Outline of Benefits
UNIVERSITY OF VERMONT
Group Number: 7255, 7455, 7555, 7655, 7855
HIGH PLAN

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 Waiting Periods and/or Copayments:

Diagnostic & Preventive (Coverage A) 100%
Basic (Coverage B) 80%
Major (Coverage C) 60%
Orthodontics (Coverage D) 50%

Maximum Benefits: $1,500 per person per benefit period excluding Orthodontics.
Orthodontic benefits have a separate lifetime maximum of $1000 per person.

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

Dependent Age Limits:
Dependent Children are covered up to age 26.