

# University of Vermont

Effective 1 -1-2024

This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract, and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore important that you READ YOUR POLICY CAREFULLY! Not all time limitations and exclusions are shown here. Benefit percentages shown are based on the actual charges submitted up to the Maximum Allowable Charge for participating dentists, or **Delta Dental's allowance for non-participating dentists.**

Outline of Coverage Delta Dental PPO plus Premier Network		Base Plan	High Option
Coverage A	<b>DIAGNOSTIC:</b> Evaluations - 2 per Calendar Year X-Rays - complete series or panoramic once in a 3 -year period Bitewing x-rays once each Calendar Year <b>PREVENTIVE:</b> Cleanings - 2 per Calendar Year Periodontal Maintenance Cleaning - 2 per Calendar Year. Note: Two cleanings of either type (routine and		
Coverage B	X-Rays of individual teeth <b>RESTORATIVE:</b> Amalgam fillings & Composite fillings * (anterior teeth only) <b>ORAL SURGERY:</b> Surgical & routine extractions; certain other surgical procedures <b>ENDODONTICS:</b> Root canal therapy <b>PERIODONTICS:</b> Treatment of gum disease <b>CROWNS</b> and repairs to Crowns, Dentures, and Bridges <b>ONLAYS</b> <b>DIAGNOSTIC CASTS</b>	80%	80% *Composite fillings are covered on all teeth
Coverage C	<b>PROSTHODONTICS:</b> Removable and fixed partial dentures (bridge) Complete dentures Denture rebase and relines, and denture adjustments Tissue Conditioning Implants	50%	60%
Coverage D	<b>ORTHODONTICS:</b> Correction of crooked teeth for children for adults and children	50%	50%

Calendar Year Maximum for services in Coverages A, B, & C (excluding ortho)

**Please Note :**

- The plan selection may not be changed until the next open enrollment.
- The plan selection must be the same for both employee and dependent
- Services that are covered under your Medical plan are not covered benefits under your Delta Dental plan.

