



PO Box 9137
 Watertown, MA 02471-9137
 20 Summer Street
 Watertown, MA 02472

Phone: (617) 924-1000, Ext. 220
 Direct Line: (617) 923-5020
 Fax: (617) 924-1927
www.nefiinsurance.com

Donna Carcerano, Benefits Administrator
 Email: donna@nefi.com

March 2011

TO: NEW ENGLAND FUEL INSTITUTE MEMBERS

FROM: Donna Carcerano, Benefits Administrator
donna@nefi.com
 (617) 923-5020 or (617) 924-1000 ext. 220

RE: **DENTAL INSURANCE**



New England Fuel Institute is pleased to offer NEFI members and their employees comprehensive dental care at a very competitive cost. It is administered by **Delta Dental of Massachusetts**, and offered to NEFI member companies **with 2 or more employees**. Companies of less than 10 employees must enroll 100% of their eligible employees. Companies of more than 10 employees must enroll 75% of their eligible employees. An eligible employee is an employee who works at least 17½ hours per week on a regular basis.

Delta Dental coordinates the provision of this quality dental care for NEFI members. A monthly fee – which may be contributory or non-contributory covers all regular preventive and remedial (Type I and II for Plan Option A, and Type I, II and III for Plan Option B) dental care. And, there's **no paperwork with participating Massachusetts dentists** – just present your I.D. card to your dentist. For out-of-state dentists and non-participating Massachusetts dentists you will use claim forms and will be responsible for the difference between what Delta Dental pays and what the dentist charges.

In addition, each individual can choose his or her own dentist from a list of more than 96% of all practicing dentists in Massachusetts. If an employee does not currently have a dentist he or she can choose one. Delta Dental's standards for dental care professionals are high and they periodically review the services and costs of providers.

Once a dentist is chosen, all dental care will be coordinated by that dentist. If for any reason an individual wants to change dentists under the plan, another doctor may be selected.

Plan Option A (see attached description)

Individual **\$27.78/per month**
 Family **\$74.67/per month**

Plan Option B (see attached description)

Individual **\$52.56/per month**
 Family **\$131.70/per month**

In order to transfer your present coverage to this NEFI/Delta Dental Plan or issue new dental insurance coverage for your employees, please complete the attached form on the next page stating the number of employees you wish to insure. We will forward you application forms for each covered employee to complete and return to us. Note: Coverage for new hires will become effective on the first of the month following hire. If a new employee does not subscribe to the plan at that time, he/she must wait until the next open enrollment period, which will be the month of February each year. (If your company's policy calls for a waiting period this rule will be adjusted accordingly.) The effective date of coverage is March 1st.

For information pertaining to this very competitively priced Dental Insurance Program, please call The New England Fuel Institute Insurance Office at (617) 924-1000 ext. 220, Fax Enrollment Requests to (617) 924-1927, or mail to New England Fuel Institute, Attn: Insurance Department, PO Box 9137, Watertown, MA 02471-9137.



New England Fuel Institute – Plan A Fully Insured Financial Arrangement

Delta Dental Premier

The Delta Dental Premier product offers our largest network with 96% of all Massachusetts’ dentists participating. In addition, Delta Dental guarantees a minimum 10% savings on Massachusetts’ claims over the course of each policy year with our Delta Dental Premier product.

	Delta Dental Premier Dentist*	Non-Participating Dentist**
Type I: Preventive Diagnostic Preventive	100%	100% of the maximum plan allowance***
Type II: Basic Restorative Basic Restorative Oral Surgical Periodontic Endodontic Prosthetic Maintenance Emergency Dental Care General Anesthesia for Covered Surgical Services	50%	50% of the maximum plan allowance***
Calendar Year Deductible (excluding Type I Services) \$50 per person or \$150 per family maximum		
Calendar Year Maximum \$750 per person		

***In-network** benefits are benefits provided under this plan for covered dental services that are provided by a participating Delta Dental Premier dentist. Members who visit Delta Dental Premier dentists will receive the deepest discounts as dentists agree to accept the contracted allowances for services rendered as payment in full.

****Out-of-network** benefits are benefits provided under this plan for covered dental services that are not provided by a participating Delta Dental Premier dentist. Members who visit a non-participating dentist will be responsible for any difference between Delta Dental’s payment and the dentist’s fee. Payments for services rendered by an out-of-network dentist will not exceed the maximum allowance for the geographic area in which the dentist practices.

*****Maximum Plan Allowance** - the payment amount that Delta Dental sets for services provided.



New England Fuel Institute – Plan A Fully Insured Financial Arrangement

	Monthly Rates
Individual	\$27.78
Family	\$74.67

Assumptions

1. Effective date 1st of the month until 2/29/2012.
2. Plan can be contributory or non-contributory and companies of less than 10 employees must enroll 100% of eligible employees, while companies of more than 10 employees must enroll 75% of eligible employees.
3. Eligible dependents covered to age 26.
4. Shared deductibles for in-network and out-of-network services.
5. Combined Calendar Year Maximum for in/out of network services.



New England Fuel Institute – Plan B Fully Insured Financial Arrangement

Delta Dental Premier

The Delta Dental Premier product offers our largest network with 96% of all Massachusetts’ dentists participating. In addition, Delta Dental guarantees a minimum 10% savings on Massachusetts’ claims over the course of each policy year with our Delta Dental Premier product.

	Delta Dental Premier Dentist*	Non-Participating Dentist**
Type I: Preventive Diagnostic Preventive	100%	100% of the maximum plan allowance***
Type II: Basic Restorative Basic Restorative Oral Surgical Periodontic Endodontic Prosthetic Maintenance Emergency Dental Care General Anesthesia for Covered Surgical Services	80%	80% of the maximum plan allowance***
Type III: Major Restorative Major Restorative Prosthodontics	50%	50% of the maximum plan allowance***
Calendar Year Deductible (excluding Type I Services) \$50 per person or \$150 per family maximum		
Calendar Year Maximum \$1,500 per person		

***In-network** benefits are benefits provided under this plan for covered dental services that are provided by a participating Delta Dental Premier dentist. Members who visit Delta Dental Premier dentists will receive the deepest discounts as dentists agree to accept the contracted allowances for services rendered as payment in full.

****Out-of-network** benefits are benefits provided under this plan for covered dental services that are not provided by a participating Delta Dental Premier dentist. Members who visit a non-participating dentist will be responsible for any difference between Delta Dental’s payment and the dentist’s fee. Payments for services rendered by an out-of-network dentist will not exceed the maximum allowance for the geographic area in which the dentist practices.

*****Maximum Plan Allowance** - the payment amount that Delta Dental sets for services provided.



New England Fuel Institute – Plan B Fully Insured Financial Arrangement

	Monthly Rates
Individual	\$52.56
Family	\$131.70

Assumptions

1. Effective date 1st of the month until 2/29/2012.
2. Plan can be contributory or non-contributory and companies of less than 10 employees must enroll 100% of eligible employees, while companies of more than 10 employees must enroll 75% of eligible employees.
3. Eligible dependents covered to age 26.
4. Shared deductibles for in-network and out-of-network services.
5. Combined Calendar Year Maximum for in/out of network services.



Donna Carcerano, Benefits Administrator
Email: donna@nefi.com

PO Box 9137
Watertown, MA 02471-9137
20 Summer Street
Watertown, MA 02472

Phone: (617) 924-1000, Ext. 220
Direct Line: (617) 923-5020
Fax: (617) 924-1927
www.nefiinsurance.com

PLEASE ENROLL MY COMPANY IN THE NEFI GROUP DELTA DENTAL OF MASSACHUSETTS PLAN

NAME: _____ PLAN A PLAN B
(Please circle plan requested)

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

NUMBER OF ELIGIBLE EMPLOYEES: _____
(Minimum of two)

MAIL TO: NEW ENGLAND FUEL INSTITUTE
DONNA CARCERANO, BENEFITS ADMINISTRATOR
P.O. BOX 9137
WATERTOWN, MA 02471-9137

FAX TO: (617) 924-1927
EMAIL ADDRESS donna@nefi.com
(617) 923-5020 Direct Line
(617) 924-1000 ext. 220

SIGNATURE: _____ DATE: _____

(All group cancellations must be received in writing 30 days prior to the month of cancellation)