

**CITY OF ST. CHARLES SCHOOL DISTRICT
DENTAL INSURANCE COMPARISON
EFFECTIVE JANUARY 1, 2017**

FEATURES:	Low Plan		High Plan	
	In Network	Out of Network	In Network	Out of Network
Individual Deductible:	\$50	\$50	\$25	\$25
Family Deductible:	\$150	\$150	\$75	\$75
Office Visit CoPay:	\$0	\$0	\$0	\$0
Type I - Preventive Care: (Exams, Cleanings)	100% (No Ded)	70% (No Ded)	100% (No Ded)	100% (No Ded)
Type II - Basic Procedures: (Fillings, Extractions)	70%	50%	80%	80%
Type III - Major Procedures: (Caps, Crowns)	50%	30%	50%	50%
Oral Surgery: (simple extractions, Anes.)	70%	50%	80%	80%
Endodontics:	70%	50%	80%	80%
Periodontics:	70%	50%	80%	80%
Type IV - Orthodontia:	50% to \$1000	50% to \$1000	50% to \$1500	50% to \$1500
	Lifetime Max. Child Only	Lifetime Max. Child Only	Lifetime Max Child Only	Lifetime Max Child Only
Maximum Benefit/Year:	\$1,000	\$750	\$1,500	\$1,500
<u>MONTHLY AMT WITHELD FROM EMPLOYEE'S CHECK</u>	<u>Low Plan</u>		<u>High Plan</u>	
<i>Individual Only*</i>	\$20.68*		\$37.58*	
<i>Spouse</i>	\$24.22		\$44.00	
<i>Children</i>	\$17.88		\$32.52	
<i>Family</i>	\$51.20		\$93.04	
*District continues to pay the individual portion				

**Employees must enroll in the Dental benefit offered by District. The above outline is for illustration purposes only.

Outline is not intended to provide specific definitions of the plan's coverage or to determine if claims are eligible for payment.