

**CITY OF ST. CHARLES SCHOOL DISTRICT
DENTAL INSURANCE COMPARISON
EFFECTIVE JANUARY 1, 2020**

FEATURES:	MetLife			
	Low Plan		High Plan	
	<u>In Network</u>	<u>Out of Network</u>	<u>In Network</u>	<u>Out of Network</u>
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%
Periodonitics (Non-Surgical)	70%	50%	80%	80%
Periodontics (Surgical):	50%	30%	50%	50%
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>	\$17.10*		\$31.08*	
<i>Spouse</i>	\$20.02		\$36.36	
<i>Children</i>	\$14.78		\$26.86	
<i>Family</i>	\$42.34		\$76.92	
*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.