

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

Effective January 1, 2021  
to December 31, 2021

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



Northeast Delta Dental

Plan  
Discontinued  
6/30/19

BENEFIT PLAN #		1	2	3	4	5	6	7	
MONTHLY PREMIUMS	1 Person	\$53.09	\$38.30	\$35.00	\$27.68	\$20.68		\$38.30	
	2 Persons	\$100.06	\$72.11	\$65.99	\$52.12	\$38.98		\$72.15	
	3 or More Persons	\$178.86	\$127.45	\$118.26	\$104.53	\$79.22		\$128.24	
COVERAGE See "Outline of Coverage" (benefit chart)	A*	100%							100%
	B*	100%	80%			60%			80%
	C* (implants included)	50%			0%				50%
DEDUCTIBLE	Coverage A	None			N/A				None
	Coverage B and C per Person per contract year	\$25			\$0			\$50	
	B and C per family per contract year	\$75			\$0			\$150	
MAXIMUM per person per contract year		\$1,500		\$750	\$1,000	\$750		\$2,000	
ORTHODONTIC OPTIONS See table and notes below		By rider only			N/A			By rider only	

\* **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, the employer can choose to pay for all or a portion of dependent costs as well if they wish.

ORTHODONTIC RIDER OPTIONS		A	B	C	D
MONTHLY PREMIUMS	1 Person	\$0			\$0.36
	2 Persons	\$0.70	\$0.86	\$1.02	\$1.54
	3 or More Persons	\$8.47	\$10.34	\$12.12	\$11.04
ORTHODONTICS COVERAGE		50%			
LIFETIME MAXIMUM		\$1,000	\$1,250	\$1,500	\$1,250
ADULTS COVERED		No			Yes

### 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.

