

**City of St. Charles School District
DENTAL INSURANCE COMPARISON
Effective January 1, 2023**

FEATURES:	Delta Dental	
	<i>High Plan</i>	<i>Low Plan</i>
IN-NETWORK BENEFITS		
Calendar Year Deductible	Individual	\$25
	Family	\$75
Co-Insurance		
Preventive Care - Type I (Exams, Cleanings)	100%	100%
Basic Procedures - Type II (Fillings, Extractions)	80%	70%
Major Procedures - Type III (Caps, Crowns, Implants)	50%	50%
Orthodontia - Type IV	50%	50%
Orthodontia Plan Lifetime Max (Children up to age 26 only)	\$1,500	\$1,000
Endodontics		
	80%	50%
Periodontics: Maintenance, Scaling & Root Planing/Surgery		
	80% / 50%	70% / 50%
Maximum Benefit/Year (Preventive services do not go towards the Annual Max.)		
	\$1,500	\$1,000
OUT OF NETWORK BENEFITS		
Co-Insurance		
Preventive Care - Type I (Exams, Cleanings)	100%	70%
Basic Procedures - Type II (Fillings, Extractions)	80%	50%
Major Procedures - Type III (Caps, Crowns)	50%	30%
Orthodontia - Type IV	50%	50%
Orthodontia Plan Lifetime Max	\$1,500	\$1,000
Maximum Benefit/Year		
	\$1,500	\$750
<u>MONTHLY AMT WITHELD FROM EMPLOYEE'S CHECK</u>		
Individual Only*	\$40.16*	\$22.09*
Spouse	\$46.97	\$25.87
Children	\$34.70	\$19.10
Family	\$99.38	\$54.68
*District continues to pay the individual portion		