



The Vermont Education Health Initiative

52 Pike Drive, Berlin, VT 05602
802-223-5040

Vermont School Boards Insurance Trust / Vermont-National Education Association

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, 2017 - June 30, 2018

<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, 2017, No Ortho Coverage

	<u>Single</u>	<u>2-Person</u>	<u>Family</u>
1	\$65.65	\$124.95	\$210.49
2	\$54.49	\$103.73	\$174.71
3	\$51.20	\$97.48	\$164.18
4	\$68.28	\$129.95	\$218.91
5	\$67.62	\$128.71	\$216.80

Monthly Rates Effective July 1, 2017, with Child Ortho *

	<u>Single</u>	<u>2-Person</u>	<u>Family</u>
1	\$69.59	\$132.45	\$223.12
2	\$57.76	\$109.95	\$185.19
3	\$54.28	\$103.31	\$174.02
4	\$72.38	\$137.77	\$232.04

Monthly Rates Effective July 1, 2017, with Child and Adult Ortho *

	<u>Single</u>	<u>2-Person</u>	<u>Family</u>
1	\$71.56	\$136.22	\$229.43
2	\$59.39	\$113.05	\$190.43
3	\$55.82	\$106.24	\$178.96
4	\$74.42	\$141.67	\$238.62

* 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.
- * Employers can offer only one dental plan option to an employee, however, an employer can have different dental plans for different employee groups

