

VEHI Dental Rates  
For Groups with No Prior Dental Coverage  
July 1, 2026 - June 30, 2027

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

**Monthly Rates Effective July 1, 2026, No Ortho Coverage**

|   | <u>Single</u> | <u>2-Person</u> | <u>Family</u> |
|---|---------------|-----------------|---------------|
| 1 | \$58.62       | \$112.75        | \$189.08      |
| 2 | \$49.20       | \$94.60         | \$160.38      |
| 3 | \$45.88       | \$88.17         | \$151.56      |
| 4 | \$62.09       | \$119.48        | \$207.61      |
| 5 | \$47.71       | \$91.51         | \$182.73      |

**Monthly Rates Effective July 1, 2026, with Child Ortho \***

|   | <u>Single</u> | <u>2-Person</u> | <u>Family</u> |
|---|---------------|-----------------|---------------|
| 1 | \$58.62       | \$113.30        | \$197.12      |
| 2 | \$49.20       | \$95.14         | \$168.41      |
| 3 | \$45.88       | \$88.72         | \$159.60      |
| 4 | \$62.09       | \$120.02        | \$215.64      |

**Monthly Rates Effective July 1, 2026, with Child and Adult Ortho \***

|   | <u>Single</u> | <u>2-Person</u> | <u>Family</u> |
|---|---------------|-----------------|---------------|
| 1 | \$59.67       | \$115.39        | \$206.68      |
| 2 | \$50.25       | \$97.23         | \$177.97      |
| 3 | \$46.93       | \$90.81         | \$169.15      |
| 4 | \$63.14       | \$122.11        | \$225.20      |

\* VEHI standard Ortho coverage is 50% to a LTM of \$1000 per person.  
Ortho can only be added to Plans 1 and 4.

**List of Criteria:**

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