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Vermont Local
Governments*

MEMORANDUM

RECEIVED

MAY 4 2015

TOWN CLERK'S OFFICE
EAST MONTPELIER, VT

To: VLCT Employment Resource and Benefits Trust Members
From: Kelley Avery - Health Benefit Programs Administrator
Date: April 30, 2015
RE: **Dental Plans: Rates, Open Enrollment & New Programs**

This mailing contains important information about renewing or adding dental benefits from Northeast Delta Dental for the period beginning July 1, 2015 and also January 1, 2016.

Open Enrollment for the July 1 renewal coverage year is underway! The VLCT Employment Resource and Benefits Trust (formerly known as the HealthTrust) is very pleased to announce that there will be a **1.89% decrease** in our dental program rates for the next year for both the July 1 and January 1 renewal groups. Rates and plans are detailed in the enclosed pages for groups renewing July 1 and January 1. Northeast Delta Dental (NEDD) has clearly been the right dental coverage choice for Vermont municipalities, especially since we continue to enjoy the highest quality benefits at cost-effective rates.

For those groups with a July 1 renewal, please be sure to take the following actions by May 30, 2015 in order to make any changes or additions to dental coverage:

- If your group wants to "**opt-in**" to the coverage option for dependents up to age 26, send notification in writing to Kelley Avery at kavery@vlct.org. (Those groups who have already opted in during prior renewals will automatically renew with this benefit - no special action is required.)
- If your group wants to change its Benefit Plan option or add riders, such as the domestic partner rider or the orthodontic rider (for groups with 10 or more employees only), send notification in writing to Kelley Avery specifying your new plan and/or rider choice(s).
- For any new subscribers enrolling under your group's coverage, fax the completed dental enrollment/change forms directly to NEDD Eligibility at (603) 223-1252 or scan and e-mail to EligibilityDepartment@nedelta.com. **Note: Dental enrollment/change forms are located on the VLCT website's Dental page.** From the Home page, under the blue "Risk Management Services" tab, select "VERB Trust", then select "Dental Insurance".
- For any existing subscribers adding or removing dependents, fax the completed dental enrollment/change forms directly to NEDD Eligibility at (603) 223-1252 or scan and e-mail to EligibilityDepartment@nedelta.com.
- **Groups wishing to add dental coverage for the first time** need to submit an Employer's Application (a.k.a. Contract Application) as well as an enrollment form for every subscriber and a binder-check for the first month's premium. This application and instructions for completion are on the VLCT website's Dental page mentioned above.

Sponsor of:

VLCT Employment
Resource and Benefits
Trust, Inc.

VLCT Municipal
Assistance Center

VLCT Property and
Casualty Intermunicipal
Fund, Inc.

If you are satisfied with your current dental plan, then no action is required. However, if you are interested in obtaining further information regarding new plan options, please call Kelley Avery at VLCT. If you have any claims or customer service issues, please call Northeast Delta Dental toll free directly at 1-800-832-5700.

We are also happy to announce that Northeast Delta Dental has new programs and processes in place for 2015!

- All groups renewing July 1st will be receiving packets from NEDD directly regarding the new Health in Oral Wellness program (HOW). Groups who renewed in January of this year already received this mailing. Your packets will include materials and additional details. The HOW program will be automatically added to your group coverage. Although it is optional for employees to participate, we encourage you to promote it and take advantage of this new program and all it has to offer!
- NEDD is "going green" and will no longer be producing paper EOB (Explanation of Benefits) forms. Also, NEDD will only issue two ID cards to *new* subscribers. Additional ID cards and EOBs can be accessed and printed from the Patient Benefit Lookup portion of Northeast Delta Dental's website at <http://nedelta.com/Patients> or through the Delta Dental mobile app. For more information on NEDD's Go Green initiative, visit <http://nedelta.com/Employers> and click on the link "**Important Announcement - Northeast Delta Dental is Going Green in 2015!**"

Some of our groups currently on a July dental renewal have expressed an interest in switching to a January 1 renewal. If your group is interested in switching to a January 1 renewal for dental, you do have this option. Please note, however, that changing from a July 1 to a January 1 renewal would result in a rate increase to your group in January. Attached are the January 1, 2016 rates for your information. For groups wishing to switch from a July 1 to a January 1 dental renewal:

- You will have a short plan year from July 1 to December 31, 2015
- You would need to notify Kelley Avery by October 31, 2015 of your intent to switch to a January 1 renewal
- Your rates will increase effective January 1, 2016.

Thank you for supporting the VERB Trust. We value your membership!

/kaa

NORTHEAST DELTA DENTAL MONTHLY RATES FOR VLCT HEALTH TRUST — Group #925

Effective July 1, 2015 - June 30, 2016

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	
COVERAGE A*	100%	100%	100%	100%	100%	100%	100%	
COVERAGE B*	100%	80%	80%	80%	60%	50%	80%	
COVERAGE C* (implants included) <i>See BENEFIT SUMMARY on next page</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	
DEDUCTIBLE for Coverage A	No	No	No	N/A	N/A	N/A	No	
MAXIMUM per Person per Contract Year	\$1,500	\$1,500	\$750	\$1,000	\$750	\$500	\$2,000	
RATES: 1 Person	\$47.48	\$34.27	\$31.31	\$24.76	\$18.50	\$16.83	\$34.27	
2 Persons	\$89.52	\$64.51	\$59.04	\$46.63	\$34.88	\$31.81	\$64.54	
3 or More Persons	\$160.10	\$114.04	\$105.80	\$93.51	\$70.87	\$66.43	\$114.73	
ORTHODONTIC OPTIONS <i>See table and notes to the right</i>	A BENEFIT BY RIDER ONLY			NOT AVAILABLE				BY RIDER ONLY

ORTHODONTIC OPTIONS

RIDER	A	B	C	D
Orthodontics Lifetime Max Adults Covered	50% \$1,000 NO	50% \$1,250 NO	50% \$1,500 NO	50% \$1,250 YES
1 Person	\$0.00	\$0.00	\$0.00	\$0.32
2 Persons	\$0.63	\$0.78	\$0.91	\$1.38
3 or More Persons	\$7.56	\$9.25	\$10.85	\$9.89

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.

**VLCT Employment Resource
and Benefits Trust**

**Outline of Coverage
Delta Dental PPO plus Premier Network**



Read Your Policy Carefully—This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract, and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore important that you READ YOUR POLICY CAREFULLY! Not all time limitations and exclusions are shown herein. Benefit percentages shown are based on the actual charges submitted up to the Maximum Allowable Charge for participating dentists, or Delta Dental's allowance for non-participating dentists.

Diagnostic / Preventive (Coverage A)	Basic Restorative (Coverage B)	Major Restorative (Coverage C)	Orthodontics (Coverage D)
<p>No Deductible</p> <p>DIAGNOSTIC: Oral evaluations twice in a 12-month period, this includes periodic, limited, problem-focused, and comprehensive evaluations X-rays (complete series or panoramic film) once in a 5-year period Bitewing x-rays once in a 12-month period X-rays of individual teeth as necessary Brush biopsy once in a 12-month period</p> <p>PREVENTIVE: Four cleanings in a 12-month period Fluoride twice in a 12-month period to age 19 Space maintainers to age 16 Sealant application to permanent molars, once in a 3-year period per tooth, for children to age 19</p>	<p>Contract Year Deductible</p> <p>RESTORATIVE: Amalgam (silver) fillings; Composite (white) fillings (on anterior teeth only) ORAL SURGERY: Surgical and routine extractions ENDODONTICS: Root canal therapy PERIODONTICS: Periodontal maintenance (cleaning) Note: Cleanings are limited to four in a 12-month period; these may be routine (Coverage A) or periodontal (Coverage B), or a combination of both. Treatment of gum disease Clinical crown lengthening once in a lifetime per site DENTURE REPAIR: Repair of a removable denture to its original condition EMERGENCY PALLIATIVE TREATMENT</p>	<p>PROSTHODONTICS: Removable and fixed partial dentures (bridge); complete dentures Rebase and reline (dentures) Crowns Onlays Implants</p>	<p>No Deductible</p> <p>ORTHODONTICS: Correction of malposed (crooked) teeth for dependent children to age 19. Adult orthodontic also available. Note: 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.</p>
<p>Contract Year Maximum per Person Health through Oral Wellness® program included (please see reverse for details)</p>			<p>Lifetime Orthodontic Maximum per Person</p>

Delta Dental PPO plus Premier Network

You will get the best value from your Delta Dental Plan when you receive your dental care from one of our PPO (greatest savings) or Premier network participating dentists:

- ✓ **No Balance Billing:** Because participating dentists accept Northeast Delta Dental's allowed fees for services, you will typically pay less when you visit a participating dentist.
- ✓ **No Claims Paperwork:** Participating dentists will prepare and submit claims for you.
- ✓ **Direct Payment:** Northeast Delta Dental pays participating dentists directly, so you don't have to pay the covered amount up front and wait for a reimbursement check.

To find out if your dentist participates in our PPO or Premier network, you can: call your dentist, visit our website at nedelta.com, or call **Customer Service at 1-800-832-5700**.

Claim Process for Participating Dentists

Your participating dentist will submit your claim to Northeast Delta Dental (claims for any of your covered dependents should be submitted under your Subscriber ID number). Northeast Delta Dental will produce an Explanation of Benefits (available through our Benefit Lookup site at nedelta.com) detailing what has been processed under your plan's coverage. You are responsible to pay any outstanding balance directly to the dentist.

Non-Participating Dentists

If you visit a non-participating dentist, you may be required to submit your own claim and pay for services at the time they are provided. Claim forms are available by calling Northeast Delta Dental or visiting nedelta.com. Payment will be made to you, the Subscriber, unless the state in which the services are rendered requires that assignments of benefits be honored and Northeast Delta Dental receives written notice of such assignment. Payment for treatment performed by a non-participating dentist will be limited to the lesser of the dentist's actual submitted charge or Delta Dental's allowance for non-participating dentists in the geographic area in which services are provided. It is your responsibility to make full payment to the dentist.

Predetermination of Benefits

Northeast Delta Dental recommends that you ask your dentist to submit a *pre-treatment estimate* for any dental work involving costly or extensive treatment plans. Predeterminations helps avoid any potential confusion and enable us to help you estimate any out-of-pocket expenses you may incur.

Coordination of Benefits

When an individual covered under this plan has additional group coverage, the Coordination of Benefits (COB) provision described in your Dental Plan Description booklet will determine the sequence and extent of payment. If you have any questions about COB, please contact our **Customer Service Department at 1-800-832-5700**.

Identification Cards

Two identification cards will be produced and distributed shortly after your initial enrollment. Both cards are issued in your name but can be used by any family member covered under your plan. Any future cards will be issued electronically via our Benefit Lookup site accessible through nedelta.com. You can also use our smartphone app and enjoy access to dentist search, claims and coverage, and your ID card. Simply scan the QR code to the right.



Health through Oral Wellness[®] (HOWSM)

A healthy mouth is part of a healthy life, and Northeast Delta Dental's innovative Health through Oral Wellness program [HOW] works with your dental benefits to help you achieve and maintain better oral wellness. HOW is all about YOU because it's based on your specific oral health risk and needs. Best of all, it's secure and confidential. Here's how to get started:

- 1. REGISTER**
Go to healththroughoralwellness.com and click on "Register Now"
- 2. KNOW YOUR SCORE**
After you register, please take the free oral health risk assessment by clicking on "Free Assessment" in the Know Your Score section of the website
- 3. SHARE YOUR SCORE WITH YOUR DENTIST**
The next step is to share your results with your dentist at your next dental visit. Your dentist can discuss your results with you and perform a clinical version of the assessment. Based on your risk, you may be eligible for additional preventive benefits.*

*Additional preventive benefits are subject to the provisions of your Northeast Delta Dental policy.

Dental Plan Description Booklet

You will receive a Dental Plan Description booklet shortly after your enrollment. This benefit booklet describes your dental benefits and explains how to use them. Please read it carefully to understand the benefits and provisions of your Northeast Delta Dental plan.

Who is Eligible?

You, your spouse or Civil Union Partner, your unmarried, dependent children up to age 19* or if a full-time student to age 25*, and any incapacitated dependent children, regardless of age. If enrolling one eligible dependent, all of your eligible dependents must be enrolled, unless they are covered under another dental program.

*Groups may opt-in to allow coverage for children to age 26.

Claims Inquiry

If you have further questions, please contact Northeast Delta Dental's Customer Service department at 1-800-832-5700 or 603-223-1011 or email customerservice@nedelta.com. This information should be used only as a guideline for your dental benefits program. For detailed information on your group's terms, conditions, limitations, exclusions, and guarantees, please refer to your Dental Plan Description booklet or consult your employer.



Northeast Delta Dental
One Delta Drive
PO Box 2002
Concord, NH 03302-2002
www.nedelta.com