



The Vermont Education Health Initiative

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Vermont School Boards Insurance Trust / Vermont-National Education Association

Exhibit B VEHI Member Agreement Dental Plan VEHI Dental Rates For Groups with No Prior Dental Coverage*

**After first year rates are based upon member experience*

July 1, 2019 - June 30, 2020

Plan	Preventive	Deductible	Basic	Major	Annual Maximum
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, 2019, No Ortho Coverage

	<u>Single</u>	<u>2-Person</u>	<u>Family</u>
1	\$67.62	\$128.70	\$216.80
2	\$56.13	\$106.84	\$179.95
3	\$52.74	\$100.40	\$169.11
4	\$70.33	\$133.85	\$225.47
5	\$69.65	\$132.57	\$223.31

Monthly Rates Effective July 1, 2019, with Child Ortho *

	<u>Single</u>	<u>2-Person</u>	<u>Family</u>
1	\$71.68	\$136.42	\$229.81
2	\$59.49	\$113.24	\$190.75
3	\$55.91	\$106.41	\$179.24
4	\$74.56	\$141.90	\$239.00

Monthly Rates Effective July 1, 2019, with Child and Adult Ortho *

	<u>Single</u>	<u>2-Person</u>	<u>Family</u>
1	\$73.71	\$140.30	\$236.31
2	\$61.17	\$116.44	\$196.14
3	\$57.49	\$109.42	\$184.33
4	\$76.65	\$145.92	\$245.78

* 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

