

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

May 2009

TO: NEW ENGLAND FUEL INSTITUTE MEMBERS

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

RE: NEFI GROUP DENTAL PROGRAM - UNDERWRITTEN BY DELTA DENTAL PLAN OF VERMONT OFFER



New England Fuel Institute is pleased to offer NEFI members and their employees a comprehensive dental program at a very competitive cost. It is underwritten by Northeast Delta Dental and offered to NEFI member companies with **1 or more employees**.

A monthly premium – which may be contributory or non-contributory, covers dental care listed on the Low Option and High Option benefit chart (see attached summary of benefit charts).

Low Plan Option

(See attached summary of benefits)

Single	\$32.24
Two Persons	\$52.00
Three or More Persons	\$99.84

High Plan Option

(See attached summary of benefits)

Single	\$44.72
Two Persons	\$72.80
Three or More Persons	\$119.60

Patients may see any dentist, participating or non-participating however, you will get the best value from your plan when you see a participating Delta Dental Premier dentist. One of the reasons for Delta Dental's success in the marketplace is its unique relationship with 82% of the dentists in Maine, New Hampshire and Vermont and nearly three out of four dentists nationwide. When a claim is submitted, the payment will be based upon the participating dentist's approved fee. If a claim is submitted with a fee higher than the approved fee, Northeast Delta Dental will pay based upon the approved amount and the patient cannot be billed the balance.

- ***NO BALANCE BILLING***
- ***PRE-APPROVED FEES***
- ***REDUCED PAPERWORK***
- ***NO UP-FRONT PAYMENT***

When seeing non-participating dentists, patients may be balanced billed for any amount that exceeds Delta Dental's maximum allowance for non-participating dentists.

In order to transfer your present coverage to this NEFI/Northeast Delta Dental Plan or issue new dental insurance coverage for your employees, please complete the attached form stating the number of benefit eligible employees. We will forward you all the required enrollment material to be completed and returned to New England Fuel Institute. Note: Coverage is effective on the first of the month following the eligibility period established by your company.

For more information pertaining to this very competitively priced Dental Insurance Program, please call Donna Carcerano at New England Fuel Institute Insurance Department (617) 923-5020 (direct line), Fax Enrollment Requests to (617) 924-1927, or mail/email to New England Fuel Institute, PO Box 9137, Watertown, MA 02471-9137 - email to donna@nefi.com.

This chart represents the level of coverage for services performed by dentists who participate in the Delta Dental Premier network. Employees and their eligible dependents are free to visit *any* dentist, participating or nonparticipating. Visit our Web site at www.nedelta.com for an updated list of participating dentists. Your Northeast Delta Dental program includes all of the following coverage categories. This chart is provided for summary purposes only; certain benefit limitations may apply. Please refer to your benefit booklet for complete benefit information. In the event of a conflict or discrepancy between the chart and either the group contract or the benefit booklet, the contract or benefit booklet will prevail.

**New England Fuel Institute
Vermont – Low Option**

Diagnostic/Preventive Coverage A	Basic Coverage B
Deductible: None	Deductible: \$50 Per Person, Per Year (\$150 Per Family)
Waiting Period: None	Waiting Period: 6 Months
Covered at *100%	Covered at *80%
<p>Diagnostic: Evaluations - once in a 6- month period</p> <p>X-rays (Complete series or panoramic film) once in a 3-year period</p> <p>Bitewing x-rays once in a 12-month period</p> <p>X-rays of individual teeth as necessary</p> <p>Oral cancer screening once in a 12-month period</p> <p>Preventive: Cleanings four in a 12-month period</p> <p>Fluoride twice in a 12-month period to age 19</p> <p>Space maintainers to age 16</p> <p>Sealant application to permanent molars, once in a three year period per tooth for children to age 19</p>	<p>Basic Restorative: Amalgam (silver) fillings Composite (white) fillings (anterior teeth only)</p> <p>Oral Surgery: Surgical and routine extractions</p> <p>Endodontics: Root canal therapy</p> <p>Periodontics: Periodontal maintenance (cleaning)</p> <p><i>Four cleanings are covered in a 12-month period; this can be routine (Coverage A) or Periodontal (Coverage B), in any combination.</i></p> <p>Treatment of gum disease</p> <p>Clinical Crown Lengthening once per lifetime per site</p> <p>Denture Repair: Repair of a removable denture to its original condition</p> <p>Emergency Palliative Treatment</p>

Calendar Year Maximum: \$750 per person
(Coverage A, and B combined)

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

Monthly Rates Valid May 1, 2009 – April 30, 2010

Single - \$32.24 Two Persons - \$52.00 Three or More Persons - \$99.84

This chart represents the level of coverage for services performed by dentists who participate in the Delta Dental Premier network. Employees and their eligible dependents are free to visit *any* dentist, participating or nonparticipating. Visit our Web site at www.nedelta.com for an updated list of participating dentists. Your Northeast Delta Dental program includes all of the following coverage categories. This chart is provided for summary purposes only; certain benefit limitations may apply. Please refer to your benefit booklet for complete benefit information. In the event of a conflict or discrepancy between the chart and either the group contract or the benefit booklet, the contract or benefit booklet will prevail.

**New England Fuel Institute
Vermont – High Option**

Diagnostic/Preventive Coverage A	Basic Coverage B	Major Coverage C
Deductible: None	Deductible: \$50 Per Person, Per Year (\$150 Per Family)	
Covered at *100%	Covered at *80%	Covered at *50%
Waiting Period: None	Waiting Period: 6 Months	Waiting Period: 12 Months
Diagnostic: Evaluations - once in a 6-month period X-rays (Complete series or panoramic film) once in a 3-year period Bitewing x-rays once in a 12-month period X-rays of individual teeth as necessary Oral cancer screening once in a 12-month period Preventive: Cleanings four in a 12-month period Fluoride twice in a 12-month period to age 19 Space maintainers to age 16 Sealant application to permanent molars, once in a three year period per tooth for children to age 19	Restorative: Amalgam (silver) fillings Composite (white) fillings (anterior teeth only) Oral Surgery: Surgical and routine extractions Endodontics: Root canal therapy Periodontics: Periodontal maintenance (cleaning) <i>Four cleanings are covered in a 12-month period; this can be routine (Coverage A) or Periodontal (Coverage B), in any combination.</i> Treatment of gum disease Clinical Crown Lengthening once per lifetime per site Denture Repair: Repair of a removable denture to its original condition Emergency Palliative Treatment	Prosthodontics: Removable and fixed partial dentures (bridge); complete dentures Rebase and reline (dentures) Crowns Onlays Implants

Calendar Year Maximum: \$1,000 per person (Coverages A, B and C combined)

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

Monthly Rates Valid May 1, 2009 – April 30, 2010

Single - \$44.72 Two Persons - \$72.80 Three or More Persons - \$119.60



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

**PLEASE ENROLL MY COMPANY IN THE
NEFI GROUP DELTA DENTAL PROGRAM
UNDERWRITTEN BY DELTA DENTAL PLAN OF VERMONT**

NAME: _____ LOW PLAN HIGH PLAN
(Please circle plan option requested)

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ Fax: _____

E-MAIL ADDRESS: _____

NUMBER OF BENEFIT ELIGIBLE: _____

**Minimum enrollment of 60% of benefit eligible employees not covered
under another dental program is required**

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

Email Address donna@nefi.com
(617) 923-5020 (Direct Line)
(617) 924-1000 ext. 220

OR FAX TO: (617) 924-1927

SIGNATURE: _____ DATE: _____

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