

In VHAP managed care, beneficiaries are eligible to receive additional services that are not included in the managed health care plan package. These services do not require a referral from the beneficiaries' primary care provider and are reimbursed on a fee-for-service basis. The wrap-around services are:

- limited dental services for adults, excluding dentures, up to an annual calendar-year benefit maximum of \$475. . .

(Emphasis added.)

Inasmuch as the Department's decision in this matter is in accord with the above regulations the Board is bound by law to affirm. 3 V.S.A. § 3091(d) and Fair Hearing Rule No. 17.

ORDER

The Department's decision is affirmed.

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