

## Application To Join The Vermont Retail & Grocers Association Delta Dental Plan

Acceptance of this Application makes the Employer a Participating Employer subject to the terms and conditions of the Contract between Vermont Retail & Grocers Association and Delta Dental Plan of Vermont.

Employer: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_, VT ZIP: \_\_\_\_\_  
 Phone: (802) \_\_\_\_\_ Fax: \_\_\_\_\_ Broker: \_\_\_\_\_  
 Group Contact: \_\_\_\_\_ Group Contact Email: \_\_\_\_\_

	<input type="checkbox"/> Plan 1	<input type="checkbox"/> Plan 2	<input type="checkbox"/> Plan 3	<input type="checkbox"/> Plan 4
Coverage A	100%	100%	100%	100%
Coverage B (After a 6-month waiting period)	60%	80%	70%	80%
Coverage C (After a 12-month waiting period)	50%	50%	50%	50%
Deductible per person per calendar year	\$50	\$50	\$50	\$0
Deductible per family per calendar year	\$150	\$150	\$150	\$0
Deductible applied to Coverage A	No	No	No	No
Maximum per person per calendar year	\$750	\$1,500	\$1,000	\$2,000
Coverage D Orthodontics	N/A	50%	N/A	50%
Lifetime maximum per patient	N/A	\$1,500	N/A	\$2,000
Coverage D for adults	N/A	Yes	N/A	Yes
Waiting period on Coverage D	N/A	12 months	N/A	12 months

Benefit percentages shown are based upon the actual charge submitted up to a maximum allowable charge for participating dentists, or Northeast Delta Dental's allowance for nonparticipating dentists. Waiting periods do not apply to eligible enrollees under nineteen (19) years of age except for orthodontic benefits.

Will this program replace another dental program?  Yes  No If Yes, carrier name: \_\_\_\_\_  
 (Attach a copy of prior carrier's dental benefit book and prior month's invoice)

Eligibility (Probationary) Period: First day of the month following \_\_\_\_\_ months. There is no minimum employer premium contribution for this program.

<b>Plan 1 - PPO plus Premier Low</b>	# Enrolled	Monthly Premium
Monthly Rates: One Person (Single): \$43.27 X _____	_____	= \$ _____
Two Persons: \$82.85 X _____	_____	= \$ _____
Three or More Persons (Family): \$143.03 X _____	_____	= \$ _____
<b>Total:</b>		<b>\$ _____ (Include with Application)</b>

<b>Plan 2 - PPO plus Premier High</b>	# Enrolled	Monthly Premium
Monthly Rates: One Person (Single): \$58.22 X _____	_____	= \$ _____
Two Persons: \$112.63 X _____	_____	= \$ _____
Three or More Persons (Family): \$204.27 X _____	_____	= \$ _____
<b>Total:</b>		<b>\$ _____ (Include with Application)</b>

<b>Plan 3 - PPO Low</b>	# Enrolled	Monthly Premium
Monthly Rates: One Person (Single): \$41.75 X _____	_____	= \$ _____
Two Persons: \$80.01 X _____	_____	= \$ _____
Three or More Persons (Family): \$138.78 X _____	_____	= \$ _____
<b>Total:</b>		<b>\$ _____ (Include with Application)</b>

<b>Plan 4 - PPO High</b>	# Enrolled	Monthly Premium
Monthly Rates: One Person (Single): \$55.64 X _____	_____	= \$ _____
Two Persons: \$107.80 X _____	_____	= \$ _____
Three or More Persons (Family): \$194.31 X _____	_____	= \$ _____
<b>Total:</b>		<b>\$ _____ (Include with Application)</b>

New group joining Delta Dental.  Group transferring between options on May 1 of each year.

If transferring between options, Current Group Number: \_\_\_\_\_ - \_\_\_\_\_

Northeast Delta Dental invoices the premiums monthly. Please contact Charlotte Clark of The Richards Group at 802-251-1877 regarding the calculation of your initial premium amount. Rates effective 5/1/2023.

Group Representative Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Delta/Vermont Retail & Grocers Association Only:** Delta Group # **7643** Delta Sublocation # - \_\_\_\_\_

Effective Date of Dental Program: \_\_\_\_\_ Accepted By: \_\_\_\_\_

For **new** groups: Please submit this application along with your enrollment forms and payment to Charlotte Clark, The Richards Group, 48 Harris Place, Brattleboro, VT 05301. Make checks payable to **Northeast Delta Dental**. For groups transferring between options during VRGA's annual open enrollment, please submit this form to **Northeast Delta Dental, 12 Bacon Street, Suite B, Burlington, VT 05401**. For questions, please contact Tim Vartanian at 802-658-7839 or tvartanian@nedelta.com