

**CITY OF ST. CHARLES SCHOOL DISTRICT  
DENTAL INSURANCE COMPARISON  
EFFECTIVE JANUARY 1, 2022**

<b>FEATURES:</b>	<b>MetLife</b>			
	<b>Low Plan</b>		<b>High Plan</b>	
	<u>In Network</u>	<u>Out of Network</u>	<u>In Network</u>	<u>Out of Network</u>
Individual Deductible:	<b>\$50</b>	<b>\$50</b>	<b>\$25</b>	<b>\$25</b>
Family Deductible:	<b>\$150</b>	<b>\$150</b>	<b>\$75</b>	<b>\$75</b>
Office Visit CoPay:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
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
<b><u>MONTHLY AMT WITHELD FROM EMPLOYEE'S CHECK</u></b>	<b><u>Low Plan</u></b>		<b><u>High Plan</u></b>	
<i>Individual Only*</i>	\$23.49*		\$42.70*	
<i>Spouse</i>	\$27.50		\$49.96	
<i>Children</i>	\$20.32		\$36.90	
<i>Family</i>	\$58.14		\$105.66	
*District continues to pay the individual portion				