network dentists near you

Get Started:

- 1 Go to HealthPlansInc.com/bhe
- 2 Choose Members
- 3 Click My Dental Plan and log in
- 4 Click Print My Dental ID Card to view or print a copy of your card
- 5 Click MetLife to access your personal MetLife Employee Benefits page
- 6 View the menu on the upper right corner of the MetLife Employee Benefits page to:
 - Review Dental Coverage

Use the tools in the center of the page to:

 - Check the status of a claim
 - Find a Dentist



HealthPlansInc.com/bhe

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