

VEHI Dental Rates
For Groups with No Prior Dental Coverage
July 1, 2020 - June 30, 2021

<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, 2020, No Ortho Coverage

	<u>Single</u>	<u>2-Person</u>	<u>Family</u>
1	\$71.74	\$136.54	\$230.01
2	\$59.55	\$113.34	\$190.91
3	\$55.95	\$106.52	\$179.41
4	\$74.61	\$142.01	\$239.21
5	\$73.89	\$140.65	\$236.91

Monthly Rates Effective July 1, 2020, with Child Ortho *

	<u>Single</u>	<u>2-Person</u>	<u>Family</u>
1	\$76.04	\$144.73	\$243.81
2	\$63.12	\$120.14	\$202.36
3	\$59.31	\$112.89	\$190.16
4	\$79.10	\$150.54	\$253.55

Monthly Rates Effective July 1, 2020, with Child and Adult Ortho *

	<u>Single</u>	<u>2-Person</u>	<u>Family</u>
1	\$78.20	\$148.85	\$250.71
2	\$64.90	\$123.53	\$208.08
3	\$60.99	\$116.09	\$195.55
4	\$81.32	\$154.80	\$260.75

* 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.

Increase fr

Single

6.00%

5.99%

6.01%

6.01%

Single

2.83%

2.83%

2.83%

2.81%

om Above

<u>2-Person</u>	<u>Family</u>
6.00%	6.00%
6.00%	6.00%
5.98%	5.99%
6.01%	6.00%

<u>2-Person</u>	<u>Family</u>
2.84%	2.83%
2.82%	2.83%
2.83%	2.84%
2.83%	2.84%