

Northeast Delta Dental **MONTHLY RATES** for VERB Trust — Group #7351

Effective **January 1, 2017 to December 31, 2017**

Subscriber eligibility note: Coverage begins the first of the month following completion of any waiting period determined by the employer.

BENEFIT PLAN #	Closed to new Members						
	1	2	3	4	5	6	7
<b>COVERAGE A*</b>	100%	100%	100%	100%	100%	100%	100%
<b>COVERAGE B*</b>	100%	80%	80%	80%	60%	60%	80%
<b>COVERAGE C* (implants included)</b> <i>See "Outline of Coverage" (benefit chart)</i>	50%	50%	50%	0%	0%	0%	50%
DEDUCTIBLE for Coverage B and C per Person per Contract Year	\$25	\$25	\$25	\$0	\$0	\$0	\$50
DEDUCTIBLE for Coverage B and C per Family per Contract Year	\$75	\$75	\$75	\$0	\$0	\$0	\$150
<b>DEDUCTIBLE for Coverage A</b>	No	No	No	N/A	N/A	N/A	No
<b>MAXIMUM</b> per Person per Contract Year	\$1,500	\$1,500	\$750	\$1,000	\$750	\$500	\$2,000
<b>RATES:</b> 1 Person	\$48.92	\$35.29	\$32.25	\$25.51	\$19.06	\$17.34	\$35.29
2 Persons	\$92.21	\$66.45	\$60.81	\$48.03	\$35.92	\$32.76	\$66.48
3 or More Persons	\$164.91	\$117.45	\$108.98	\$96.32	\$73.00	\$68.43	\$118.18
<b>ORTHODONTIC OPTIONS</b> <i>See table and notes to the right.</i>	<b>A BENEFIT BY RIDER ONLY</b>			<b>NOT AVAILABLE</b>			<b>BY RIDER ONLY</b>

**ORTHODONTIC OPTIONS**

RIDER	A	B	C	D
Orthodontics	50%	50%	50%	50%
Lifetime Max	\$1,000	\$1,250	\$1,500	\$1,250
Adults Covered	NO	NO	NO	YES
1 Person	\$0.00	\$0.00	\$0.00	\$0.33
2 Persons	\$0.65	\$0.79	\$0.94	\$1.42
3 or More Persons	\$7.80	\$9.53	\$11.17	\$10.18

**Orthodontic Rider Notes:**

1. Orthodontic coverage is available as a rider to municipalities using plans 1, 2, 3 or 7 and is **only** available to those with ten or more enrolled employees.
2. The orthodontic rider is a monthly rate added to the plan premium.
3. If a municipality elects an orthodontic rider, everyone must take the rider.
4. The lifetime maximum is per patient.

\* **Benefit Plan Note:** Benefit percentages shown are based on the actual charge submitted up to the Maximum Allowable Charge for participating dentists or Delta Dental's allowance for nonparticipating dentists.

**FUNDING METHOD**

**THE EMPLOYER CONTRIBUTES THE FULL COST FOR ALL EMPLOYEES:** All eligible employees are covered by this program without payroll deductions.

Employees have the option to cover their dependents; HOWEVER, at least 65% of those employees with eligible dependents, not covered elsewhere, agree to enroll their dependents.

Employees agree to payroll deductions for dependents for the term of the agreement. However, employer can choose to pay for all or a portion of dependent costs as well if they wish.