



UUP Member Services Trust Fund

Delta Dental PPO (Flex) plan for Retirees – Group # 00166

Plan Rates

Dental Coverage Option	Quarterly Premium	Annual Premium
DPPO Member Only	\$81.09	\$324.36
DPPO Two-person (Member + 1)	\$200.34	\$801.36
DPPO Family (3 or more)	\$293.61	\$1174.44

Please send enrollment forms to:

**UUP Member Services Trust Fund
P.O. Box 15143
Albany, NY 12212-5143**

Make checks payable to: UUP Member Services Trust Fund