

GMHEC

Number of Enrolled Employees: 2-19

State: VT

Proposed Effective Date: 1/1/2022

Plan Name: Premium Plus
 Northeast Delta Dental Network: PPO plus Premier



Office Visit Copayment: \$0

Diagnostic / Preventive: Delta Dental Pays 100% No Waiting Period	Basic Restorative: Delta Dental Pays 80% No Waiting Period	Major Restorative: Delta Dental Pays 50% After a 6-Month Waiting Period ¹	Orthodontics: Delta Dental Pays 50% After a 6-Month Waiting Period ¹
No Deductible	One-time Deductible: \$100/\$300 per Person/Family		No Deductible
<p>DIAGNOSTIC: Oral evaluations twice in a 12-month period, this includes periodic, limited, problem-focused, and comprehensive evaluations</p> <p>Bitewing X-Rays once in a 12-month period</p> <p>X-Rays of individual teeth as necessary</p> <p>Brush biopsy once in a 12-month period</p> <p>PREVENTIVE: Cleanings twice in a 12-month period</p> <p>Fluoride twice in a 12-month period to age 15</p> <p>Sealant application to permanent molars, once in a lifetime per tooth, for children to age 15</p>	<p>RESTORATIVE: Amalgam (silver) fillings; Composite (white) fillings</p> <p>ORAL SURGERY: Routine extractions</p> <p>ENDODONTICS: Root canal therapy</p> <p>PERIODONTICS: Treatment of gum disease</p> <p>Periodontal Cleaning (Maintenance procedures)</p> <p>Note: <i>Only two cleanings are covered in a 12-month period. These may be any combination of routine (Coverage A) or periodontal (Coverage B).</i></p> <p>Space maintainers to age 15</p> <p>Full-mouth/panorex X-rays once in a 5-year period</p> <p>EMERGENCY PALLIATIVE TREATMENT</p>	<p>PROSTHODONTICS: Removable and fixed partial dentures (bridge); complete dentures</p> <p>Rebase and reline (dentures)</p> <p>Crowns</p> <p>Onlays</p> <p>Implants</p> <p>DENTURE REPAIR: Repair of removable denture to its original condition</p> <p>ORAL SURGERY: Complex extractions and other surgical procedures</p> <p>CROWN LENGTHENING: Clinical crown lengthening once in a lifetime per site</p>	<p>ORTHODONTICS: Correction of malposed (crooked) teeth for adults and dependent children</p>
<p>Calendar Year Maximum: \$2,000 per Person up to \$4,000 with Double-Up MaxSM</p>			<p>Lifetime Maximum per Person: \$1,500</p>

Monthly Rates (guaranteed for 12 months): Employee: \$50.52 Employee + One: \$92.60 Family: \$163.06

Guarantee of Service ExcellenceSM program included

¹If this Northeast Delta Dental plan is replacing an existing group dental plan that covers the services to which the waiting periods apply, the waiting periods will be waived for enrollees whose effective date of coverage coincides with the *original* effective date of this plan.