

ANNOUNCING VACEPlus PLANS & RATES FOR 2024

VACEPlus Dental	VACEPlus Vision																
<p>The VACEPlus dental program is only offering its most popular plan, Plan 1 - PPO Plus Premier beginning in January 2024.</p> <p>Plan 2 and Plan 3 will be retired at the end of 2023.</p> <p>Please note the new Delta dental group number is #71170</p>	<p>The VACEPlus vision program is only offering its DeltaVision plan 180/180, beginning in January 2024.</p> <p>The VSP plan will be retired at the end of 2023.</p> <p>DeltaVision group number #907151</p>																
Renewing Groups																	
<p>Employer groups and employees enrolled in Plan 2 or Plan 3 will be automatically enrolled Plan 1 beginning 1/1/24.</p>	<p>Employer groups sponsoring a VACEPlus VSP plan and all enrolled VSP members will automatically renew into the VACEPlus DeltaVision plan effective 1/1/24.</p>																
<p style="text-align: center;">Please be sure to notify kwinchester@vtchamber.com prior to 12-15-2023 with any changes/termination requests.</p>																	
New Sales																	
<p>For new sales effective 1/1/24 or later, submit the following to vacebenefits@vtchamber.com:</p> <ul style="list-style-type: none"> ○ VACEPlus Joinder ○ Enrollment forms for each enrolling employee (separate forms for vision and dental) ○ Check for first month's premium, payable to Northeast Delta Dental <p style="text-align: center;">Separate checks are required if offering both VACEPlus dental and vision</p>																	
2024 Premiums																	
<table border="0"> <thead> <tr> <th colspan="2" data-bbox="342 1079 659 1110">Plan 1 – PPO Plus Premier</th> </tr> </thead> <tbody> <tr> <td>Employee:</td> <td>\$49.22</td> </tr> <tr> <td>Employee + 1:</td> <td>\$94.22</td> </tr> <tr> <td>Family:</td> <td>\$170.19</td> </tr> </tbody> </table> <p style="text-align: center;"><i>VACEPlus dental rates guaranteed until 12/31/2024</i></p>	Plan 1 – PPO Plus Premier		Employee:	\$49.22	Employee + 1:	\$94.22	Family:	\$170.19	<table border="0"> <thead> <tr> <th colspan="2" data-bbox="1008 1079 1260 1110">DeltaVision 180/180</th> </tr> </thead> <tbody> <tr> <td>Employee:</td> <td>\$10.53</td> </tr> <tr> <td>Employee + 1:</td> <td>\$18.08</td> </tr> <tr> <td>Family:</td> <td>\$32.35</td> </tr> </tbody> </table> <p style="text-align: center;"><i>VACEPlus DeltaVision rates guaranteed until 12/31/2026</i></p>	DeltaVision 180/180		Employee:	\$10.53	Employee + 1:	\$18.08	Family:	\$32.35
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For updates & changes effective **prior to January 2024**, email kwinchester@vtchamber.com. This includes all:

- Group address changes
- Group contact updates
- Employee enrollments, terminations or changes in coverage or address



For updates & changes effective January 2024 (or after)

- Group address and contact changes should be sent to vacebenefits@vtchamber.com
- Employee enrollment, terminations or changes in coverage or address should be sent to eligibilitydepartment@nedelta.com