

DENTAL PLAN OPEN ENROLLMENT PERIOD

Open Enrollment Ends December 13, 2024

It is time again to decide if you want to change your dental plan for next year. **If you wish to stay enrolled in your current plan, you do not need to do anything.** However, if you are in a Closed Plan Family Plan and your dependents will age out of the plan, please contact the Trust Administrator to determine your options. If you wish to change your plan, you must fill out the form below.

Each year we get questions asking which plan is best for you and your family. Although that decision is yours to make, we are providing a brief description of each plan starting on page 5. The Open Plan is more fully described on the reimbursement form. You may visit the Altus website at www.altusdental.com. You may also visit the DeltaCare website at: www.deltadentalma.com or call DeltaCare at 1-800-327-6277 for more details.

The MA/MOSES Health and Welfare Trust Fund open enrollment period extends until December 13, 2024. This is your yearly chance to change dental plans. All changes take effect January 1, 2025.

If you wish to stay enrolled in your current plan, you do not need to do anything.

If you wish to change your enrollment, you must fill out the form below and return it directly to the Trust Fund via: email (HWTAdmin@moses-ma.org), fax (617-367-9371), or by mail to the address below.

- I am currently enrolled in the Open (Reimbursement) Plan and would like to switch to the DeltaCare Plan / Altus Plan. (choose one) Please send me the necessary enrollment information. I understand that I will be required to pay a weekly co-premium of \$2.00 DeltaCare/\$2.00 Altus for an individual plan; \$6.00 DeltaCare/\$11.00 Altus for a family plan; or \$6.00 for a 2-person Altus plan.
- I am currently enrolled in the DeltaCare Plan / Altus Plan and would like to switch to the DeltaCare Plan / Altus Plan. I understand that I will be required to pay a weekly co-premium of \$2.00 DeltaCare / \$2.00 Altus for an individual plan or \$6.00 DeltaCare / \$11.00 Altus for a family plan or \$6.00 for a 2-person Altus plan.
- I am currently enrolled in the DeltaCare Plan / Altus Plan and would like to switch to the Open (Reimbursement) Plan.

Name: _____ Date: _____

Email: _____ Agency: _____

Signature: _____

**Mail to: MA/MOSES HEALTH & WELFARE TRUST FUND
90 N. Washington St, Suite 3
Boston, MA 02114**