Outline of Benefits
Vermont Law School
Group Number: 7175-6000

Calendar Year for Benefits – January 1 through December 31.

Eligibility Period – Determined by the Employer.

Waiting Periods: None

Eligible Persons - Your enrollment in your dental plan must be exactly the same as your enrollment in your medical plan. This means that the persons you enroll in your medical plan (for example, you, your spouse and your dependents) must also be enrolled in your dental plan. Anyone not enrolled in the medical plan cannot be enrolled in the dental program.

Benefit Coverages and Percentages Paid by Northeast Delta Dental -
  Diagnostic & Preventive  100%
  Basic                 80%
  Major -includes implant services  60%

Benefit percentages shown 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.

Maximum Benefit - The maximum amount which your plan will pay is $1000 per person per Calendar Year for Basic and Major benefits.

Deductible - There is no deductible.

Your benefits include Domestic Partner Coverage. Please contact your Human Resources department for further details.

OOB07/10