

VEHI Dental Rates
For Groups with No Prior Dental Coverage
July 1, 2025 - June 30, 2026

<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
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, 2024, No Ortho Coverage

	<u>Single</u>	<u>2-Person</u>	<u>Family</u>
1	\$56.36	\$108.41	\$181.81
2	\$47.31	\$90.96	\$154.21
3	\$44.11	\$84.78	\$145.73
4	\$59.70	\$114.88	\$199.62
5	\$45.87	\$87.99	\$175.70

Monthly Rates Effective July 1, 2024, with Child Ortho *

	<u>Single</u>	<u>2-Person</u>	<u>Family</u>
1	\$56.36	\$108.94	\$189.54
2	\$47.31	\$91.48	\$161.94
3	\$44.11	\$85.31	\$153.46
4	\$59.70	\$115.41	\$207.35

Monthly Rates Effective July 1, 2024, with Child and Adult Ortho *

	<u>Single</u>	<u>2-Person</u>	<u>Family</u>
1	\$57.38	\$110.95	\$198.73
2	\$48.32	\$93.50	\$171.13
3	\$45.12	\$87.32	\$162.65
4	\$60.71	\$117.42	\$216.54

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