

## Application To Join The Vermont Retail & Grocers Association DeltaVision 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: \_\_\_\_\_

Group Contact: \_\_\_\_\_ Group Contact Email: \_\_\_\_\_

	<input type="checkbox"/> Plan 1	<input type="checkbox"/> Plan 2	<input type="checkbox"/> Plan 3
<b>Allowances</b>			
Frames	\$180	\$150	\$130
Contacts	\$180	\$150	\$130
<b>Frequency (in months)</b>			
Examination	12	12	12
Lenses or Contact Lenses	12	12	12
Frame	24	24	24
<b>Copayments</b>			
Exams	\$10	\$10	\$10
Lenses	\$25	\$25	\$25

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

Domestic Partner Coverage  Yes  No

<b>DeltaVision Plan 1 - \$180 allowance</b>			# Enrolled	Monthly Premium
Monthly Rates:	One Person (Single):	\$7.64 X	_____	= \$ _____
	Two Persons:	\$13.12 X	_____	= \$ _____
	Three or More Persons (Family):	\$23.47 X	_____	= \$ _____
			<b>Total:</b>	<b>\$ _____ (Include with Application)</b>

<b>DeltaVision Plan 2 - \$150 allowance</b>			# Enrolled	Monthly Premium
Monthly Rates:	One Person (Single):	\$6.86 X	_____	= \$ _____
	Two Persons:	\$11.76 X	_____	= \$ _____
	Three or More Persons (Family):	\$21.05 X	_____	= \$ _____
			<b>Total:</b>	<b>\$ _____ (Include with Application)</b>

<b>DeltaVision Plan 3 - \$130 allowance</b>			# Enrolled	Monthly Premium
Monthly Rates:	One Person (Single):	\$5.95 X	_____	= \$ _____
	Two Persons:	\$10.20 X	_____	= \$ _____
	Three or More Persons (Family):	\$18.26 X	_____	= \$ _____
			<b>Total:</b>	<b>\$ _____ (Include with Application)</b>

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

If transferring between DeltaVision options, Current Group Number: **907643** - \_\_\_\_\_

Northeast Delta Dental invoices the premiums monthly. Please contact Vermont Retail & Grocers Association at 1-802-839-1931 regarding the calculation of your initial premium amount. Rates effective 5/1/2022.

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

**Delta/Vermont Retail & Grocers Association Only:** DeltaVision Group # **907643** Delta Sublocation # - \_\_\_\_\_

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

For **new** groups: Please submit this application along with your enrollment forms and payment to Vermont Retail & Grocers Association, 963 Paine Turnpike North, Unit 2, Berlin, VT 05602. 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