

Dear Milwaukee Retiree Association Dental Participant,

Thank you for your interest in the Milwaukee Retiree Association Equitable Dental PPO Plan. Please find the attached Enrollment Form and ACH Form for completion into the plan. Please return the completed forms back to RetireeFirst in the provided pre-stamped return envelope. Please refer to the table below for the premium rates for each plan offered.

What will it cost me to participate in the MRA Equitable Dental PPO Plan?

Monthly Premium Rates		
	Low PPO Plan	High PPO Plan
Retiree Only	\$43.00	\$65.00
Retiree + Spouse	\$87.00	\$132.00
Retiree + Family	\$142.00	\$215.00



If after reviewing, you have any questions please reach out to your team of dedicated Retiree Advocate with RetireeFirst at (855) 588-3838 (TTY 711).

How do I pay my monthly premium?

Please complete the enclosed recurring ACH payment authorization form with the enrollment form and send back in the provided pre-stamped RetireeFirst return envelope. Should you have any questions about these forms please reach out to your team of dedicated Retiree Advocates with RetireeFirst at (855) 588-3838 (TTY 711).

When will I receive a dental card from Equitable?

Yes, Equitable will produce Dental ID Cards and mail them to your home. You can also obtain a digital dental ID card you can save to your Apple or Google wallet. This function will be available to you after your effective date of coverage. If you are having trouble and would like a copy of your ID card, please call your team of dedicated MRA Retiree Advocates with RetireeFirst at (855) 588-3838 (TTY 711).

Who do I call if I need assistance with the plan?

Please call RetireeFirst at (855) 588-3838 (TTY 711) to reach your Dedicated Milwaukee Retiree Association Member Advocate team.

*Disclaimer: For complete benefit details please refer to the carrier issued materials. This document includes a simplified summary of benefits and does not create any contractual rights.*

# Protection worth smiling about

## Dental insurance benefit summary



### Did you know

More than 1 in 4 (26%) adults in the United States has untreated tooth decay<sup>1</sup>

More than half of adolescents ages 12 to 19 have had a cavity in at least one of their permanent teeth<sup>2</sup>

Watch this quick video to learn more.



Regular dental care is one of the best ways to maintain a winning smile and protect your overall health. With Equitable’s dental plan, you can receive the care you need, including routine cleanings and fillings, and potentially major dental procedures, orthodontia and teeth-whitening benefits.

Under your comprehensive PPO dental plan, you are allowed to see both in and out of network providers.

### Benefit Plan & Features

This is only a partial list of covered dental services. Please carefully review your certificate of insurance for a full list of covered services, as well as all limitations and exclusions that apply to your plan.

## Benefit Plan and Features

**Class definition:** All members of the MRA that are in good standing

Coverage Details	High Plan		Low Plan	
	In-Network Benefit	Out-of-Network Benefit	In-Network Benefit	Out-of-Network Benefit
Reimbursement	Contracted Allowances	80th percentile R&C	Contracted Allowances	80th percentile R&C
Coinsurance	100/80/50	100/80/50	100/80/50	80/60/40
Annual Individual / Family Deductible (Waived for Preventive Services)	\$100/3x individual	\$100/3x individual	\$100/3x individual	\$200/3x individual
Annual Individual Maximum Benefit	\$2,000	\$2,000	\$1,000	\$1,000
Alternate Benefit	Included	Included	Included	Included

Coverage Details	In-Network Benefit	Out-of-Network Benefit	In-Network Benefit	Out-of-Network Benefit
Missing Tooth Clause	Applies	Applies	Applies	Applies

	High Plan		Low Plan	
Preventive Services	In-Network Benefit	Out-of-Network Benefit	In-Network Benefit	Out-of-Network Benefit
<b>Evaluations</b>				
• Periodic Oral Evaluation	100%	100%	100%	80%
• Limited Oral Evaluation – problem focused	100%	100%	100%	80%
• Comprehensive Oral Evaluation	100%	100%	100%	80%
<b>Treatments</b>				
• Routine Dental Prophylaxis	100%	100%	100%	80%
• Fluoride Treatment	100%	100%	100%	80%
• Sealants – child	100%	100%	100%	80%
<b>X-Rays</b>				
• Complete Series/ Panoramic X-Rays	100%	100%	100%	80%
• Periapical X-Rays	100%	100%	100%	80%
• Bitewing X-Rays	100%	100%	100%	80%

	High Plan		Low Plan	
Basic Services	In-Network Benefit	Out-of-Network Benefit	In-Network Benefit	Out-of-Network Benefit
Emergency Palliative Treatment	80%	80%	80%	60%
Surgical Extractions and Removal of Impacted Teeth	80%	80%	80%	60%
Basic Restorative Services (amalgam, composite resin, acrylic, synthetic or plastic fillings)	80%	80%	80%	60%
Simple Extractions	80%	80%	80%	60%
Surgical Endodontics	80%	80%	80%	60%
Non-Surgical Endodontics	80%	80%	80%	60%
Non-Surgical Periodontal	80%	80%	80%	60%
Oral Surgery	80%	80%	80%	60%
Periodontal Maintenance	80%	80%	80%	60%
Periodontal Surgery	80%	80%	80%	60%

	High Plan	Low Plan
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Major Services	In-Network Benefit	Out-of-Network Benefit	In-Network Benefit	Out-of-Network Benefit
Inlays/Onlays/Crowns	50%	50%	50%	40%
Dentures – complete, partial, overdenture (upper and lower)	50%	50%	50%	40%
Implants	50%	50%	50%	40%
Bridges	50%	50%	50%	40%

## Provider network

You can choose from one of the 132,000 credentialed providers at any of the 600,000 access points nationwide in the Equitable Dental Network. You can locate an in-network provider by visiting: [www.equitable.com/finddentist](http://www.equitable.com/finddentist). Using a network dentist will significantly lower your out-of-pocket expense because these dental professionals have agreed to provide covered services at discounted fees.

Equitable does not contract directly with dentists. Equitable's dental network is supported by several partner companies which may vary by state. This information is provided on our website at [www.equitable.com/dentalprovider](http://www.equitable.com/dentalprovider).

**Please reference the following network names when confirming in-network participation with your provider.**

- Careington
- Dental Benefit Providers (DBP)
- Dentemax Plus
- HealthSmart
- PPO USA Connection Dental Network (GEHA)
- Total Dental Administrators (TDA)
- Zelis Dental Network
- United Concordia AdvantagePlus

Out-of-network dentists have the right to balance bill members for the difference between the provider charge and our maximum allowable charge.

Out-of-network dentists are not obligated by contractual agreement to submit claims on behalf of members. Claim forms may be requested by contacting the telephone number or email address indicated on your ID card or above.

## Provider Availability

Please contact your dentist for immediate attention in the event of an emergency. An emergency exists if services are necessary to treat a condition or illness that, without immediate attention, would seriously jeopardize the life or health of the member or the member's ability to regain maximum function, or cause the member to be in danger to self or others. You may also call our customer service department during business hours for help in locating a network dentist.

## Understanding your benefits

### Commonly Used Terms

#### Standard Benefit Waiting Period

A dental insurance waiting period is a set period before you receive coverage for some specific dental procedures. Waiting periods vary based on your plan. Please refer to your certificate of insurance for any associated waiting periods (e.g., 6 months).

#### In-Network Provider

Dentists who have agreed to provide dental services at discounted rates for participants. You can save up to 34% on average off of provider charge by visiting an in network provider. You will not be liable for the difference between the discounted rate and the provider charge if you visit an in-network provider.

<b>Out-of-Network Provider</b>	Dentists who have not agreed to provide dental services at discounted rates for participants. You are free to visit out-of-network providers, but you may be balance billed for the difference between our allowed amount and the provider charge.
<b>Annual Individual Maximum</b>	Annual maximum for each individual covered under the plan for procedures other than orthodontia.

## Frequently Asked Questions

<b>When can I enroll?</b>	You can enroll when you are initially eligible for benefits and during any subsequent annual enrollment period defined by the Association or if there is a life status change, such as involuntary termination under another policy.
<b>Are my dependents eligible for coverage?</b>	Your dependent children are eligible up to end of the month they reach age 26
<b>Who is eligible for Orthodontic Services?</b>	Your plan does not cover Orthodontic Services.
<b>How does a PPO Work?</b>	PPO stands for Preferred Provider Organization. PPOs help you save money because in-network dentists - dentists who are contracted by our leased networks - agree to charge the plan's lower rates.
<b>How do I find an in-network provider?</b>	To find a provider near you, please visit <a href="http://www.equitable.com/finddentist">www.equitable.com/finddentist</a>
<b>Can I see a provider outside of the network?</b>	Yes, you can see a provider outside of the network, but your out-of-pocket cost will likely be higher as out-of-network providers have not agreed to discounted rates on their services.
<b>How do I learn more about my benefits?</b>	Go to <a href="http://www.equitable.com/employeebenefits">www.equitable.com/employeebenefits</a> and log on to EB360® to view your account details.
<b>If I have additional questions, who can I talk to?</b>	Please don't hesitate to contact us at 1-866-274-9887.
<b>Do I need a dental ID card in order to receive benefits?</b>	ID cards are not needed in order to receive treatment from a dentist, but can help to simplify your office experience so we encourage that they are printed and brought with you to your dental visit. ID cards can be printed from <a href="http://www.equitable.com/employeebenefits">www.equitable.com/employeebenefits</a> .
<b>Is there a late entrant penalty?</b>	A late entrant waiting period of 12 months is applicable for all but Preventive services if you do not enroll within your enrollment eligibility period.
<b>Am I required to have a pre-treatment estimate submitted in order to be eligible for coverage?</b>	No, a pre-treatment estimate is not required in order to receive benefits for covered services, but it will allow you to know what your out-of-pocket expenses are prior to services being performed. We recommend that a pre-treatment estimate be submitted for all anticipated work that you consider to be expensive. A pre-treatment estimate is not a pre-authorization or guarantee of payment or eligibility; rather it is an indication of the estimated benefits available if the described procedures are performed based on eligible services and subject to benefits availability at the time that the pre-treatment is processed.
<b>What if I started dental work under a different plan (i.e., treatment in progress)?</b>	These special provisions apply only to those persons who were insured under a given benefit section of a prior carrier, and become insured under a similar benefit section of our policy on the effective date of the policy. Benefits for covered charges which are a part of a course of treatment which began while you were insured by a prior carrier will be paid as follows if such benefits are covered under your policy with us and are not eligible under the prior carrier based on their definition of incurred date: <b>Non-Orthodontic Services:</b> <ul style="list-style-type: none"> <li>• For Cast Restorations (Crowns, Inlays, Onlays) and Bridges, if the tooth was prepared while you were covered under the prior carrier's policy.</li> <li>• For any other Prosthetics or modification of Prosthetics, if the master impression was made while you were covered under the prior carrier's policy.</li> <li>• For Root Canal Therapy, if the pulp chamber was opened while you were covered under the prior carrier's policy.</li> <li>• For all other non-orthodontic services, the charge is considered incurred on the date the services are performed. If performed while covered under the prior carrier, they are not eligible for payment by us.</li> </ul>

## Cost Summary

	High Plan	Low Plan
<b>Cost Summary for Dental</b>	<b>Retiree (Monthly)</b>	<b>Retiree (Monthly)</b>
Retiree Only	\$65.00	\$43.00
Retiree + 1	\$132.00	\$87.00
Retiree & Family	\$215.00	\$142.00



**Contact us at  
(866) 274-9887  
with any questions  
you may have.**

This includes questions on how we can provide language translation services at no cost to you and how we can assist the visually impaired with form completion and other information.

**Email:** Customer Service at  
[EBCustomerService@equitable.com](mailto:EBCustomerService@equitable.com).



Members requiring assistance with hearing impairment can contact our TDD line directly at (800) 877-8973.

**Visit [equitable.com/employeebenefits](https://equitable.com/employeebenefits)  
and log on to EB360® to view your account details.**