

Vermont Health Connect

2025 Dental Plans

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Pediatric Dental Benefits Embedded in Health Plans			
Dental Benefits	High Deductible Health Plans (HDHP or CDHP)	All Other Health Plans	
Embedded with the Medical Plan (Medical Deductible and Maximum Out-of-Pocket apply)	Yes	Yes	
Class 1 Preventive and Diagnostic	0% after medical deductible	0% (deductible is waived)	
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 Plan		
Dental Benefits	Northeast Delta Dental (NEDD)	
Embedded with the Medical Plan	No	
Dental Deductible per Enrollee*	\$50	
Maximum Out-of-Pocket per Pediatric Enrollee	\$425 per enrollee (\$850 per family)	
Class 1 Preventive and Diagnostic	0%	
Class 2 Basic	30% after dental deductible	
Class 3 Major*	50% after dental deductible	
Medically Necessary Ortho	50%	
Plan Maximum per Adult Enrollee	\$1,500	
Premiums by Tier		
Single	\$61.00	
Two Person	\$117.00	
Parent and Child(ren)	\$163.00	
Family	\$224.00	
Child only (One Child)	\$52.00	
Child only (Two or More Children)	\$104.00	

VT Rate Tier Level	VT Tier Title	Definition – Individual and Small Business
Tier I	Single	One person – the subscriber (must be an adult)
Tier II	Two Person	Two adults (may include an adult child between the ages of 21-26) $$
Tier III	Single Head of Household (HoH) with One or More Children	One adult subscriber and one or more dependent child(ren), under the age of 21
Tier IV	Family	Two or more adults age 21+ with child(ren) under age 21 or 3 or more adults age 21+ $$
Tier V	Child Only (One Child)	One child under the age of 21
Tier VI	Child Only (Two or More Children)	Two or more children under the age of 21

- NOTES:

 Children eligible for Child Only through the last day of the benefit year they turn 21
 Children age 26 and over may be covered if deemed incapacitated dependents
 Dependent children include: biological children, adopted children, step-children, and children for whom subscriber is legal guardian

^{*}The \$50 Dental Deductible per Enrollee only applies to basic and major services.

*For enrollees 21 and older, there is a six-month waiting period for Major Services, such as crowns, bridgework and dentures. Waiting periods do not apply for enrollees under the age of 21.