SUMMARY OF DENTAL INSURANCE

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

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

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 Participating Dentist: Provides partial reimbursement for covered services; 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) 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.

- Legislators who wish to enroll or make a change to their dental benefits should refer to the separate **Health, Dental and Vision Benefit Enrollments and Changes document** for additional information.

- Please note: If you are adding dependents, you will need to upload required documentation (i.e., Marriage certificate, Birth Certificate, or Domestic Partner Affidavit).

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, 2026**. Rates are subject to change.

One dependent:	$ 24.00 / monthly
Two or more dependents:	$ 73.68 / monthly

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.

Additional information about dental benefits can be found at: Benefits | Office of Employee Health, Wellness, & Workers' Compensation. For questions or information regarding the coverage effective dates/waiting periods please contact EHWWC at (207) 624-7380, or by email at info.benefits@maine.gov.