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Northeast Delta Dental



BlueCross BlueShield
of Vermont

An Independent Licensee of the
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VERMONT HEALTH CONNECT
DENTAL PLANS

PEDIATRIC ONLY DENTAL BENEFITS EMBEDDED (INCLUDED) IN HEALTH PLANS

	BCBSVT	MVP
Embedded with the Medical Plan, Integrated Deductible (Ded.) & Out-of-Pocket Max. (OOPM)	Yes, though deductible does not apply to all Class 1	Yes
Class 1 Preventive and Diagnostic	0% after medical deductible (no deductible for some Class 1)	0% after medical deductible
Class 2 Basic	30% after medical deductible	30% after medical deductible
Class 3 Major	50% after medical deductible	50% after medical deductible
Medically Necessary Ortho	50% after medical deductible	50% after medical deductible
Plan Maximum	N/A	N/A

STAND ALONE DENTAL PLANS

	Pediatric Low Option Delta Dental	Pediatric High Option Delta Dental	Adult Plan with Pediatric Low Option Delta Dental	Adult Plan with Pediatric High Option Delta Dental	Definition
EMBEDDED WITH THE MEDICAL PLAN	No	No	No	No	Included as part of medical insurance.
Dental Deductible per Enrollee	\$625	\$50	\$50 (per adult enrollee) \$625 (per pediatric enrollee)	\$50	The amount an individual must pay before insurance begins to pay for services.
Out-of-Pocket Maximum per Pediatric Enrollee	\$1,000	\$1,000	\$1,000	\$1,000	The most a pediatric enrollee will pay for covered services per year.
Plan Year Maximum per Adult Enrollee	N/A	N/A	\$1,500	\$1,500	The most your insurance will pay per year per adult enrollee in a given plan year.
Co-insurance					The percent of the cost of covered services for which you are responsible.
Class 1: Preventive and Diagnostic	0%	0%	0%	0%	Example: cleanings and x-rays.
Class 2: Basic Restorative	30% after deductible	30% after deductible	30% after deductible	30% after deductible	Example: fillings
Class 3: Major Restorative*	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Example: crowns *A six month waiting period applies to adult enrollees. This is waived when there is no lapse in coverage.
Medically Necessary Orthodontia	50% (pediatric enrollees only)	50% (pediatric enrollees only)	50% (pediatric enrollees only)	50% (pediatric enrollees only)	Example: correction of handicapping malocclusions.
Monthly Premiums					The monthly cost based on your enrollment type.
Per Child	\$32.79	\$38.64	N/A	N/A	This rate is for each enrolled child under the age of 21. No adult coverage.
One Adult	N/A	N/A	\$46.93	\$46.93	This rate is for a single adult enrollee age 21 or older.
Two Adults	N/A	N/A	\$89.62	\$89.62	This rate is for two adult enrollees both age 21 or older.
Single Head of Household (HoH)	N/A	N/A	\$110.74	\$122.12	This rate is for a single parent age 21 or older with one of more enrolled child(ren) under age 21.
Family	N/A	N/A	\$160.34	\$165.34	This rate is for two adults age 21 or older with one or more enrolled child(ren) under age 21; or three or more adults age 21 or older with or without one of more enrolled child(ren) under age 21.