



RETIREE DENTAL COVERAGE

YOUR COVERAGE. YOUR CHOICE.

Retiring or coming off COBRA? The Milwaukee Retiree Association (MRA), as Plan Sponsor for the Equitable dental plans, makes voluntary dental coverage available to **all Retired City of Milwaukee Employees and Surviving Spouses**, giving you an additional choice for retiree dental coverage. MRA encourages every retiree to compare **all options available to you** - including individual-market plans and coverage offered through any other association or organization you belong to - before deciding what best fits you and your family.

IF YOU CHOOSE AN MRA EQUITABLE DENTAL PLAN

1

REQUEST ENROLLMENT INFORMATION FROM RETIREEFIRST

Call RetireeFirst at (855) 588-3838 (TTY 711) and request the MRA Equitable dental plan enrollment information. Ask to have the enrollment materials **mailed to your home or emailed to you**. The materials will provide the plan information and forms you need to review your options and enroll.

2

REVIEW THE TWO PLAN OPTIONS

Choose between the Low PPO and High PPO plans. Both plans allow in-network and out-of-network care; using an in-network dentist generally lowers your out-of-pocket cost.

2026 & 2027 MONTHLY PREMIUMS

Coverage Tier	Low PPO	High PPO
Retiree Only	\$43	\$65
Retiree + 1	\$87	\$132
Retiree + Family	\$142	\$215

High PPO: \$2,000 annual maximum. **Low PPO:** \$1,000 annual maximum. **Available to:** All Retired City of Milwaukee Employees and Surviving Spouses.

3

COMPLETE AND RETURN YOUR ENROLLMENT FORMS

Complete the **Enrollment Form** and **Recurring ACH Payment Authorization Form**. Return both to RetireeFirst in the provided pre-addressed/pre-stamped return envelope. Monthly premiums are paid through the ACH authorization.

Important: Enroll during your eligibility period. A 12-month late-entrant waiting period may apply to non-preventive services if you enroll late.

4

AFTER COVERAGE BEGINS

After your coverage becomes effective, Equitable will mail a dental ID card to your home. You can also access a digital card for Apple/Google Wallet or print a card through EB360®.

Digital ID: text #myid to 32360 after your effective date. **EB360®:** equitable.com/employeebenefits

RetireeFirst

NEED HELP WITH THE ENROLLMENT PROCESS?

RetireeFirst: (855) 588-3838 (TTY 711)

Find an in-network dentist: equitable.com/finddentist

The MRA Equitable Dental PPO plans are voluntary. This handout is a simplified enrollment guide; for complete benefits, limitations and exclusions, refer to the official Equitable plan materials.