

# DENTAL INSURANCE

## SUMMARY OF DENTAL INSURANCE

- Group dental insurance is available to legislators and their eligible dependents.

**Newly elected legislators who wish to enroll in the plan must complete the State of Maine: Group Benefit Plans Enrollment/Change form in the Taleo onboarding system by the close of the business day on Thursday, November 14, 2024.**

**If the form and any necessary supporting documentation (e.g. marriage license or domestic partner affidavit, birth certificate or court documentation) are received by the deadline, coverage becomes effective January 1, 2025.**

- The Northeast Delta Dental plan offers three levels of coverage based on the level of participation of the dental provider (dentist).

**State of Maine Employees PPO:** Provides maximum reimbursement for covered services provided by participating dentists. A list of participating dentists is available at: <https://www.nedelta.com/>.

**Delta Dental Premier** Provides partial reimbursement for covered services; Participating Dentist: patient pays the balance.

**Non-Participating Dentist:** Provides a lower rate of reimbursement for covered services; patient pays the balance.

Office of Employee Health and Wellness (1-800-422-4503 or 624-7380 or [info.benefits@maine.gov](mailto:info.benefits@maine.gov)) can assist with general policy and coverage inquiries. However, due to federal regulations concerning confidentiality of medical information under the HIPAA (Health Insurance Portability and Accountability Act), they cannot access dental records. Therefore, specific questions about claims may be directed to Northeast Delta Dental (1-800-832-5700).

- ID cards are mailed by Northeast Delta Dental in Subscriber Names only. Contact Northeast Delta Dental directly at 1-800-832-5700 if additional or replacement ID cards are needed.

## PREMIUMS

**Legislature Pays:** 100% of premium for Legislator coverage only.

**Legislator Pays:** 100% of premium for dependent coverage, if dependent coverage is elected. A monthly invoice will be mailed to the Legislator's home address for the legislator's dependent coverage.

Policies regarding the method and timing of payment are subject to change.

The rates listed below are effective as of July 1, 2024. Rates are subject to change.

One dependent: \$ 53.36 / monthly

Two or more dependents: \$102.08 / monthly

\* Coverage for domestic partners requires a completed Domestic Partner affidavit and financial documentation to be submitted with an application for coverage. Forms are available at [www.maine.gov/bhr/oeH/benefits/dental](http://www.maine.gov/bhr/oeH/benefits/dental) or by contacting the Office of Employee Health and Wellness (1-800-422-4503 or 624-7380 or [info.benefits@maine.gov](mailto:info.benefits@maine.gov)).

## PAYMENT OF PREMIUMS – IMPORTANT INFORMATION

- **Monthly invoices will be sent by [csONE Benefit Solutions](#) to the Legislator's home address for their share of dependent coverage, as applicable. **Legislators must remit payments as directed on the invoice.****
- **If premiums are not paid when due, cancellation of the entire policy may occur, terminating the dependents' coverage based on the current paid through date of the policy.** Policies regarding method and timing of payment are subject to change.