Tufts University is pleased to offer the Delta Dental PPO Voluntary Enhanced Plan with National Coverage program to its student population. Delta Dental is the insurance provider for this plan. Crosby Benefit Systems is the billing administrator for this plan.

Enclosed you will find:
- Delta Dental Enrollment Form (in a “fillable” PDF format)
- Instructions to Complete Delta Dental Enrollment Form
- Delta Dental Summary of Benefits
- Payment Form and ACH Withdrawal Authorization

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.

Some things you should know about the Plan

- Coverage Year: September 1, 2011 to August 31, 2012
  - If you elect this plan, you are choosing to enroll for the entire coverage year.
  - In order to be eligible for coverage, your enrollment form must be postmarked by August 10, 2011, which is the enrollment deadline, and include the full annual premium or first semi-annual premium payment.

- The commitment is for the academic year. You may make one payment for the annual premium or two payments for the semi-annual premium. The cost of the dental plan is:

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Family</th>
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<tbody>
<tr>
<td>Annual Premium</td>
<td>$290.52</td>
<td>$656.76</td>
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<tr>
<td>9/1/11 - 8/31/12</td>
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<tr>
<td>Semi-Annual Premium</td>
<td>$145.26</td>
<td>$328.38</td>
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<tr>
<td>9/1/11 – 2/28/12</td>
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<tr>
<td>Semi-Annual Premium</td>
<td>$145.26</td>
<td>$328.38</td>
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<td>3/1/12 – 8/31/12</td>
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</tbody>
</table>

This premium includes a $4.25 per month administration fee.

For those currently participating:
- If you are currently enrolled, and wish to stop participating, please complete the Payment Form indicating that you wish to stop your coverage.
- If you are currently enrolled and pay by check, and wish to continue the plan, please return the Payment Form with a check for your semi-annual payment. Crosby will then send you a new payment coupon.
- If you are currently enrolled and pay by ACH/Automatic Withdrawal, and wish to continue the plan, do nothing and your coverage will automatically renew. Please note: The ACH first semi-annual deduction will occur on September 1, 2011 and the second semi-annual deduction will occur on March 1, 2012.

- To complete enrollment, you must include the annual or the semi-annual payment (by check or money order) with your enrollment form. Make checks payable to Tufts University Student Dental Plan.

Please Turn Over
• Once you have made the initial payment, you may select automatic withdrawal from your checking or savings account for the second payment which is due March 1, 2012. To take advantage of this payment option, complete the bottom section of the enclosed Payment Form and ACH Withdrawal Authorization. If you choose to pay the second semi-annual payment by check or money order, it is due on or before March 1, 2012.

• Send payment to: Crosby Benefit Systems, PO Box 981401, Boston, MA 02298-1401. If payment is not received on time your coverage will be terminated.

• This dental plan does not cover orthodontia coverage (for example, braces).

• Benefits received when using an out-of-network dentist are less than those received at a DeltaPreferred network dentist. To determine if your dentist is one of over 2,000 Massachusetts dentist locations in the DeltaPreferred network:
  o Go online to www.deltamass.com or
  o Call the Delta Dental Customer Service Department at 800-872-0500.

Instructions on how to Enroll in the Plan

✓ 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.

✓ Complete the Payment Form and indicate if you would like to have automatic withdrawal from your checking or savings account.

✓ Mail the Delta Dental Enrollment Form, the Payment Form and your initial payment (check or money order) to Crosby Benefit Systems at the address noted on the Payment Form. Make checks payable to Tufts University Student Dental Plan.

What to expect after Enrolling in the Plan

A Delta Dental ID Card will be mailed to the home address you provide on your Enrollment Form. If you have not received your card by September 1, 2011, call Delta Dental Customer Service at 800-872-0500.

After processing your enrollment form, Crosby will mail you a premium payment coupon for the remainder of the coverage year which ends August 31, 2012. If you elect to have the second premium payment withdrawn from your checking or savings account, you will not receive a payment coupon. You will not be sent reminder notices. It is your responsibility to make timely payment. Therefore, ACH withdrawal is the most efficient payment method.

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.deltamass.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.