Outline of Benefits
UNIVERSITY OF VERMONT
HIGH OPTION
Group Numbers: 7255, 7455, 7555, 7655, 7855

For more information on your benefits, please refer to your Dental Plan Description (DPD) or Summary Plan Description (SPD).

Benefit Period: January 1 through December 31

Benefit percentages paid by Northeast Delta Dental after any applicable deductibles:

- Diagnostic & Preventive (Coverage A): 100%
- Basic (Coverage B): 80%
- Major (Coverage C) - includes implant services: 60%
- Orthodontics (Coverage D): 50%

Maximum Benefits: $1500 per person per benefit period excluding Ortho. Orthodontic benefits have a separate lifetime maximum of $1000 per person.

Deductibles: $25/$75 benefit period deductible per person/family (applies to Basic, Major and Orthodontics).

Dependent Age Limits:
Dependent Children are covered up to age 19. Full-time students are covered up to age 24.

Your benefits include Domestic Partner Coverage. Please contact your employer for more details.