



MTA Discount Dental Plan



Employee Security, Inc.



www.esiinc.net/MTA

The MTA Discount Dental Plan allows participants to access the DenteMax network of dentists to save on their costs for dental care. DenteMax is a network of more than 100,000 dentist access points nationwide, including more than 2,300 in Massachusetts. DenteMax network dentists have agreed to accept our discounted fixed fee schedule as payment in full. DenteMax is a Preferred Provider Organization - a PPO network. All DenteMax network dental offices are open to new patients. You don't need to select a dentist in advance and you have the freedom to choose a new dentist at any time. Each family member can select their own dentist.

Savings

DenteMax network dentists have agreed to accept our discounted fixed fee schedule for the services they perform. They will never collect more than the DenteMax fee for the procedure performed. The DenteMax fee is generally lower than the dentist's usual charge so you save money by seeing a network dentist – and your dental benefit goes farther.

The following are examples of savings for the Boston area for 2016 for family (general practice) dentists. Fees vary in different geographic areas and the fees when work is performed by a specialist may be higher.

| ADA Code | Description | Typical Fee | DenteMax 2016 Fee | Percent Savings |
|----------|---|-------------|-------------------|-----------------|
| D0120 | Periodic Oral Exam | \$67 | \$35 | 48% |
| D0150 | Comprehensive Oral Evaluation | \$117 | \$55 | 53% |
| D0274 | Bitewing X-Rays – Four Films | \$86 | \$42 | 41% |
| D0330 | Panoramic X-Ray | \$140 | \$83 | 41% |
| D1110 | Adult Prophylaxis (Cleaning) | \$117 | \$68 | 42% |
| D2140 | Amalgam (Filling) 1 Surface | \$188 | \$89 | 53% |
| D2331 | 2 Surface Composite Filling | \$261 | \$133 | 49% |
| D2750 | Crown-Porcelain Fused To High Noble Metal | \$1,427 | \$822 | 38% |
| D3330 | Molar Root Canal Therapy | \$1,321 | \$851 | 36% |
| D4210 | Gum Surgery – Per Quadrant | \$829 | \$494 | 40% |
| D7230 | Extraction – Partially Bony Impaction | \$516 | \$321 | 38% |

Quality

We know that high quality dental care is important to you and your family. Knowing that DenteMax network dentists have the qualifications to do the job brings you peace of mind.

We make sure every DenteMax dentist meets our high standards before they become part of the network. And we recredential every three years to make sure they continue to meet our high standards.

How To Find A DenteMax Dentist

There are tens of thousands of DenteMax network dentists from coast-to-coast. Finding one near you, wherever you are, is easy.

If you have internet access, you can go to the MTA Discount Dental Plans web site at www.esiinc.net/mta, or visit the MTA Benefits web site at www.mtabenefits.com or go directly to the DenteMax web site at www.dentemax.com

OR

Call the DenteMax Customer Service Department at 1-800-752-1547 or the ESI Customer Service Department at 1-800-638-1134.

All DenteMax network dental offices are open to new patients.

You don't need to select a dentist in advance, and you have the freedom to choose a new dentist at any time. You never need a referral to see a specialist, in or out-of-network.

What Is The Cost?

| Mode of Payment | Single Coverage | Family Coverage |
|------------------------------|-----------------|-----------------|
| Monthly Pre-Authorized Check | \$3 per month | \$6 per month |
| Semi-Annual | \$18 | \$36 |
| Annual | \$36 | \$72 |

There is no application fee.

The MTA Discount Dental Plan is administered by:

Employee Security, Inc.
10400 Little Patuxent Pkwy, #260
Columbia, MD 21044

Voice: 1-800-638-1134
Fax: (410) 997-3796
Email: MTA@esiinc.net

Note: This is a discount plan -- NOT an insurance product. It is NOT subject to the rate and form review process of the Massachusetts Insurance Department. This program is NOT covered by any Life and Health Guaranty Corporation. Fees are subject to change without notice. Not all dentists and hygienists perform all dental procedures. You must contact our office BEFORE a procedure is performed if you wish to question the fee being charged by a participating dentist. Sample fees in any brochure or website are extremely limited as there are hundreds of dental procedure codes and their discount fees may be out-of-date by the time you have a procedure performed. Employee Security, Inc. (a billing administrator) and MTA will not reimburse you for any difference between what the dentist charged and what the DenteMax discount fee is. We may be unable to help if you have a procedure performed by a participating dentist before you determine what the fee for that procedure is and later find out that the fee is not what you expected.

MTA Discount Dental Plan Enrollment Application

Please Print Clearly

| | | | |
|-----------------|-----------|------------|-----------------------------|
| SS # OF INSURED | LAST NAME | FIRST NAME | M.I. |
| HOME ADDRESS | | CITY | STATE ZIP CODE |
| DATE OF BIRTH | SEX | HOME PHONE | WORK PHONE MTA MEMBERSHIP # |

I apply for coverage for: () myself () myself and eligible dependents

LIST ALL YOUR ELIGIBLE DEPENDENTS BELOW:

| | First | Initial | Last (if different) | Sex | Birthdate |
|----|--------|---------|---------------------|-----|-----------|
| 1. | Spouse | | | | |
| 2. | Child | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |

Mode of Payment (check one):

DO NOT SEND CASH

- () Annual Submit 12 months fees (\$36 Single / \$72 Family)
- () Semi-Annual Submit 6 months fees (\$18 Single / \$36 Family)
- () Monthly Pre-Authorized Check Submit 2 months fees (\$6 Single / \$12 Family)

* One months' fees are held in reserve in the event a payment is late. It will be refunded upon termination if unused.
 * To be effective on the fifteenth day of any calendar month, application must be received by the 5th of the month.

HOW DO I START MY MONTHLY PRE-AUTHORIZED CHECK PLAN?

Simply fill out the form to the right giving your authorization to have us draw a check against your account. Then, beginning with your second month of coverage, your bank will automatically deduct the monthly subscription fee from your account and send it to us.

Complete the form with your usual banking signature, attach your check, applicable to the account on which the check is to be drawn, and we'll do the rest. When you enclose your check, we can complete the bank information on the form for you. Simply sign the authorization, your check, and the application below.

For all modes of payment, please make the check payable to:

Employee Security, Inc
10400 Little Patuxent Pkwy, #260
Columbia, MD 21044

AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENTS (DEBITS) Company ID NO. 54-0988616

I (we) hereby authorize Employee Security, Inc. to initiate entries to my (our) checking account indicated below and the bank named below, hereinafter called BANK, to debit the same to such account:

| | |
|------------|---------------|
| Bank Name: | Account #: |
| | BK Transit #: |

This authority is to remain in full force and effect until BANK has received written notification from me (or either of us) of its termination in such time and in such manner as to afford BANK a reasonable opportunity to act on it. A customer has the right to stop payment of a debit entry by notification to BANK prior to charging account. After account has been charged, a customer has the right to have the amount of an erroneous debit immediately credited to his or her account by BANK up to 15 days following issuance of statement of account or 45 days after the charge, whichever occurs first.

NAME(S): _____

SIGNED: _____ DATE: _____

SIGNED: _____ DATE: _____

I hereby apply for coverage under the MTA Discount Dental Plan.

X _____ Date _____
 Applicant

For Office Use Only

| | | | |
|--------------------------|-------------------------------|-----------------|---------------|
| GROUP CODE MTA | AGENT CODE 500/0000 | EFFECTIVE DATE | POLICY NUMBER |
| COMPANY DHMO | PLAN CODE | MODE OF PAYMENT | DATE RECEIVED |