



VEHI Dental Rates  
For Groups with No Prior Dental Coverage  
July 1, 2023 - June 30, 2024

<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, 2023, No Ortho Coverage**

	<u>Single</u>	<u>2-Person</u>	<u>Family</u>
1	\$52.62	\$101.21	\$169.73
2	\$44.16	\$84.91	\$143.96
3	\$41.18	\$79.15	\$136.04
4	\$55.73	\$107.25	\$186.35
5	\$42.82	\$82.14	\$164.02

**Monthly Rates Effective July 1, 2023, with Child Ortho \***

	<u>Single</u>	<u>2-Person</u>	<u>Family</u>
1	\$52.62	\$101.70	\$176.94
2	\$44.16	\$85.40	\$151.17
3	\$41.18	\$79.64	\$143.26
4	\$55.73	\$107.74	\$193.57

**Monthly Rates Effective July 1, 2023, with Child and Adult Ortho \***

	<u>Single</u>	<u>2-Person</u>	<u>Family</u>
1	\$53.56	\$103.58	\$185.52
2	\$45.11	\$87.28	\$159.75
3	\$42.12	\$81.51	\$151.84
4	\$56.68	\$109.61	\$202.15

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

**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**