**Northeast Delta Dental**

MONTHLY RATES for
VLCT — Group #7351

Effective January 1, 2022
to December 31, 2023

---

**BENEFIT PLAN #**

<table>
<thead>
<tr>
<th>MONTHLY PREMIUMS</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Person</td>
<td>$51.36</td>
<td>$37.06</td>
<td>$33.86</td>
<td>$26.78</td>
<td>$20.01</td>
<td>$37.06</td>
</tr>
<tr>
<td>2 Persons</td>
<td>$96.81</td>
<td>$69.77</td>
<td>$63.85</td>
<td>$50.43</td>
<td>$37.71</td>
<td>$69.81</td>
</tr>
<tr>
<td>3 or More Persons</td>
<td>$173.05</td>
<td>$123.31</td>
<td>$114.42</td>
<td>$101.13</td>
<td>$76.65</td>
<td>$124.07</td>
</tr>
</tbody>
</table>

**COVERAGE**

See "Outline of Coverage" (benefit chart)

<table>
<thead>
<tr>
<th>A*</th>
<th>B*</th>
<th>C* (implants included)</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>100%</td>
<td>50%</td>
</tr>
<tr>
<td>100%</td>
<td>80%</td>
<td>0%</td>
</tr>
<tr>
<td>60%</td>
<td>60%</td>
<td>50%</td>
</tr>
</tbody>
</table>

**DEDUCTIBLE**

Coverage A

- None
- N/A
- None

Coverage B and C per Person per contract year

- $25
- $0
- $50

Coverage 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**

<table>
<thead>
<tr>
<th>MONTHLY PREMIUMS</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Person</td>
<td>$0</td>
<td>$0.35</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Persons</td>
<td>$0.68</td>
<td>$0.83</td>
<td>$0.99</td>
<td>$1.49</td>
</tr>
<tr>
<td>3 or More Persons</td>
<td>$8.19</td>
<td>$10.00</td>
<td>$11.73</td>
<td>$10.68</td>
</tr>
</tbody>
</table>

**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.