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

Eligibility Period--Determined by the Employer. [Termination is exact date of termination.]

Benefit percentages paid by Northeast Delta Dental after any applicable Waiting Periods and/or Copayments:

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Benefit Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic &amp; Preventive (Coverage A)</td>
<td>100%</td>
</tr>
<tr>
<td>Basic (Coverage B)</td>
<td>80%</td>
</tr>
<tr>
<td>Major (Coverage C)</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontics (Coverage D)</td>
<td>50%</td>
</tr>
</tbody>
</table>

Maximum Benefits: $750 per person per benefit period excluding Orthodontics. Orthodontic benefits have a separate lifetime maximum of $500 per person.

Deductibles: $25/$75 benefit period deductible per person/family (applies to all covered benefit classes).

Office Visit Copayments: None

Waiting Periods:
Basic Benefits: No waiting period.
Major Benefits: No waiting period.
Orthodontic Benefits: No waiting period.

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

Double-Up MaxSM: Not applicable

To the extent of any provision in this Outline of Benefits conflicts with a provision in the Dental Plan Description or Summary Plan Description, the provision in the Dental Plan Description or Summary Plan Description shall supersede and take precedence.