





| 4 Dental plans available                                      |   | 2 CONTRIBUTORY PLANS<br>75% Participation Required |   | 2 VOLUNTARY PLANS<br>Minimum participation of 1 employee                                   |  |
|---|---|--|---|--|--|
| Coverage Category   | Covered Services  | Contributory Plan 1                                | Contributory Plan 2                       | Voluntary Option 1   | Voluntary Option 2                       |
| <i>Coverage A:<br/>Diagnostic &amp;<br/>Preventive</i>        | <i>Diagnostic &amp; Preventive<br/>Evaluations<br/>X-rays<br/>Oral cancer screenings<br/>Routine cleanings<br/>Fluoride treatments<br/>Space maintainers<br/>Sealants</i>                               | 100%   | 100%                                      | 100%   | 100%                                     |
| <i>Coverage B:<br/>Basic<br/>Restorative</i>                  | <i>Basic Restorative<br/>Fillings<br/>Surgical and routine extractions<br/>Root canals<br/>Periodontal Cleanings<br/>Treatment of gum disease<br/>Denture repair<br/>Emergency palliative treatment</i> | 80%  | 50%                                       | 80%<br>After a 6 month waiting period**  | 60%<br>After a 6 month waiting period**  |
| <i>Coverage C:<br/>Major<br/>Restorative</i>                  | <i>Major Restorative<br/>Bridges            Onlays<br/>Dentures            Implants<br/>Crowns</i>  | 50%<br>After a 6 month waiting<br>period*          | 50%<br>After a 6 month waiting<br>period* | 50%<br>After a 12 month waiting period**   | 50%<br>After a 12 month waiting period** |
| Coverage B and C combined deductible per person/family:       |   | \$50/\$150 Annually                                | \$50/\$150 Annually                       | \$100/\$300 LIFETIME   | \$75/\$225 LIFETIME                      |
| Coverage A-B-C combined maximum per person per calendar year: |   | \$1,000  | \$1,000                                   | \$1,000  | \$1,500                                  |
| <i>Coverage D:<br/>Orthodontics</i>                           | <i>Orthodontics<br/>Correction of Malposed<br/>(crooked) teeth for Adults and<br/>Dependent Children to age 19</i>  | NOT COVERED  | NOT COVERED                               | 50% up to a Lifetime Maximum of \$1,000<br>per person<br>After a 24 month waiting period** | NOT COVERED                              |
| <i>Carryover<br/>Program</i>                                  |   | INCLUDED   | INCLUDED                                  | INCLUDED   | INCLUDED                                 |
| <i>Monthly Rates ***</i>                                      |   | <b>Contributory Plan 1</b>                         | <b>Contributory Plan 2</b>                | <b>Voluntary Option 1</b>  | <b>Voluntary Option 2</b>                |
| <i>Single</i>   |   | \$33.29  | \$25.34                                   | \$42.24  | \$36.89                                  |
| <i>Two Person</i>   |   | \$83.50  | \$63.27                                   | \$71.92  | \$61.92                                  |
| <i>More Than 2</i>  |   | \$83.50  | \$63.27                                   | \$121.09   | \$97.32                                  |

\* Contributory Plans: 6 month Waiting Period waived for Groups w/ Prior GROUP Dental Plan. \*\* Voluntary Options: Waiting Periods will be credited for Groups w/ Prior GROUP Dental Coverage.

\*\*\* Rates include MMTA EBT Administrative Fee of \$1/month Single Coverage \$2/month Family Coverage

# What are the benefits of a



# plan?

2010



| Diagnostic & Preventive<br>(Coverage A)  | Basic Restorative<br>(Coverage B)   | Major Restorative<br>(Coverage C)  | Orthodontics<br>(Coverage D)  |
|--|---|--|---|
| <p><b>DIAGNOSTIC:</b><br/>Evaluations once in a 6-month period</p> <p>X-Rays (complete series or panoramic film) once in a 3-year period, bitewing X-Rays once each 12-month period, X-Rays of individual teeth as necessary</p> <p><b>PREVENTIVE:</b><br/><b>CONTRIBUTORY PLANS:</b> Cleanings once in a 6-month period<br/><b>VOLUNTARY OPTIONS:</b> Cleanings four times in a 12-month period</p> <p><b>CONTRIBUTORY PLANS:</b> Fluoride once in a 12-month period to age 19<br/><b>VOLUNTARY OPTIONS:</b> Fluoride twice in a 12-month period to age 19</p> <p>Space maintainers to age 16</p> <p>Sealant application once per permanent molars in a 3-year period to age 19</p> | <p><b>RESTORATIVE:</b><br/>Amalgam (silver) fillings;<br/>Composite (white) fillings (anterior teeth only)</p> <p><b>ORAL SURGERY:</b><br/>Surgical and routine extractions</p> <p><b>ENDODONTICS:</b><br/>Root canal therapy</p> <p><b>PERIODONTICS:</b><br/>Periodontal Cleaning (Maintenance procedures)</p> <p><i>CONTRIBUTORY PLANS: Only one cleaning is covered in a 6-month period. This can be a routine (Coverage A) or a periodontal (Coverage B), but not both.</i><br/><i>VOLUNTARY OPTIONS: Four cleanings are covered in a 12-month period. These may be any combination of routine (Coverage A) or Periodontal (Coverage B).</i></p> <p>Treatment of gum disease</p> <p><b>DENTURE REPAIR:</b><br/>Repair of removable denture to its original condition</p> <p><b>EMERGENCY PALLIATIVE TREATMENT</b></p> | <p><b>PROSTHODONTICS:</b><br/>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></p> <p><b>VOLUNTARY OPTION 1 ONLY</b><br/>Correction of malposed (crooked) teeth for adults and dependent children to age 19</p> <p><b>THIS FLOWCHART IS FOR ILLUSTRATIVE PURPOSES ONLY. CERTAIN BENEFIT LIMITATIONS MAY APPLY. PLEASE REFER TO A DELTA DENTAL PLAN DESCRIPTION BOOKLET FOR COMPLETE BENEFIT INFORMATION.</b></p> |



**GREAT SAVINGS of UP TO 35% OFF EYEWEAR FROM EyeMed Vision Care PROVIDERS WITH Vision Discount Program**



# A Couple Pieces of the Puzzle



## Why Life/AD&D Insurance?

### Choose from 2 PLANS

Plan 1: Flat \$10,000 .33¢/\$1000 of benefit

Plan 2: Flat \$25,000 .33¢/\$1000 of benefit

**Dependent Life Insurance:** \$0.85 per family unit per month.

[Flat \$5,000 spouse; \$1,000 each child from 6 months to age 19 (to age 25-full time student); \$100 each child birth to 6 months.]



#### Financial support after loss

Unum's life benefit product may help provide financial assistance for families after the death of a loved one. Many employers provide a basic level of life insurance to employees. This Term life coverage is affordable, requires no physical exam and can be maintained even if they leave your employment.

**Contributions:** Participating employer members must contribute a minimum of 25% of the cost of the benefits.

**Participation:** 75% of all eligible employees must be enrolled. Owners and Partners must qualify as eligible employees working a minimum of 20 hours per week. An employee must be actively at work and working on a full-time basis in order to be eligible for coverage.

Life/AD&D benefits reduce to 65% at age 70, to 50% at age 75, and terminates at retirement.

## Why Short Term Disability?

### Choose from 2 PLANS

60% of the basic weekly salary to a maximum of

Plan 1: \$150 per week .995¢/\$10 of benefit

Plan 2: \$300 per week .965¢/\$10 of benefit

Benefits begin 1 day Accident / 8 day Sickness – to a maximum 26 weeks of benefit.



#### Your most valuable asset

When we think of our most important assets, it's easy to forget that our income may be the one that needs protection most. The average age of an individual filing a disability claim with UNUM is 45. Only 5% of baby boomers realize they have a one-in-three chance of becoming disabled during their working years.

Missed time at work can mean lost income. Common causes of disability absence include:

- Maternity leave
- Cancer treatment
- Back injury

**Contributions:** Participating employer members will pay 100% of the cost of the benefit program.

**Participation:** All eligible employees of a participating employer member unit must enroll in the benefit program.

**Life/AD&D and STD RATES DO NOT INCLUDE \$1.00 per month, per person administrative fee**  
The above information is for illustrative purposes only. The policy & carrier certificate govern the benefits & exclusions under the plan.

## Call MMTA Today! @ 207.623.4128, Ask for Jim

Or Call Our Broker, Acadia Benefits, Direct @ 866.761.2426, Bob @ Ext. 222 or Mary @ Ext. 6