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

*Effective January 1, 2019 to December 31, 2019*

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

### Orthodontic Options

<table>
<thead>
<tr>
<th>BENEFIT PLAN #</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>Closed to new Members</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COVERAGE A</strong></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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</tr>
<tr>
<td><strong>COVERAGE B</strong></td>
<td>100%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>60%</td>
<td>60%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td><strong>COVERAGE C</strong></td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>50%</td>
<td></td>
</tr>
</tbody>
</table>

See "Outline of Coverage" (benefit chart)

**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 five 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.

### 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.