



HEALTH, WELFARE and INSURANCE FUND

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- UNION TRUSTEES -

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- EMPLOYER TRUSTEES -

MICHAEL EPSTEIN, CHAIRMAN
WILLIAM G. BURKE
GEORGE WIESENDANGER

April 23, 2024

Dear Members:

Due to our partnership with Delta Dental, members losing their dental coverage due to loss of hours, dependent status or retirement may be eligible to enroll on a **self-pay plan through Delta Dental with the waiting period waived.**

Attached is the Delta Dental Plan Sheet for calendar year 2024. Due to pricing and coverage being subject to change from year to year, we are posting this as an example. Please visit www.deltadental.com and click on the "insurance products tab" or call 1-844-260-6102 for more up-to-date and detailed information, including pricing and the required enrollment form.

The Trustees are pleased to inform our members and families of this option.

Regards,

Michael W. Clark, Jr.
Treasurer



Delta Dental of Massachusetts Individual & Family Plans

CY 2024 Example: Prices and Coverage are subject to change. Please visit www.deltadental.com and click on the insurance products tab for current pricing and coverage.

Lower Cost

Higher Cost

Plan Name	Delta Dental Patient Direct ⁺	PPO Value for Seniors	DeltaCare [®]	Delta Dental EPO [™]	Delta Dental Premier [®] Option 2	Delta Dental Premier [®] Option 1	Total Choice PPO 2000																									
Description	A unique pay-as-you-go option that offers pre-set discounts for dental services for a low annual fee.	A cost-effective, preventive-care-focused plan especially designed for people 65 and over. Includes no waiting periods, deductibles or financial maximums.	A lower cost plan with a focus on preventive care and fixed copayments. Includes no waiting periods for coverage.	A traditional plan with comprehensive coverage at a lower cost.	Our most popular plans. They offer the largest nationwide network of dentists. Two levels of coverage are available.		Offers the highest level of coverage for both preventive and basic restorative treatments with a generous \$2,000 annual benefit maximum.																									
Network	Delta Dental Patient Direct	Delta Dental PPO [™]	DeltaCare (In-network only)	(In-network only) In Massachusetts: Delta Dental EPO [™] Outside of Massachusetts: Delta Dental PPO	Delta Dental Premier	Delta Dental Premier	Total Choice PPO																									
Deductible	N/A	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150																									
Benefit Maximum	None	None	\$1,000 (on certain services)	\$1,000	\$1,000	\$1,000	\$2,000																									
Coverage	<p>Type 1 - Preventive and Diagnostic: This plan is not insurance. It's a discount card that offers savings on care. May not be combined with dental insurance.</p> <p>Type 2 - Minor Restorative Care: 100% in-network, 80% out-of-network. Discounts are available on care.</p> <p>Type 3 - Major Restorative Care: Member pay copayments for care based on the care they get. Check the benefit summary for specifics.</p> <p>Waiting Periods: None</p> <p>Monthly Premium Rates (except where noted):</p> <table border="1"> <thead> <tr> <th>Annual</th> <th>65 and over</th> <th>18 and over</th> <th>Under age 50</th> <th>Age 50 and over</th> </tr> </thead> <tbody> <tr> <td>Ind: \$99 Fam: \$149</td> <td>Ind: \$21.43 Ind+1: \$42.85 Fam: \$53.57</td> <td>Ind: \$26.14 Ind+1: \$51.74 Fam: \$92.52</td> <td>Ind: \$30.02 Ind+1: \$56.59 Fam: \$96.43</td> <td>Ind: \$46.90 Ind+1: \$88.41 Fam: \$150.63</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Ind: \$33.03 Ind+1: \$66.07 Fam: \$102.79</td> <td>Ind: \$49.60 Ind+1: \$100.13 Fam: \$154.26</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Ind: \$58.38 Ind+1: \$110.03 Fam: \$187.50</td> <td>Ind: \$61.75 Ind+1: \$124.62 Fam: \$192.00</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Ind: \$73.27 Ind+1: \$138.08 Fam: \$235.31</td> <td>Ind: \$80.61 Ind+1: \$161.21 Fam: \$250.82</td> </tr> </tbody> </table>							Annual	65 and over	18 and over	Under age 50	Age 50 and over	Ind: \$99 Fam: \$149	Ind: \$21.43 Ind+1: \$42.85 Fam: \$53.57	Ind: \$26.14 Ind+1: \$51.74 Fam: \$92.52	Ind: \$30.02 Ind+1: \$56.59 Fam: \$96.43	Ind: \$46.90 Ind+1: \$88.41 Fam: \$150.63				Ind: \$33.03 Ind+1: \$66.07 Fam: \$102.79	Ind: \$49.60 Ind+1: \$100.13 Fam: \$154.26				Ind: \$58.38 Ind+1: \$110.03 Fam: \$187.50	Ind: \$61.75 Ind+1: \$124.62 Fam: \$192.00				Ind: \$73.27 Ind+1: \$138.08 Fam: \$235.31	Ind: \$80.61 Ind+1: \$161.21 Fam: \$250.82
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Delta Dental Patient Direct is not dental insurance. For those with mandated coverage requirements, Delta Dental Patient Direct does not suffice as minimum creditable coverage or satisfy essential health benefit requirements. The program provides discounts on dental services from Massachusetts dentists participating in the Delta Dental Patient Direct network. No payments to members or providers will be made by Delta Dental of Massachusetts. Members are obligated to pay for all dental services provided. If you have a complaint, please contact Delta Dental of Massachusetts at 617-886-1234. **In order for the waiting period to be waived, your coverage on a comparable Delta Dental of Massachusetts plan would need to have terminated for no more than 60 days prior to the effective date of your Premier Individual Plan. A comparable plan must include substantially similar coverage. Delta Dental of Massachusetts is an Independent Licensee of the Delta Dental Plans Association. Registered Marks of the Delta Dental Plans Association. SP1364 (2.24)