Outline of Benefits
UNIVERSITY OF VERMONT
Group Number: 7255, 7655, 7855
HIGH OPTION 2

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:

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

Maximum Benefits: $2,000 per person per benefit period excluding Orthodontics.
Orthodontic benefits have a separate lifetime maximum of $1,500 per person.

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

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 Max℠: 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.