

Vermont Truck & Bus Association, Inc. Here's a Closer Look at the Dental Coverage Available:

This chart is provided for summary purposes only; in the event of a conflict or discrepancy between the chart and either the group contract or the benefit booklet, the contract or benefit booklet will prevail.

	OPTION 1** PPO plus Premier Network	OPTION 3 PPO plus Premier Network	OPTION 5 PPO plus Premier Network	OPTION 6 PPO Network	OPTION 7 PPO Network
COVERAGE A (no deductible) Diagnostic: Evaluations; X-rays Preventive: Routine cleanings; Fluoride; Space maintainers; Sealants for children	100%	100%	100%	100% ⁺⁺	100% ⁺⁺
LIFETIME DEDUCTIBLE per person/family	\$100/\$300	\$100/\$300	\$75/\$225	\$100/\$300	\$100/\$300
COVERAGE B (after deductible) Amalgam (silver) fillings, Composite (white) fillings; Extractions; Root canal therapy; Periodontal treatment; Repair of a removable dentures	80% After a 6-Month Waiting Period ⁺	80% After a 6-Month Waiting Period ⁺	60% After a 6-Month Waiting Period ⁺	80% After a 6-Month Waiting Period ⁺	80% After a 6-Month Waiting Period ⁺
COVERAGE C (after deductible) Prosthodontics: Bridges; Crowns; Dentures; Onlays; Implants	50% After a 12-Month Waiting Period ⁺	50% After a 12-Month Waiting Period ⁺	50% After a 12-Month Waiting Period ⁺	50% After a 12-Month Waiting Period ⁺	50% After a 12-Month Waiting Period ⁺
COVERAGE D* (no deductible) Orthodontics: Correction of crooked teeth	50% After a 24-Month Waiting Period ⁺	50% After a 24-Month Waiting Period ⁺	Not a Benefit	50% After a 24-Month Waiting Period ⁺	Not a Benefit
MAXIMUM per person, per calendar year ⁺⁺	\$2,000	\$1,000	\$1,500	\$2,000	\$2,000
MONTHLY RATES One Person: Two Persons: Three or More Persons:	\$50.25 \$87.23 \$154.78	\$46.98 \$80.26 \$132.85	\$40.72 \$68.40 \$104.80	\$46.79 \$81.21 \$143.76	\$46.53 \$80.01 \$135.78

Rates are guaranteed through December 31, 2021.

****Option 1** includes a Carryover Benefit feature; please refer to the Carryover Benefit flyer for more details.

++ Note: Claims paid for Diagnostic & Preventive (Coverage A) do not count toward the calendar year maximum for Options 6 and 7 only.

***COVERAGE D** has a separate lifetime maximum of \$2,000 (Option 1 and Option 6), or \$1,000 (Option 3) per eligible adult and child.

+ Waiting periods apply to new enrollees. Credit towards satisfaction of waiting periods will be given to existing member groups for prior coverage under another VTBAI option, or for new member groups for prior coverage on takeover business.

Benefit percentages shown above are based upon the actual charge submitted to a maximum of the participating dentist's approved fees, or Northeast Delta Dental's allowance for non-participating dentists.

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