

DELTA DENTAL OPEN ENROLLMENT
For the Plan Year beginning July 1, 2021

GROUP NAME: DIOCESE OF WORCESTER
GROUP NUMBER: 9506-6369
PLAN NAME: DELTA DENTAL PREMIER

MONTHLY RATES 7/1/2021 - 6/30/2022:

INDIVIDUAL: **\$39.00**
INDIVIDUAL + ONE: **\$78.00**
FAMILY: **\$110.00**

IF YOU ARE ENROLLING FOR THE FIRST TIME, CHANGING COVERAGE OR TERMINATING COVERAGE, PLEASE COMPLETE A DELTA DENTAL ENROLLMENT FORM AND RETURN TO SR. JOAN POLLOCK BY JUNE 19.

BY MAIL: 49 ELM STREET, WORCESTER, MA 01609
BY EMAIL: SJOAN@WORCESTERDIOCESE.ORG
BY FAX: 508-751-6730

IF YOU ARE NOT CHANGING COVERAGE, THE ENROLLMENT FORM DOES NOT NEED TO BE RETURNED TO SISTER JOAN.

A DELTA DENTAL ENROLLMENT FORM CAN BE FOUND ON THE DIOCESAN WEBSITE AT *EMPLOYEE BENEFITS - DELTA DENTAL*.

EMPLOYEE PAYROLL DEDUCTIONS FOR DENTAL COVERAGE ARE SUBJECT TO THE DIOCESE'S SECTION 125 CAFETERIA PLAN AND WILL BE PAID ON A PRE-TAX BASIS. SPEAK WITH YOUR PAYROLL ADMINISTRATOR IF YOU ELECT TO HAVE THIS DEDUCTION MADE AFTER-TAX.