



One Delta Drive
PO Box 2002
Concord, NH 03302-2002
Customer Service:
603-223-1234
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**Outline of Benefits
Montpelier School System
Group Number: 7777-0351**

Contract Year for Benefits - July 1 through June 30

Eligibility - Begins on the first day of the month following date of hire.

Eligible Persons - Employees and dependents may be enrolled. If applicable, enrolled employees must agree to payroll deductions for their coverage and their dependent(s). If enrolling dependents, all eligible dependents must be enrolled for the term of the Agreement. If dependent children are covered by the plan, unmarried dependent children will be covered from their second birthdays until their 19th birthdays; unmarried dependent children who are full-time students are covered until their 25th birthdays.

Benefit Coverages and Percentages Paid by Northeast Delta Dental -

Coverage A - Diagnostic & Preventive	100%
Coverage B - Basic	85%
Coverage C - Major	50%
Coverage D - Orthodontics	50%

Maximum Benefit - The maximum amount which your plan will pay is \$1000 per Contract Year for Coverages A, B and C. Coverage D (Orthodontics) has a separate **lifetime** maximum of \$2000 for each eligible dependent child to age 19.

Deductible - There is no deductible.

Benefit percentages shown are based upon the actual charge submitted to a maximum of the participating dentist's approved fees or Northeast Delta Dental's allowance for non-participating dentists.

01/06