



The Vermont Education Health Initiative

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Vermont-National Education Association / Vermont School Boards Insurance Trust

Exhibit B VEHI Member Agreement Dental Plan FY17
VEHI Dental Rates For Groups with No Prior Dental Coverage*
**After first year rates are based upon member experience*
July 1, 2016 – June 30, 2017

<u>Plan</u>	<u>Preventive</u>	<u>Deductible</u>	<u>Basic</u>	<u>Major</u>	<u>Annual Maximum</u>	
1	100%	\$0	90%	60%	\$1,500	per person
2	100%	\$0	80%	50%	\$1,500	per person
3	100%	\$25	80%	50%	\$1,000	per person
4	100%	\$50	100%	50%	\$1,000	per person
5	100%	\$0	100%	NA	\$750	per person

Monthly Rates Effective July 1, 2016, No Ortho Coverage

	<u>Single</u>	<u>2-Person</u>	<u>Family</u>
1	\$62.49	\$118.93	\$200.35
2	\$51.87	\$ 98.73	\$166.29
3	\$48.74	\$ 92.78	\$156.28
4	\$64.99	\$123.70	\$208.36
5	\$64.36	\$122.51	\$206.36

Monthly Rates Effective July 1, 2016, with Child Ortho *

	<u>Single</u>	<u>2-Person</u>	<u>Family</u>
1	\$66.24	\$126.07	\$212.37
2	\$54.98	\$104.65	\$176.27
3	\$51.66	\$ 98.34	\$165.64
4	\$68.90	\$131.13	\$220.86

Monthly Rates Effective July 1, 2016, with Child and Adult Ortho *

	<u>Single</u>	<u>2-Person</u>	<u>Family</u>
1	\$68.11	\$129.65	\$218.38
2	\$56.53	\$107.60	\$181.25
3	\$53.13	\$101.12	\$170.34
4	\$70.84	\$134.84	\$227.13

* VEHI standard Ortho coverage is 50% to a LTM of \$1000 per person.

List of Criteria:

- * School must pay at least 50% of single rate.
- * Need 75% of eligible staff that have no other coverage to participate.



