



May 1, 2020

Dear Massachusetts Federal Employees:

Delta Dental of Massachusetts is pleased to offer Massachusetts Federal Employees who are members of the Hanscom Federal Credit Union our Delta Dental Premier Voluntary Enhanced Table Plan. The annual renewal period for the plan is July 1, 2020 through June 30, 2021. The current rates are being extended through June 30, 2022!

The renewal rates for the renewal period remain unchanged for 7/1/2020 -6/30/22:

Individual	\$39.00
Family	\$97.00

The Delta Dental Premier Voluntary Enhanced Table Plan is a great value.

The Delta Dental Premier Voluntary Enhanced Table Plan is a 100% member-paid plan that offers you quality, affordable dental care, with no waiting periods or deductibles. You and your dependents have access to the largest dentist network in Massachusetts and receive up to \$1,500 in benefits each calendar year per person (January-December).

The Delta Dental Premier Voluntary Enhanced Table Plan network includes 96% of Massachusetts dentists, so chances are that your dentist participates. You'll have coverage for services provided by out-of-network – non-participating dentists as well, but at a reduced level. To find out if your dentist is a part of this network, simply ask your dentist, visit our Web site at www.deltadentalma.com, or contact Delta Dental's Customer Service Department at 1-800-872-0500.

The Delta Dental Premier Voluntary Enhanced Table Plan also includes the *Rollover Max* benefit feature that allows you to roll over a portion of your unused spending to increase your maximum benefit limit next year, and beyond.

If you are a current member:

- If you are currently an active member and wish to continue coverage, no action is required.
- If you wish to terminate your coverage, please check off the termination box on the enclosed enrollment form and mail it back to Delta Dental of Massachusetts.

If you are not a current member and would like to enroll:

You need to be a Massachusetts Federal Employee and a checking account holder through Hanscom Federal Credit Union before you can join this dental plan.

1. Your enrollment application must be received by Delta Dental no later than the 15th of the month prior to the requested enrollment date the first of every month.
2. To enroll, you will need to complete the enclosed Delta Dental of Massachusetts enrollment form. Include a voided check and a copy of your federal ID with your completed enrollment form to activate your fund withdrawal. Once you have completed the form with the appropriate enclosures, please mail it to: **Delta Dental of Massachusetts, P.O. Box 9695, Boston, MA 02114-9695**. You will need to authorize the credit union to allow Delta Dental to withdraw the monthly deduction from your account to pay your premium. Funds will be withdrawn from your account on the **20th of each month by Delta Dental. Insufficient Funds will automatically result in termination of your enrollment.**
3. You will need to remain enrolled in the plan for a minimum of one year. If you cancel your membership prior to the one-year requirement, you will not be allowed to re-enroll until the following year's enrollment period.
4. This information enclosed is also available through the Hanscom Federal Credit Union web site at www.hfcu.org.

Delta Dental of Massachusetts looks forward to continuing to provide Massachusetts Federal Employees and their families with quality care at an affordable price.

If you have questions, please contact Delta Dental's Customer Service Department at 1-800-872-0500.

Sincerely,

Delta Dental of Massachusetts