

Embedded Pediatric Dental, Stand-Alone Dental, and Catastrophic Plans

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

For a glossary of health insurance terms visit:
http://healthconnect.vermont.gov/about_us/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
MOOP	\$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	50%	N/A	50%	N/A
Plan Maximum	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

Deductible/OOP Max	Catastrophic	
	BCBS EPO 6350	HMO 6350
Type of Plan	Deductible	Deductible
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: ¹	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	0%	0%
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://healthconnect.vermont.gov/about_us/glossary

¹ Medical Deductible waived for: Preventive, Office Visit, Urgent Care, Ambulance, Emergency Room (as indicated by plan)

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