

Retired Teachers Association of Chicago & MetLife

Are Pleased to Offer Dental Benefits
to Participating Members



MetLife®



To enroll, please complete and return the enrollment form and the first semi-annual premium check made payable to Euclid Managers in the enclosed return envelope.

MetLife Group Dental Benefits

With 44 years of experience providing dental benefits, MetLife is committed to offering competitively priced dental benefits plans of superior value and service. This commitment has helped MetLife become the largest administrator of dental benefit plans among all single commercial carriers in the U.S.¹ providing dental plan administration for nearly 21 million people.²

Freedom of Choice

All MetLife plans give you the freedom to choose any dentist – even if that dentist does not participate in MetLife’s Preferred Dental Program (PDP) network. You do not have to select a primary dentist and you are never locked into any specific dentist.

When you choose to visit one of the dentists who participate in MetLife’s PDP, you can realize even greater savings. Participating providers typically accept negotiated fees 10-35% below the average charges in your area. Best of all, MetLife’s leading network of over 100,000 dental providers.³

To find out if your dentist participates in MetLife’s PDP, go to www.metlife.com/dental or call **1-800-ASK 4 MET** (1-800-275-4638).

IMPORTANT COVERAGE INFORMATION

Who is Eligible?

You are eligible to enroll in the MetLife dental plan within 31 days of becoming an active dues-paying member of RTAC. If you are an established member of RTAC, but have had dental insurance coverage elsewhere i.e. through COBRA, you may enroll in the MetLife dental plan within 31 days of the termination of your COBRA benefits. You may also enroll your spouse, and/or unmarried children, stepchildren and adopted children whom you support and who are under age 19, or age 23 if a full-time student.

What is the period of coverage?

If you did not have prior coverage through COBRA, your coverage will begin on the first day of the month following the date your enrollment form is postmarked.

Example 1: Your enrollment form is postmarked on 1/15; your coverage will become effective on 2/1 and will continue until 11/30.

If you submit proof of prior coverage, your coverage will begin on the first day following the termination of the coverage, such as COBRA.

Example 2: Your COBRA coverage ends 1/15; your coverage will become effective on 1/16 and will continue until 11/30

Coverage will continue until the next RTAC anniversary date with MetLife which is 12/1 of each year.

What is the Deductible?

The deductible is the amount you must initially pay for covered services during a benefit period, before benefit payments will be made. Once you have met the deductible, you do not have to pay it again until the following calendar year. The deductible only applies to Basic and Major (Type B & C) services, not Preventive services.

Under Plan #1 for Type B&C Services the annual deductible is \$50 in and out-of-network (individual) \$150 in and out-of-network (family)

Under Plan #2 for Type B Services the annual deductible is \$50 in and \$100 out-of-network (individual) and \$150 in-network and \$300 out-of-network (family).

What is the Calendar Year Maximum?

The maximum amount this insurance will pay for all Eligible Dental Expenses in any calendar year is \$1,000 per person for all covered services for both Plans #1 and #2.

Questions

In coordination with MetLife, RTAC has enlisted the services of Euclid Managers to help with the enrollment and billing process for this dental program. For any questions about the plan, process and billing, you may call Euclid Managers at 1-800-345-7868, option #4.

Covered services are grouped into three categories: Preventive (Type A); Basic (Type B); and Major (Type C). The semi-annual premium for each option are shown on the enrollment form.

Benefit Highlights		
Type	Plan #1 Comprehensive Covered Services	Plan #2 Primary Covered Services
	<ul style="list-style-type: none"> • In-Network benefits are covered at 100% (Preventive)/ 80% (Basic)/50% (Major). Limited to the negotiated PDP fee schedule.⁵ • Out-of-Network benefits are covered at 100% (Preventive)/ 50% (Basic)/50% (Major). • Coverage type is Comprehensive. 	<ul style="list-style-type: none"> • In-Network benefits are covered at 100% (Preventive)/ 80% (Basic). Limited to the negotiated PDP fee schedule.⁵ • Out-of-Network benefits are covered at 80% (Preventive)/ 80% (Basic). Limited Reasonable & Customary (R&C) charges.⁶ • Coverage type is Primary.
Preventive "Type A" Services	<ul style="list-style-type: none"> • Oral Exams (1 every 6 months) • Full Mouth X-rays (once per 60 months) • Bitewing X-rays (Adults: once per calendar year. Children: Twice per calendar year) • Prophylaxis/Cleaning (1 every 6 months) • Periodontal Maintenance 	<ul style="list-style-type: none"> • Oral Exams (1 every 6 months) • Full Mouth X-rays (once per 60 months) • Bitewing X-rays (Adults: once per calendar year. Children: Twice per calendar year) • Prophylaxis/Cleaning (1 every 6 months)
Basic "Type B" Services	<ul style="list-style-type: none"> • Fillings (amalgam, resin composite fillings) • Repairs of Dentures, Crowns, Inlays, Onlays or Bridgework • Rebases/Relines of existing removable dentures (no more than one per 36 months) • Extractions (except those for orthodontics) • Oral Surgery (except procedures covered under any medical plan) • Anesthesia (when medically necessary in connection with oral surgery) • Consultations (no more than twice in 12 consecutive months) • Injections of Antibiotic Drugs • Periodontics, including periodontal maintenance treatments, combined with cleanings • Emergency Palliative Treatment • Endodontics (Root Canal) (not more than once every 24 months for the same tooth) • Pulp capping, pulpal therapy and therapeutic pulpotomy 	<ul style="list-style-type: none"> • Fillings (amalgam, resin composite fillings) • Injections of Antibiotic Drugs • Extractions (except those for orthodontics) • Oral Surgery (except procedures covered under any medical plan) • Anesthesia (when medically necessary in connection with oral surgery) • Consultations (no more than twice in 12 consecutive months) • Periodontal Maintenance, including periodontal maintenance treatments, combined with cleanings (treatments 4 per benefit period) • Emergency Palliative Treatment
Major "Type C" Services	<ul style="list-style-type: none"> • Dentures (Installation of a partial or full removable denture for the first time) • Bridgework (installation of fixed bridgework for the first time) • New or replacements of: Inlays, Onlays, Crowns, Laminates and Gold Foils (not more than once in 5-year period for the same tooth surface) • Adding or replacement of teeth lost during installation or bridgework or dentures. 	
	For plan 1, there is a 12-month waiting period on "Type C" services for new enrollees, unless acceptable proof has been provided of continuous enrollment in a group dental plan up to the effective date of this plan.	

⁵ PDP Fee refers to the negotiated PDP fee schedule. Benefits are limited to the amount of the PDP fee, even when a dentist outside of the network provides treatment.

⁶ The R&C (Reasonable and Customary) charge 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.

MetLife Dental Plan Reimbursement

The Plan available to participants in RTAC offers a competitive benefit reimbursement. Benefit reimbursement under this plan is based on either the PDP fee schedule (Maximum Allowed Charge) for in-network services, or the R&C (Reasonable and Customary charge) for out-of-network services.

PDP Fee Schedule: When benefit reimbursement is limited to the PDP fee schedule, it means that benefits are paid based on the negotiated PDP fee. A negotiated fee refers to the PDP fee schedule which participating dentists agree to accept as payment in full, subject to deductibles, cost-sharing and benefit maximums. Reimbursement for a service may be based on all or part of the PDP fee. Reimbursement depends on the plan chosen and the service rendered.

R&C: Out-of-network benefit reimbursement is limited to the R&C (Reasonable and Customary charge). That means that benefits are paid based on the R&C charge for a particular service, determined for the area where the service was rendered. The R&C charge 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. Reimbursement may be based on all or part of the R&C fee. Reimbursement depends on the service rendered.

Exclusions:

The following expenses are not Covered Dental Expenses for either plan:

Services or Supplies:

- Services or supplies received by a Covered Person before the Dental Expense Benefits start for that person
- Services not performed 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.
- Cosmetic surgery or supplies. However, any such surgery or supply will be covered if:
 - It otherwise is a Covered Dental Expense; and
 - It is required for reconstructive surgery which is incidental to or follows surgery which results from a trauma, an infection or other disease of the involved part; or
 - It is required for reconstructive surgery because of a congenital disease or anomaly of a Dependent child which has resulted in a functional defect.
- Services or supplies which are covered by any workers' compensation laws or occupational disease laws.
- Services or supplies which are covered by any employers' liability laws.
- Services or supplies which any employer is required by law to furnish in whole or in part.
- Services or supplies received through a medical department or similar facility which is maintained by the Covered Person's Employer.
- Services or supplies received by a Covered Person for which no charge would have been made in the absence of Dental Expense Benefits for that covered Person.
- Services or supplies for which a Covered Person is not required to pay.
- Services or supplies which are deemed experimental in terms of generally accepted dental standards.
- Services or supplies received as a result of dental disease, defect or injury due to an act of war, or a warlike act in time of peace, which occurs while the Dental Expense Benefits for the Covered Person are in effect.
- Use of material or home health aids to prevent decay, such as toothpaste or fluoride gels, other than the topical application of fluoride.
- Application of sealant material.
- Instruction for oral care such as hygiene or diet.
- Periodontal splinting.

Predetermination of Benefits

MetLife can provide a pre-treatment estimate of benefits for recommended treatments that exceed \$300. This service helps you better understand your coverage. A pre-treatment estimate of benefits explains which recommended procedures are covered and at what amount. You should submit the treatment plan to MetLife for review and pre-treatment estimate determination of benefits before receiving the services. Please note that these are estimates only, and final benefit determinations will be made based on the deductibles and maximums, eligibility and other plan provisions when services are actually performed as reflected in the claim submitted, in accordance with the terms of the benefit plan.

Alternative Benefit

If MetLife determines that a service, less costly than the Covered Service the Dentist performed, could have been performed to treat a dental condition, benefits will be paid based upon the less costly service if such service (i) would produce a professionally acceptable result under generally accepted dental standards; and (ii) would qualify as a Covered Service.

- Temporary or provisional restorations.
- Temporary or provisional appliances.
- Services or supplies to the extent that benefits are otherwise provided under The Plan or under any other plan which the employer (or an affiliate) contributes to or sponsors.
- Myofunctional therapy or correction of harmful habits.
- Implantology.
- Charges for broken appointments.
- Charges by the Dentist for completing dental forms.
- Sterilization supplies.
- Services or supplies furnished by a family member.
- Treatment of temporomandibular joint disorders (TMJ).
- Orthodontia.

The following expenses are not Covered Dental Expenses for Plan #1 (Comprehensive)

- Replacement of a lost, missing or stolen crown, bridge or denture.
- Adjustment of a denture or a bridgework which is made within 6 months after installation by the same Dentist who installed it.
- Any duplicate appliance or prosthetic device.
- Initial installation of a denture or bridgework to replace one or more natural teeth lost before the Dental Expense Benefits started for the Covered Person or as a replacement for congenitally missing natural teeth.

The follow expenses are not Covered Dental Expenses for Plan #2 (Primary):

- Inlays, Onlays, Crowns, Laminates and Gold Foils
- Bridgework
- Dentures
- Endodontics (Root Canal)
- Periodontics

The benefit categories, plan provisions, limitations and exclusions described in this brochure represent an overview of Plan Benefits. This document is not a complete description of Plans 1 and 2. A Certificate of Insurance will be made available following your plan's effective date, and will govern if any discrepancies exist between this brochure and the actual Certificate.

Cancellation/Termination

Coverage is subject to the terms and provisions of the Group Policy (FormGPNP99) and certificates of insurance (Form GCERT2000) issued to each insured member. In any state exercising extraterritorial jurisdiction, the plan will be modified to meet applicable laws.

Coverage Terminates:

- When the insured's RTAC membership ceases;
- When the insured's contributions ceases;

IMPORTANT INFORMATION:

MetLife enters into arrangements with a variety of agents, brokers, consultants, third party administrators, general agents, associations, and other parties that may participate in the sale of MetLife products (each an "Intermediary"). If you purchase a MetLife product through an Intermediary, MetLife may pay the Intermediary base commission and other forms of compensation for the sale and renewal of MetLife products and fees for the administration and service of MetLife products, or remit compensation to the Intermediary on your behalf, if you are a plan sponsor. As recognized by the National Association of Insurance Commissioners in its Producer Licensing Model Act, compensation may include payments, commissions, fees, awards, overrides, bonuses, contingent commissions, loans, gifts, prizes, stock options or any other form of valuable consideration. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (e.g., consulting or reinsurance arrangements). If you would like further information, ask your Intermediary or a MetLife representative for specific details concerning your Intermediary's compensation arrangement with MetLife.

Underwritten by:

MetLife[®]

Metropolitan Life Insurance Company
200 Park Avenue
New York, NY 10166
www.metlife.com

**Enrollment Form
for Group Insurance**

Euclid Managers
Attn: Sue Zetterquist
234 Spring Lake Drive
Itasca, IL 60143



Member Name (Last, First, Middle) _____		Social Security Number _____	Customer Number 05612000	
Your Home Address _____ City, State, Zip _____				Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married
Member Telephone Number (_____) _____		Sex (M/F) _____	Date of Birth (MM/DD/YYYY) _____	Policyholder Name RTAC
If applying for Dependent¹ Coverage (Spouse/Domestic Partner and Child), complete section below:				
Name (Last, First, MI) _____		Date of Birth (MM/DD/YYYY) _____		Sex (M/F) _____
Spouse/Domestic Partner _____		_____		_____
Dependent Child _____		_____		_____
Dependent Child _____		_____		_____
Dependent Child _____		_____		_____
Dependent Child _____		_____		_____

<p>Are you currently enrolled in a group dental plan?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If YES, I am submitting proof of continuous enrollment in a group dental plan through the effective date of this plan in order to waive the 12-Month Waiting Period for Type C Services:</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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Please review the eligibility requirements on page 2 of your enrollment booklet.

MetLife Dental Plans	Covered Percentage In-Network Type A/Type B/Type C	Covered Percentage Out-of-Network Type A/Type B/Type C	Deductible For Basic & Major Services Only	Maximum Annual Benefit	Coverage Type	Benefit Reimbursement In-Network/ Out-of-Network	Semi-Annual Premium Rate Single Coverage	Semi-Annual Premium Rate You Plus One Dependent	Semi-Annual Premium Rate You Plus Family
1	100%/80%/50% of PDP fee ¹	100%/50%/50% of R&C fee ²	\$50 In-Network \$50 Out-of-Network	\$1,000	Comprehensive	PDP/R&C	<input type="checkbox"/> \$241.12	<input type="checkbox"/> \$480.65	<input type="checkbox"/> \$817.75
2	100%/80% of PDP fee ¹	80%/80% of PDP fee ²	\$50 In-Network \$100 Out-of-Network	\$1,000	Primary	PDP/PDP	<input type="checkbox"/> \$111.79	<input type="checkbox"/> \$218.03	<input type="checkbox"/> \$298.47

¹ **“Dependent”** means your spouse, unmarried children up to 19 years old or 23 years old, if a full-time student, subject to applicable state requirement and, where permitted by law, your dependents may also include your domestic partner. For residents of New Mexico, children are covered up to age 25 regardless of student status, unless employed on a full-time basis. For Utah residents, dependent children are covered up to age 26 regardless of student status, unless employed on a full-time basis.

² **PDP Fee** refers to the negotiated PDP (Preferred Dental Program) fee schedule. Benefits are limited to the amount of the PDP fee, even when a dentist outside of the network provides treatment.

³ **The R&C (Reasonable and Customary) charge** 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.

DECLARATION SECTION

Each person signing below declares that all the information given in this enrollment form is true and complete to the best of his/her knowledge and belief.

For Changes Requested After Initial Enrollment Period Expires

I understand that if dental coverage is not elected, I will not be eligible for dental coverage unless a subsequent enrollment period is offered by the policyholder. A waiting period for certain services may apply.

Fraud Warning:

If you reside in or are applying for insurance under a policy issued in one of the following states, please read the applicable warning.

New York [only applies to Accident and Health Benefits (AD&D/Disability/Dental)]: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Kansas and Oregon: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud, and may be subject to criminal and civil penalties.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Oklahoma: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Massachusetts: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, and may subject such person to criminal and civil penalties.

Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement may have violated state law.

In any other case, read the following warning.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose 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.

Signature(s): The member must sign in all cases. Each person signing below acknowledges that he or she has read and understands the statements and declarations made in this enrollment form.

Member Signature

Print Name

Date (MM/DD/YY)

Spouse/Domestic Partner Signature

Print Name

Date (MM/DD/YY)

PRIVACY NOTICE

If you submit a request for insurance (enrollment form), we will evaluate it. We will review the information you give to us and we may confirm it or add to it in the ways explained below.

This Privacy Notice is given to you on behalf of **METROPOLITAN LIFE INSURANCE COMPANY.**

Please read this Privacy Notice carefully. It describes, in broad terms, how we learn about you and how we treat the information we get about you. (If anyone else is to be insured, what we say here also applies to information about him or her.) We are required by law to give you this notice.

Why We Need to Know about You: We need to know about you (and anyone else to be insured) so that we can provide the insurance and other products and services you've asked for. We may also need information from you and others to help us verify identities in order to prevent money laundering and terrorism.

What we need to know includes address, age and other basic information. But we may need more information, including finances, employment, health, hobbies or business conducted with us, with other MetLife companies (our "affiliates") or with other companies.

How We Learn about You: What we know about you (and anyone else to be insured) we get mostly from you. But we may also have to find out more from other sources in order to make sure that what we know is correct and complete. Those sources may include adult relatives, employers, consumer reporting agencies, health care providers and others. Some of our sources may give us reports and may disclose what they know to others. We may ask for medical information about you from these sources. The Authorization that you sign when you request insurance permits these sources to tell us about you. So we may, for instance:

- **Ask for a medical exam**
- Ask health care providers to give us health data, including information about alcohol or drug abuse

We may also ask a consumer reporting agency for a "consumer report" about you (or anyone else to be insured). Consumer reports may tell us about a lot of things, including information about your finances, employment, hobbies, mode of living, work history, and driving record.

The information may be kept by the consumer reporting agency and later given to others as permitted by law. The agency will give you a copy of the report it provides to us, if you ask the agency and can provide adequate identification. If you write to us and we have asked for a consumer report about you, we will tell you so and give you the name, address and phone number of the consumer reporting agency.

Another source of information is MIB Group, Inc. ("MIB"). It is a non-profit association of life insurance companies. We and our reinsurers may give MIB health or other information about you. If you apply for life or health coverage from another member of MIB, or claim benefits from another member company, MIB will give that company any information it has about you. If you contact MIB, it will tell you what it knows about you. You have the right to ask MIB to correct its information about you. You may do so by writing to MIB, Inc., P.O. Box 105, Essex Station, Boston, MA 02112, by calling MIB at (866) 692-6901 (TTY (866) 346-3642 for the hearing impaired), or by contacting MIB at www.mib.com.

How We Protect What We Know About You:

Because you entrust us with your personal information, we treat what we know about you confidentially. Our employees are told to take care in handling your information. They may get information about you only when there is a good reason to do so. We take steps to make our computer databases secure and to safeguard the information we have.

How We Use and Disclose What We Know About You:

We may use anything we know about you to help us serve you better. We may use it, and disclose it to our affiliates and others, for any purpose allowed by law. For instance, we may use your information, and disclose it to others, in order to:

- Help us evaluate your request for a product or service.
- Help us process claims and other transactions.
- Confirm or correct what we know about you.
- Help us prevent fraud, money laundering, terrorism and other crimes by verifying what we know about you.
- Help us comply with the law.

- Help us run our business.
- Process data for us.
- Perform research for us.
- Audit our business.

Other reasons we may disclose what we know about you include:

- Doing what a court or government agency requires us to do; for example, complying with a search warrant or subpoena.
- Telling another company what we know about you, if we are or may be selling all or any part of our business or merging with another company.
- Giving information to the government so that it can decide whether you may get benefits that it will have to pay for.
- Telling a group customer about its members' claims or cooperating in a group customer's audit of our service.
- Telling your health care provider about a medical problem that you have but may not be aware of.
- Giving your information to a peer review organization if you have health insurance with us.
- Giving your information to someone who has a legal interest in your insurance, such as someone who lent you money and holds a lien on your insurance or benefits.

Generally, we will disclose only the information we consider reasonably necessary to disclose.

We may use what we know about you in order to offer you our other products and services. We may share your information with other companies to help us. Here are our other rules on using your information to market products and services:

- We will not share information about you with any of our affiliates for use in marketing its products to you, unless we first notify you. You will then have an opportunity to tell us not to share your information by "opting-out."

- Before we share what we know about you with another financial services company to offer you products or services through a joint marketing arrangement, we will let you "opt-out."
- We will not disclose information to unaffiliated companies for use in selling their products to you, except through such joint marketing arrangements.
- We will not share your health information with any other company, even one of our affiliates, to permit it to market its products and services to you.

How You Can See and Correct Your Information:

Generally, we will let you review what we know about you if you ask us in writing. (Because of its legal sensitivity, we will not show you anything that we learned in connection with a claim or lawsuit.) If you tell us that what we know about you is incorrect, we will review it. If we agree with you, we will correct our records. If we do not agree with you, you may tell us in writing, and we will include your statement when we give your information to anyone outside MetLife.

You Can Get Other Material from Us:

In addition to any other privacy notice we may give you, we must give you a summary of our privacy policy once each year. You may have other rights under the law. If you want to know more about our privacy policy, please contact us at our website, www.metlife.com, or write to your MetLife Insurance Company, c/o MetLife Privacy Office – Inst, P.O. Box 489, Warwick, RI 02887-9954. Please identify the specific product or service you are writing about.