



Delta Dental Plan of Vermont, Inc.

Northeast Delta Dental  
One Delta Drive  
PO Box 2002  
Concord, NH 03302-2002  
Customer Service:  
800-832-5700

**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