

Vermont Health Connect Embedded Pediatric Dental, Stand-Alone Dental, and Catastrophic Plans

Pediatric Dental Benefits Embedded in Health Plans

Embedded with the Medical Plan, Integrated Ded & OOPM	Yes
Class 1 Preventive and Diagnostic	0% after ded
Class 2 Basic	30% after ded
Class 3 Major	50% after ded
Medically Necessary Ortho Plan Maximum	50% after ded
	N/A

For a glossary of health insurance terms visit:

<http://info.healthconnect.vermont.gov/glossary>

Note: Most Vermonters who use Vermont Health Connect will get financial help to reduce their costs, either from their employer or a tax credit (but not for catastrophic plans).

Delta Dental Stand Alone Dental

Dental Benefits	High Option - Pediatric	High Option - Adults	Low Option - Pediatric	Low Option - Adults
Embedded with the Medical Plan	No	No	No	No
Deductible	\$50	\$50	\$625	\$50
OOPM	\$1,000	N/A	\$1,000	N/A
Class 1 Preventive and Diagnostic	0%	0%	0%	0%
Class 2 Basic	30% after ded	30% after ded	30% after ded	30% after ded
Class 3 Major	50% after ded	50% after ded	50% after ded	50% after ded
Medically Necessary Ortho Plan Maximum	50%	N/A	50%	N/A
	N/A	\$1,500	N/A	\$1,500
Premiums	High Option - Pediatric	High Option - Adults	Low Option - Pediatric	Low Option - Adults
Single	N/A	\$46.93	N/A	\$46.93
Couple	N/A	\$89.62	N/A	\$89.62
Parent and Child(ren)	N/A	\$122.12	N/A	\$110.74
Family	N/A	\$165.34	N/A	\$160.34
Rates Per Child	\$38.64	N/A	\$32.79	N/A

Catastrophic¹

Deductible/OOP Max	BCBS EPO 6350	MVP HMO 6350
	Deductible	Deductible
Type of Plan		
Medical Only Deductible (Individual/Family)	N/A	N/A
Rx Only Deductible (Individual/Family)	N/A	N/A
Integrated Ded	\$6,350	\$6,350
Medical Only Out-of-Pocket Maximum (OOP Max) (Individual/Family)	N/A	N/A
Rx Only OOP Max (Individual/Family)	\$1,250	\$1,250
Integrated OOP Max	\$6,350	\$6,350
Family Deductible / OOP Max	Aggregate, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for: ²	Preventive, 3 PCP/MH/SA OV	Preventive
Drug Deductible waived for:	N/A	N/A
Service Category	Copay / Coinsurance	Copay / Coinsurance
Inpatient	0%	0%
Outpatient	0%	0%
ER	0%	0%
Radiology (MRI, CT, PET)	0%	0%
Preventive	0%	0%
PCP Office Visit	Combined 3 visits PCP/MH/SA at no cost share; then ded applies	3 PCP visits at no cost share; then ded applies
MH/SA Office Visit		
Specialist Office Visit	0%	0%
Urgent Care	0%	0%
Ambulance	0%	0%
Rx VBID	N/A	0%
Rx Generic	0%	0%
Rx Preferred Brand	0%	0%
Rx Non-Preferred Brand	0%	0%
Premiums		
Single	\$213.68	\$195.61
Couple	\$427.36	\$391.22
Parent and Child(ren)	\$412.40	\$377.53
Family	\$600.44	\$549.66

Abbreviations-- Rx: Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance, VBID: Value-Based Insurance Directive

Glossary-- Find definitions for Integrated Deductible/Out of Pocket Maximum (OOPM), Stacked Deductible/OOPM, Aggregate Deductible/OOPM, and other terms at <http://info.healthconnect.vermont.gov/glossary>

¹ Available to individuals who are either under 30 years old or have limited incomes

² Medical Deductible waived for: Preventive, Office Visit, Urgent Care, Ambulance, Emergency

Vermont Health Connect

Pediatric Dental Embedded in Health Plan

Embedded with the Medical Plan,
Integrated Ded & OOPM

Class 1 Preventive and Diagnostic

Class 2 Basic

Class 3 Major

Medically Necessary Ortho

Plan Maximum

Dental Benefits

Embedded with the Medical Plan

Deductible

OOPM

Class 1 Preventive and Diagnostic

Class 2 Basic

Class 3 Major

Medically Necessary Ortho

Plan Maximum

Premiums

Single

Couple

Parent and Child(ren)

Family

Rates Per Child

Deductible/OOP Max

Type of Plan

Medical Only Deductible
(Individual/Family)

Rx Only Deductible
(Individual/Family)

Integrated Ded

Medical Only Out-of-Pocket
Maximum (OOP Max)
(Individual/Family)

Rx Only OOP Max
(Individual/Family)

Integrated OOP Max

Family Deductible / OOP Max

Medical Deductible waived for:²

Drug Deductible waived for:

Service Category

Inpatient

Outpatient

ER

Radiology (MRI, CT, PET)

Preventive

PCP Office Visit

MH/SA Office Visit

Specialist Office Visit

Urgent Care

Ambulance

Rx VBID

Rx Generic

Rx Preferred Brand

Rx Non-Preferred Brand

Premiums

Single

Couple

Parent and Child(ren)

Family