

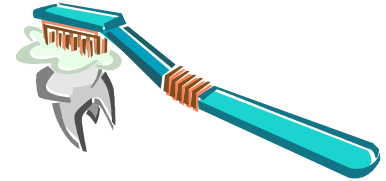


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Donna Carcerano, Benefits Administrator  
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May 2010



TO: NEW ENGLAND FUEL INSTITUTE MEMBERS

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

RE: NEFI GROUP DENTAL PROGRAM - UNDERWRITTEN BY DELTA DENTAL PLAN OF NEW HAMPSHIRE 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, High Option & Orthodontics Option benefit chart (**see attached summary of benefit charts; monthly rates are listed at the bottom**).

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) 924-5020 (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](mailto: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](http://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  
New Hampshire – Low Option**

<b>Diagnostic/Preventive Coverage A</b>	<b>Basic Coverage B</b>
<b>Deductible:</b> None	<b>Deductible:</b> \$50 Per Person, Per Year (\$150 Per Family)
<b>Waiting Period:</b> None	<b>Waiting Period:</b> 6 Months
<b>Covered at *100%</b>	<b>Covered at *80%</b>
<p><b>Diagnostic:</b> Evaluations - twice in a 12- 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><b>Preventive:</b> 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><b>Basic Restorative:</b> Amalgam (silver) fillings Composite (white) fillings (anterior teeth only)</p> <p><b>Oral Surgery:</b> Surgical and routine extractions</p> <p><b>Endodontics:</b> Root canal therapy</p> <p><b>Periodontics:</b> 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><b>Denture Repair:</b> Repair of a removable denture to its original condition</p> <p><b>Emergency Palliative Treatment</b></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, 2010 - April, 2011

Single - \$36.40      Two Persons - \$59.28      Three or More Persons - \$113.36  
NEFI NH Low Option 5/10

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

Diagnostic/Preventive Coverage A	Basic Coverage B	Major Coverage C
<b>Deductible:</b> None	<b>Deductible:</b> \$50 Per Person, Per Year (\$150 Per Family)	
<b>Covered at *100%</b>	<b>Covered at *80%</b>	<b>Covered at *50%</b>
<b>Waiting Period:</b> None	<b>Waiting Period:</b> 6 Months	<b>Waiting Period:</b> 12 Months
<p><b>Diagnostic:</b> Evaluations - twice in a 12-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><b>Preventive:</b> 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><b>Restorative:</b> Amalgam (silver) fillings Composite (white) fillings (anterior teeth only)</p> <p><b>Oral Surgery:</b> Surgical and routine extractions</p> <p><b>Endodontics:</b> Root canal therapy</p> <p><b>Periodontics:</b> 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><b>Denture Repair:</b> Repair of a removable denture to its original condition</p> <p><b>Emergency Palliative Treatment</b></p>	<p><b>Prostodontics:</b> Removable and fixed partial dentures (bridge); complete dentures</p> <p>Rebase and reline (dentures)</p> <p>Crowns</p> <p>Onlays</p> <p>Implants</p>

**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, 2010 – April 30, 2011

Single - \$49.92    Two Persons - \$82.16    Three or More Persons - \$135.20

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](http://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  
New Hampshire – Ortho Option**

Diagnostic/Preventive Coverage A	Basic Coverage B	Major Coverage C	Orthodontics Coverage D
<b>Deductible:</b> None	<b>Deductible:</b> \$50 Per Person, Per Year (\$150 Per Family)		<b>Deductible:</b> None
<b>Waiting Period:</b> None	<b>Waiting Period:</b> 6 Months	<b>Waiting Period:</b> 12 Months	<b>Waiting Period:</b> 24 Months
<b>Covered at * 100%</b>	<b>Covered at * 80%</b>	<b>Covered at * 50%</b>	<b>Covered at * 50%</b>
<p><b>Diagnostic:</b> Evaluations twice in a 12-month period</p> <p>X-rays (Complete series or panoramic film) once in a 3-year period</p> <p>Biteewing 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><b>Preventive:</b> 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><b>Restorative:</b> Amalgam (silver) fillings Composite (white) fillings for anterior teeth only</p> <p><b>Oral Surgery:</b> Surgical and routine extractions</p> <p><b>Endodontics:</b> Root canal therapy</p> <p><b>Periodontics:</b> 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><b>Denture Repair:</b> Repair of a removable denture to its original condition</p> <p><b>Emergency Palliative Treatment</b></p>	<p><b>Prosthodontics:</b> Removable and fixed partial dentures (bridge); complete dentures</p> <p>Rebase and reline (dentures)</p> <p>Crowns</p> <p>Onlays</p> <p>Implants</p>	<p><b>Orthodontics:</b> Correction of crooked teeth for children</p>
<b>Calendar Year Maximum:</b> \$1,000 per person (Coverages A, B and C combined)			<b>Orthodontic Lifetime Maximum:</b> \$1,000 Per Child
*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, 2010 – April 30, 2011

Single - \$50.95    Two Persons - \$84.30    Three or More Persons - \$142.96

