Tufts University is pleased to offer the Delta Dental PPO Plus Premier Plan to all Tufts University Students and Postdoctoral Scholars. For this plan, Delta Dental is the insurance provider and Crosby Benefit Systems is the billing administrator.

Enclosed you will find:
- Delta Dental Enrollment Form (in a “fillable” PDF format)
- Delta Dental Summary of Benefits
- Payment Form, ACH Withdrawal Authorization, and ACH Q&A

If you choose to enroll in the dental program, the enclosed materials provided will help you get started. Begin by reviewing the Delta Dental Summary of Benefits to decide if this plan is right for you. **Enrollment Form and payment must be submitted by August 12, 2016.**

If you elect this plan, you are choosing to enroll for the entire academic year of **September 1, 2016 to August 31, 2017.** You have the option to make one payment via check or ACH for the annual premium or two payments via ACH only (no checks) for the semi-annual premium. The cost of the dental plan is:

<table>
<thead>
<tr>
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<th>Semi Annual Premium</th>
<th>Annual Premium</th>
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<tbody>
<tr>
<td><strong>Individual</strong></td>
<td>$254.88</td>
<td>$509.76</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>$618.72</td>
<td>$1,237.44</td>
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This premium includes a $4.59 per month administration fee.

**IMPORTANT:** Students currently participating in the plan must re-enroll for the 2016-2017 plan year. Coverage WILL NOT be renewed unless a new enrollment form is received.

**Enrollment Options**

1. **By mail using the paper enrollment form:**
   - Read the Summary of Benefits so you understand the plan and the benefits.
   - Complete the Delta Dental Enrollment Form. PLEASE SIGN THE FORM. You may leave the “Benefit Administrator Authorization” section blank. You may also leave questions #20 and #21 blank on the Enrollment Form.
   - Complete the Payment Form and ACH Authorization and indicate if you would like to have automatic withdrawal from your checking or savings account. **If selecting ACH automatic premium payments to start effective September 1, 2016, please circle either the semi-annual or annual rate that you wish to be pulled from your bank account. If you circle the semi-annual amount, the first premium payment will be pulled on or around September 1, 2016 and the second on or around March 1, 2017.**
     - **Please Note:** If you choose ACH Withdrawal Authorization for your first semi-annual or annual payment for September 1, 2016, your enrollment form and this form must be postmarked by August 12, 2016.
   - Mail the Delta Dental Enrollment Form, the Payment Form, ACH Authorization, and check (if required) to Crosby Benefit Systems, PO Box 981401, Boston, MA 02298-1401. **Make checks payable to Tufts University Student Dental Plan.**
2. Online via the Crosby Enrollment Website:
   - Go to: enroll.crosbybenefits.com
   - Use Access Code: TUFTSDEN
   - Follow the prompts on the screen
   - 2-3 business days after submission, you will receive an email with payment instructions (options include check, money order, and online via bank draft)
   - Semi-annual payments are accepted by ACH only.

As a Delta Dental PPO Plus Premier Plan member, you have access to two of Delta Dental’s extensive national networks:
   - **Delta Dental PPO**, with 166,000 participating dentist locations and **Delta Dental Premier**, the largest dental network in the country with over 248,000 dentist locations.
   - Both networks provide you with discounts to dental procedures and a no balance-billing policy.
   - **What’s the difference between the Delta Dental PPO and Delta Dental Premier networks?**
     - You will enjoy the greatest out-of-pocket savings when visiting **Delta Dental PPO** network dentists.
     - You will receive good value from **Delta Dental Premier** network dentists who generally accept discounted fees, but will be subject to the out-of-network co-insurance level shown above.
     - Both networks offer discounted fees and a no balance-billing policy. If you choose to receive services from a non-participating dentist; you will have higher out-of-pocket costs as the Delta Dental contract rates and no balance-billing policy do not apply.

To locate a Delta Dental PPO or Premier provider, either:
   - Go online to: http://wsprod.deltadental.com/DentistSearch/MassachusettsDentistSearchController.ccl
   - Call the Delta Dental Customer Service Department at 800-872-0500.

**What to expect after Enrolling in the Plan**
A Delta Dental ID Card will be mailed to the home address you provided when enrolling. If you have not received your card by September 10, 2016, call Delta Dental Customer Service at 800-872-0500.

If you are electing semi-annual payments via ACH, Crosby will mail you a notice in early February to notify you that payment will be pulled from your bank account just after March 1, 2017.

**Who do I call if I have questions?**
For questions regarding plan coverage, plan restrictions, claims issues or to find participating dentist locations, contact Delta Dental’s Customer Service Department at 800-872-0500 or on-line at www.deltadentalma.com.

For questions regarding enrolling in the plan, payment status, payment amount, or to set up the ACH withdrawal payment option, contact Crosby Benefit Systems at 800-462-2235.