Retiree Dental Plan
The Retiree Dental Plan

The Retiree Dental Plan endorsed by NYSUT Member Benefits Trust*, which features the MetLife Preferred Dentist Program (PDP), offers easy-to-understand dental coverage that allows you to:

- **Protect** — you and your family by providing affordable dental coverage for most preventive and routine services that help promote long-term oral health.

- **Choose** — the dentist of your choice at the time of treatment. You do not have to select a primary dentist; there’s no ID card to show or referrals needed for specialty care.

- **Save** — on out-of-pocket expenses by receiving services from one of more than 117,000 participating PDP dentist locations nationwide that agree to charge fees typically 10 percent to 35 percent lower than the average charges in your area.

With the MetLife PDP, you receive a wide range of benefits that provides choice, savings** and convenience to help you make your dental health a priority.

If you have questions after you have read this benefit overview, please visit the NYSUT Member Benefits Trust website at [www.memberbenefits.nysut.org](http://www.memberbenefits.nysut.org) and click on Retiree Dental Plan under the Insurance navigation bar on the left-hand side of the home page. You will find a Retiree Dental Plan link that will give more information including participating dentists. You can also call MetLife toll-free at 1-888-883-0046.

Note: You may already have retiree dental coverage provided to you through your local association. If not, you may wish to consider this plan when choosing your coverage.

How the Retiree Dental Plan Works

The Retiree Dental Plan, underwritten by MetLife, pays benefits for three categories of service: Type A - Preventive, Type B - Basic Restorative, and Type C - Major Restorative. (Please reference the section entitled “Primary Covered Services” for examples of these services.

The plan also offers you a choice; you may use a participating PDP dentist (in-network) or you may use an out-of-network dentist. If you choose to receive services from a participating PDP dentist, you will generally receive the greater benefit and incur the least out-of-pocket expense.

If you use a participating PDP dentist, the plan provides paid-in-full benefits for Type A services. You will have out-of-pocket costs for Type B and Type C services provided by PDP dentists. Also, when PDP dentists are used, services are not subject to any deductibles.

If you use an out-of-network dentist, you generally will have higher out-of-pocket costs for all types of service. In addition, Type B and Type C services are subject to an annual deductible ($50 for individual coverage, $100 for family coverage).

There is an annual benefit maximum of $1,250 per person under this plan for covered services rendered by PDP and non-participating dentists.

**IN-NETWORK BENEFIT**

When you or your eligible dependent visit a participating Preferred Dentist Program (PDP) dentist, plan benefits are based on a negotiated fee schedule. You will be responsible for the difference between the negotiated PDP fee for a given service and the percentage of the PDP fee that your plan covers for that service.

**Benefit Summary:**

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Plan Coverage:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type A - Preventive</td>
<td>100% of PDP Fee*</td>
</tr>
<tr>
<td>Type B - Basic Restorative</td>
<td>60% of PDP Fee*</td>
</tr>
<tr>
<td>Type C - Major Restorative</td>
<td>35% of PDP Fee*</td>
</tr>
</tbody>
</table>

**Annual Deductible:**

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>None</td>
</tr>
<tr>
<td>Family</td>
<td>None</td>
</tr>
</tbody>
</table>

**Annual Maximum Benefit:** $1,250/person

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* Coverage is provided under a group insurance policy (Policy form G.2130-5) issued by MetLife.

** Savings from enrolling in the Retiree Dental Plan will depend on various factors, including how often participants visit the dentist and the cost of services covered.

* PDP fee refers to the fees that participating PDP dentists have agreed to accept as payment in full, typically 10 percent to 35 percent below community averages.
### Out-of-Network Benefit, continued

<table>
<thead>
<tr>
<th>Benefit Summary:</th>
<th>Plan Coverage:</th>
<th>Annual Deductible:</th>
<th>Amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type A - Preventive</td>
<td>100% of R&amp;C Fee*</td>
<td>Individual</td>
<td>$50</td>
</tr>
<tr>
<td>Type B - Basic Restorative</td>
<td>60% of R&amp;C Fee*</td>
<td>Family</td>
<td>$100</td>
</tr>
<tr>
<td>Type C - Major Restorative</td>
<td>35% of R&amp;C Fee*</td>
<td>Deductibles apply only to Type B and C Benefits</td>
<td></td>
</tr>
<tr>
<td>Annual Maximum Benefit:</td>
<td>$1,250/person</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PRIMARY COVERED SERVICES**

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Type of Service</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>A – Preventive</td>
<td>Cleanings</td>
<td>• Two per calendar year, separated by a six-month period</td>
</tr>
<tr>
<td></td>
<td>Exams</td>
<td>• Two per calendar year, separated by a six-month period</td>
</tr>
<tr>
<td></td>
<td>Fluoride Treatments</td>
<td>• One per calendar year for dependent children up to 19th birthday</td>
</tr>
<tr>
<td></td>
<td>X-rays</td>
<td>• Full mouth X-rays: one per 60 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Bitewing X-rays: one set per calendar year for adults; two per calendar year for dependent children up to 19th birthday, separated by a six-month period</td>
</tr>
<tr>
<td>B – Basic Restorative</td>
<td>Fillings, Amalgam or Resin</td>
<td>• When dentally necessary</td>
</tr>
<tr>
<td></td>
<td>Simple Extractions</td>
<td>• When dentally necessary</td>
</tr>
<tr>
<td></td>
<td>Labs and Other Tests</td>
<td>• When dentally necessary</td>
</tr>
<tr>
<td></td>
<td>Space Maintainers</td>
<td>• For dependent children up to 19th birthday</td>
</tr>
<tr>
<td></td>
<td>Periodontic Maintenance</td>
<td>• Total number of periodontal maintenance treatments and prophylaxis cannot exceed four in a calendar year</td>
</tr>
<tr>
<td></td>
<td>Crown, Denture, Bridge Repair</td>
<td>• When dentally necessary</td>
</tr>
<tr>
<td></td>
<td>Endodontics</td>
<td>• Root canal treatment limited to once per tooth per 24 months</td>
</tr>
<tr>
<td>C – Major Restorative</td>
<td>Surgical Extractions</td>
<td>• When dentally necessary</td>
</tr>
<tr>
<td></td>
<td>General Anesthesia</td>
<td>• When dentally necessary in connection with oral surgery, extractions or other covered dental services</td>
</tr>
<tr>
<td></td>
<td>Oral Surgery</td>
<td>• When dentally necessary</td>
</tr>
<tr>
<td></td>
<td>Periodontics</td>
<td>• Periodontal scaling and root planing once per quadrant, every 24 months</td>
</tr>
<tr>
<td></td>
<td>Relines and Rebases</td>
<td>• Periodontal surgery once per quadrant, every 36 months</td>
</tr>
<tr>
<td></td>
<td>Crowns/Inlays/Onlays</td>
<td>• Relines and rebases to dentures, limited to 36 months (covered only after six months following the initial installation)</td>
</tr>
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<td></td>
<td>Bridges and Dentures</td>
<td>• Crowns/Inlays/Onlays replacement: once every five years</td>
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<td>• Initial placement to replace one or more natural teeth which are lost while covered by the plan</td>
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<tr>
<td></td>
<td></td>
<td>• Dentures and bridgework replacement: once every 10 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 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</td>
</tr>
</tbody>
</table>

* R&C fees are based on the lowest of a dentist’s usual, actual or community average charge as determined by MetLife.

** The service categories shown above represent the coverage type for the majority of services within that category. Please refer to your benefits certificate for a complete list and description of covered services.
IMPORTANT ENROLLMENT PROVISIONS

1. Coverage for all retired members and eligible dependents who enroll in this dental program will become effective on the first of the month following the date your application was received and accepted.

2. You may change coverage only when you have a Qualifying Event, which changes your family status (e.g., marriage, divorce, the birth or adoption of a child, death of a dependent, termination of your spouse’s employment, etc.). You may enroll or change your enrollment option for coverage within 30 days of the above Qualifying Events.

3. If you leave the program, you will not be permitted to re-enroll.

30-DAY FREE LOOK

After receiving your confirmation of acceptance in the plan, if you are not satisfied with the terms of your new coverage and no claims have been submitted/paid, simply return the confirmation to the Plan Administrator within 30 days of receipt, and any money you have paid or had deducted from your pension benefit will be refunded in full with no questions asked. Any claim submitted (subsequent to or before disenrollment) by a participant who disenrolls will be denied.

COORDINATION OF BENEFITS

The Retiree Dental Plan contains a Coordination of Benefits clause that may reduce the dental expense benefits payable by the amount of benefits received from another group, employer or government-sponsored plan.

CERTIFICATE OF INSURANCE

Please use the Retiree Dental Plan link from www.memberbenefits.nysut.org to link to MetLife’s MyBenefits, where you can view a copy of the Retiree Dental Plan Certificate. The Certificate will describe all benefits, conditions, exclusions and limitations. Please read your Certificate carefully.

OUT-OF-NETWORK BENEFIT

When you or your eligible dependent visit a non-participating dentist, plan benefits are based on the Reasonable and Customary (R&C) charges of dentists in your area as determined by MetLife. You will be responsible for the difference between your dentist’s charge for a given service and the percentage of Reasonable and Customary fee that your plan covers, subject to deductible.

ELIGIBILITY REQUIREMENTS

You must be a NYSUT retiree member at the time of your enrollment to be eligible for the Retiree Dental Plan (underwritten by MetLife).

Coverage is also available for your spouse (or certified domestic partner) and your dependent children. Unmarried, dependent children are covered until the end of the month of their 23rd birthday.

If NYSUT member is deceased while having member and spouse coverage, the surviving spouse may continue the coverage if he or she becomes an associate member of NYSUT.

MONTHLY RATES

The following monthly rates are effective through December 31, 2009:

- Retired Member Only – $42.59 per month
- Retired Member + One – $94.87 per month
- Retired Member + Family – $118.17 per month

PAYMENT METHOD

Select your payment method by completing the attached “Authorization Agreement for Dental Insurance Payments” form. You can select from:

- Automatic monthly pension deduction (available if you are collecting a monthly pension benefit from NYSTRS, NYSERS, NYCTRS, or if you are receiving income from a monthly lifetime annuity from TIAA-CREF);
- Quarterly direct billing* (4 payments per year);
- Semi-annual direct billing* (2 payments per year);
- Annual direct billing* (1 payment per year).

* You will be charged a $4 service fee per billing cycle for direct billing. There are no service fees if you select pension deduction as your payment method.
ANSWERS TO YOUR QUESTIONS

What is a participating PDP dentist?
A participating PDP dentist is a general dentist or specialist who meets MetLife’s strict credentialing standards and agree to accept negotiated scheduled fees as a payment in full for services rendered. There are more than 117,000 participating PDP dentist locations nationwide, including more than 27,000 specialists.

How do I find a Participating PDP dentist?
You can conduct online provider searches (with direction and mapping capabilities) via the link from the Member Benefits’ website www.memberbenefits.nysut.org. You can also call MetLife toll-free 1-888-883-0046 Mon.-Fri., 6 a.m. to 11 p.m. or Sat., 6 a.m. to 4 p.m., ET. Note: be sure to verify that the dentist still participates in the PDP when you make your appointment.

How are claims paid?
Filing a claim is simple. Complete the patient portion of your claim form and your dentist should complete the rest. Either you or your dentist can submit the claim to MetLife for processing. You will receive an explanation of benefits statement showing charges and payments. Benefits will be paid to you unless you have assigned payment to your dentist.

How do I file a claim?
Claim forms can be downloaded and printed by using the link from the Member Benefits’ website, www.memberbenefits.nysut.org, or you can call MetLife toll-free at 1-888-883-0046.

Submit Claims To:
MetLife Dental
PO Box 14588
Lexington, KY 40512

COVERED BENEFITS LIMITATIONS

The fact that a dentist recommends a dental service does not mean dental expense benefits will be paid under the Retiree Dental Plan. Dental expense benefits will be based on the most cost-effective materials and methods of treatment that meet generally accepted dental standards. MetLife’s dental consultants may review dental services to determine whether the dental service is necessary in terms of generally accepted dental standards for the purpose of determining the extent to which dental expense benefits are payable under the Retiree Dental Plan.

PROGRAM EXCLUSIONS*

This plan does not cover the following services, treatments and supplies:
1) Temporomandibular joint disorders (TMJ)
2) Those received before coverage begins
3) Those not performed by a dentist, except cleaning and scaling of teeth and fluoride treatments performed by a licensed dental hygienist who is supervised and billed by a dentist
4) Cosmetic services, surgery or supplies
5) When covered by any workers’ compensation laws, occupational disease laws or employer’s liability laws, or which an employer is required by law to furnish in whole or in part
6) Which are received through a medical department or similar facility maintained by your employer
7) Home health aids used to prevent decay, such as toothpaste and fluoride gels
8) Appliances or treatment for bruxism (grinding teeth), including, but not limited to, occlusal guards and night guards
9) Duplicate appliances or duplicate prosthetic devices
10) Received where no charge would have been made in the absence of dental expense benefits, or which are not required to be paid
11) Materials or services that are experimental under generally accepted dental standards
12) 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 coverage is in effect

* Please refer to your benefits certificate for a complete list and description of program exclusions and limitations.
Our Privacy Notice

We know that you buy our products and services because you trust us. This notice explains how we protect your privacy and treat your personal information. It applies to current and former customers. “Personal information” as used here means anything we know about you personally.

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, or group insurance or annuity contract. In this notice, “you” refers to these individuals.

Protecting 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 outside service providers must also protect it, and use it only to meet our business needs. We also take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.

Collecting Your Information
We typically collect your name, address, age, and other relevant information. We may also collect information about any business you have with us, our affiliates, or other companies. Our affiliates include life, car, and home insurers. They also include a bank, a legal plans company, and securities broker-dealers. In the future, we may also have affiliates in other businesses.

How We Get Your Information
We get your personal information mostly from you. We may also use outside sources to help ensure our records are correct and complete. These sources may include consumer reporting agencies, employers, other financial institutions, adult relatives, and others. These sources may give us reports or share what they know with others. We don’t control the accuracy of information outside sources give us. If you want to make any changes to information we receive from others about you, you must contact those sources.

13) Instruction for oral care such as hygiene or diet
14) Periodontal splinting
15) Benefits otherwise provided under your employer’s plan or any other plan that your employer or an affiliate contributes to or sponsors
16) Implants
17) Charges for broken appointments or for completing dental forms
18) Sterilization supplies
19) Furnished by a family member
20) For Type C Expenses: 1) Replacement of a lost, missing or stolen crown, bridge or denture. 2) Initial installation of a denture or bridgework to replace one or more natural teeth lost before the Dental Expense Benefits started. 3) Replacement of an existing crown, removable denture or fixed bridgework unless it is needed because the existing crown, denture or bridgework can no longer be used and was installed at least 10 years prior (five years for crowns) to its replacement. 4) Replacement of existing immediate temporary full denture by a new permanent full denture unless: (a) the existing denture cannot be made permanent; and (b) the permanent denture is installed within 12 months after the existing denture was installed.
21) Orthodontia
22) Sealants
We may ask for medical information. The Authorization that you sign when you request insurance permits these sources to tell us about you. We may also, at our expense:

- Ask for a medical exam
- Ask for blood and urine tests
- 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:

- Reputation
- Driving record
- Finances
- Work and work history
- Hobbies and dangerous activities

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 that 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., 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734, by calling MIB at (866) 692-6901 (TTY (866) 346-3642 for the hearing impaired), or by contacting MIB at www.mib.com.

Using Your Information
We collect your personal information to help us decide if you’re eligible for our products or services. We may also need it to verify identities to help deter fraud, money laundering, or other crimes. How we use this information depends on what products and services you have or want from us. It also depends on what laws apply to those products and services. For example, we may also use your information to:

- administer your products and services
- process claims and other transactions
- perform business research
- confirm or correct your information
- market new products to you
- help us run our business
- comply with applicable laws

Sharing Your Information With Others
We may share your personal information with others with your consent, by agreement, or as permitted or required by law. For example, we may share your information with businesses hired to carry out services for us. We may also share it with our affiliated or unaffiliated business partners through joint marketing agreements. In those situations, we share your information to jointly offer you products and services or have others offer you products and services we endorse or sponsor. Before sharing your information with any affiliate or joint marketing partner for their own marketing purposes, however, we will first notify you and give you an opportunity to opt out.

Other reasons we may share your information include:

- doing what a court, law enforcement, or government agency requires us to do (for example, complying with search warrants or subpoenas)
- telling another company what we know about you if we are selling or merging any part of our business
- giving information to a governmental agency so it can decide if you are eligible for public benefits
- giving your information to someone with a legal interest in your assets (for example, a creditor with a lien on your account)
• giving your information to your health care provider
• having a peer review organization evaluate your information, if you have health coverage with us
• those listed in our “Using Your Information” section above

HIPAA
We will not share your health information with any other company – even one of our affiliates – for their own marketing purposes. If you have dental, long term care, or medical insurance from us, the Health Insurance Portability and Accountability Act (“HIPAA”) may further limit how we may use and share your information.

Accessing and Correcting Your Information
You may ask us for a copy of the personal information we have about you. Generally, we will provide it as long as it is reasonably retrievable and within our control. You must make your request in writing listing the account or policy numbers with the information you want to access. For legal reasons, we may not show you anything we learned as part of 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, and we will include your statement whenever we give your disputed information to anyone outside MetLife.

Questions
We want you to understand how we protect your privacy. If you have any questions about this notice, please contact us. When you write, include your name, address, and policy or account number.

Send privacy questions to:
MetLife Privacy Office,
P. O. Box 489,
Warwick, RI 02887-9954
privacy@metlife.com

We may revise this privacy notice. If we make any material changes, we will notify you as required by law. We provide this privacy notice to you on behalf of these MetLife companies:

Metropolitan Life Insurance Company
MetLife Insurance Company of Connecticut
General American Life Insurance Company
SafeGuard Health Plans Inc.
SafeGuard Life Insurance Company
DENTAL ENROLLMENT FORM FOR NYSUT RETIRED MEMBER

<table>
<thead>
<tr>
<th>Name of Association</th>
<th>Group Report No.</th>
<th>Sub Division</th>
<th>Branch</th>
</tr>
</thead>
<tbody>
<tr>
<td>NYSUT Member Benefits Trust</td>
<td>105643</td>
<td>N/A</td>
<td>N/A</td>
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<table>
<thead>
<tr>
<th>Association's Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>800 Troy-Schenectady Road</td>
<td>Latham</td>
<td>NY</td>
<td>12110-2455</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coverage Effective Date (Mo./Day/Yr.)</th>
<th>Work Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Retiree</td>
</tr>
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</table>

SECTION TO BE COMPLETED BY MEMBER (Please Print)

<table>
<thead>
<tr>
<th>Name</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Social Security No.</th>
<th>Date of Birth (Mo./Day/Yr.)</th>
<th>☐ Male</th>
<th>☐ Female</th>
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<thead>
<tr>
<th>Address</th>
<th>Street</th>
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<th>State</th>
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</table>

<table>
<thead>
<tr>
<th>E-mail Address</th>
<th>Phone No. (include area code)</th>
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</thead>
</table>

COVERAGE REQUEST DATA:
I have received and read a copy of my association’s current announcement of the group plan. I want to be covered under the group plan for the benefits for which I am or may become eligible, requested below.

I request the following coverage:
Coverage Options (Note: Only one of the following may be selected)

☐ Retired Member Only

☐ Retired Member + One Dependent

☐ Retired Member + Spouse/Domestic Partner and Child(ren)

If applying for Dependent coverage (Spouse/Domestic Partner and Child), complete section below:
Number of dependents (including spouse/domestic partner) _____

<table>
<thead>
<tr>
<th>Name of Spouse/Domestic Partner (Last, First, MI)</th>
<th>Date of Birth</th>
<th>Sex (M/F)</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name(s) of Child(ren) (Last, First, MI)</th>
<th>Date of Birth</th>
<th>Sex (M/F)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Please Retain A Copy of The Fully-Completed Form For Your Records and
Return The Original to Retiree Dental Plan Administrator, 17 Court Street Suite 500, Buffalo, NY 14202-9922
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, a waiting period may be required before I can enroll for such coverage after the initial enrollment period has expired.

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.

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.

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.

Kansas, Oregon, and Vermont: 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.

Puerto Rico: Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented, a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000), or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

All other states:

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 may be a crime and may subject such person to criminal and civil penalties.

Signature(s): The member must sign in all cases. The person signing below acknowledges that they have read and understand the statements and declarations made in this enrollment form.

Member Signature __________________________ Print Name __________________________ Date Signed (Mo./Day/Yr.) __________________________
### Authorization Agreement for Dental Insurance Payments

You have two convenient ways to pay your Dental Insurance Premiums: Pension Deductions from your monthly pension benefit or Direct Billing.

Please check one, complete the information requested below and return this form with your enrollment form:

<table>
<thead>
<tr>
<th>Monthly Pension Deduction from pension benefits*</th>
<th>Direct Bill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Quarterly Direct Bill</td>
</tr>
<tr>
<td></td>
<td>Semi-Annual Direct Bill</td>
</tr>
<tr>
<td></td>
<td>Annual Direct Bill</td>
</tr>
</tbody>
</table>

* You must complete and sign the two-sided form attached in order to begin Pension deductions.

Do not send any payments now. You will be billed at a later date.

(Please print)

NYSUT Member Name: ________________________________

SS#: ______________________ Phone Number: (____) ______________________

E-mail Address: ____________________________________________

Street Address: ____________________________________________

City, State & ZIP: ________________________________________

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Please mail this completed form to P&A along with your enrollment form:

P&A Group, Attn – Group Insurance Services Department, 17 Court Street, Suite 500, Buffalo, NY 14202
### Retiree Dental Plan

The Retiree Dental Plan endorsed by NYSUT Member Benefits Trust*, which features the MetLife Preferred Dentist Program (PDP), offers easy-to-understand dental coverage that allows you to:

- **Save** — choose from one of over 117,000 participating PDP dentist locations nationwide that agree to charge fees typically 10 percent to 35 percent lower than the average charges in your area.
- **Protect** — receive dental coverage for most preventive and routine services.
- **Choose** — with the MetLife PDP, you receive a wide range of benefits that provide choice, savings, and convenience to help you make dental health a priority.

### How the Retiree Dental Plan Works

Coverage is provided under a group insurance policy (Policy form G.2130-S) issued by MetLife. The Retiree Dental Plan, underwritten by MetLife, pays benefits for three categories of service:

- **Type A** - General Dental Services
- **Type B** - Basic Restorative Services
- **Type C** - Major Restorative Services

( Please reference the section entitled “Primary Covered Services” for examples of these services.

### Preventive Services

Geographic Treatment Limits apply only to Preventive services.

- **Basic Restorative Services**
- **Major Restorative Services**

### Summary of Benefits

- **Deductible**: $100 per person, per benefit period
- **Out-of-Pocket Maximum**: $2,000 per person, per benefit period
- **Other Limitations**
  - 100 visits per person per benefit period (including preventive, Type B, and Type C services)
  - Maximum of 120 fillings per benefit period
  - Maximum of 10 crowns per benefit period

### Privacy Notice

We may revise this privacy notice. If we make any material changes, we will notify you as required by law. We provide this privacy notice to you on behalf of these MetLife companies:

- Metropolitan Life Insurance Company
- Metropolitan Life Insurance Company of New York
- General American Life Insurance Company
- SafeGuard Health Plans Inc.
- SafeGuard Life Insurance Company

If you belong to NYS Employees’ Retirement System, please enter your retirement/pension number below. If you are a TIAA-CREF annuitant, please enter your TIAA contract number and CREF certificate number below.

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**DENTAL ENROLLMENT FORM FOR NYSUT RETIRED MEMBER**

(Please Print):

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Address

Home Telephone No. ( )

Soc. Sec. No. Authorization is for

(name of plan)

Read statements on the reverse side. Signature and date are required.

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NYSUT MEMBER BENEFITS TRUST - 800 Troy-Schenectady Road, Latham, NY 12110-2455
The MetLife Retiree Dental Plan is a NYSUT Member Benefits Trust (Member Benefits)-endorsed program. Member Benefits has an endorsement arrangement of 5% of gross premiums for this program. All such payments to Member Benefits are used solely to defray the costs of administering its various programs and, if appropriate, to enhance them. Member Benefits acts as your advocate; please contact Member Benefits at 800-626-8101 if you experience a problem with any endorsed program.

Agency fee payers to NYSUT are eligible to participate in NYSUT Member Benefits Trust-endorsed programs.

Like most group health insurance policies, MetLife group policies contain certain exclusions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife for complete details.

If there is a conflict between this brochure and the group insurance policy, including the certificate, the group policy will govern.