

# 2016 Dental Plan Highlights

## Take advantage of your Cook County Dental Benefits

Did you know that you, and your covered dependents, can receive the following treatments every year? All at no cost to you!

**Dental exams (2 per year) • Cleanings (2 per year) • Fluoride treatment**

Call and make your appointments today if you still have preventive benefits you haven't used during the plan period.



## Select a Dental HMO or PPO

Review your family needs and your benefit options carefully. Cook County employees must choose between one of the two options, based on your tenure with Cook County. The first option is the First Commonwealth/Guardian Dental HMO plan, that provides access to services performed at participating dental HMO practices. The second option is the First Commonwealth/Guardian PPO plan, that allows you to seek dental care from dentists who either are in or out of the PPO network. If you have extensive dental costs ahead of you, consider putting aside money in your medical flexible spending account so you can pay for these costs with before tax money!

The chart below shows the details of your options. Review the information closely. Call the numbers provided if you have any questions.

ITEM / PROCEDURE	Dental HMO COPAYMENT (Member Pays)	Dental PPO *	
		In-Network	Out-of-Network
<b>Benefit Period Maximum</b>	None	\$1500	
<b>Deductible</b>	None	\$25 per Individual \$100 per Family (4 individual Maximum) Deductible does not apply to preventive and orthodontic services	\$50 per Individual \$200 per Family (4 individual Maximum) Deductible does not apply to preventive and orthodontic services
<b>Dependent Eligibility</b>	Spouse, civil union or domestic partner, and children up to age 26.		
<b>PREVENTIVE</b>			
<b>Dental Exams (2 exams per Benefit Period)</b>	\$0	100% of the Maximum Allowance	80% of the Maximum Allowance
<b>Prophylaxis (2 cleanings per Benefit Period)</b>	\$0	100% of the Maximum Allowance	80% of the Maximum Allowance
<b>Fluoride Treatment (eligible members up to age 19)</b>	\$0	100% of the Maximum Allowance	80% of the Maximum Allowance
<b>PRIMARY SERVICES</b>			
<b>Dental X-Rays</b>	\$0	80% of the Maximum Allowance	60% of the Maximum Allowance
<b>Space Maintainers (eligible members up to age 19)</b>	\$63-\$96	80% of the Maximum Allowance	60% of the Maximum Allowance
<b>RESTORATIVE</b>			
<b>Amalgams and Anterior Resins</b>	\$17-\$44	80% of the Maximum Allowance	60% of the Maximum Allowance
<b>Posterior Resins</b>	\$53-\$105	80% of the Maximum Allowance	60% of the Maximum Allowance

ITEM / PROCEDURE	Dental HMO COPAYMENT (Member Pays)	Dental PPO *	
		In-Network	Out-of-Network
<b>RESTORATIVE</b> <i>cont.</i>			
<b>Crowns and Fixed Bridges</b>	\$256-\$300 per unit	50% of the Maximum Allowance	50% of the Maximum Allowance
<b>Inlays and Onlays</b>	\$189-\$326	50% of the Maximum Allowance	50% of the Maximum Allowance
<b>EMERGENCY SERVICES</b>			
<b>Palliative Emergency Treatment</b>	\$0	80% of the Maximum Allowance	80% of the Maximum Allowance
<b>ENDODONTICS</b>			
<b>Root Canal Therapy</b>	\$109-\$162	80% of the Maximum Allowance	60% of the Maximum Allowance
<b>Apicoectomy</b>	\$123-\$147	80% of the Maximum Allowance	60% of the Maximum Allowance
<b>Direct Pulp Cap</b>	\$12	80% of the Maximum Allowance	60% of the Maximum Allowance
<b>PERIODONTICS</b>			
<b>Scaling and Root Planing</b>	\$37/quadrant	80% of the Maximum Allowance	60% of the Maximum Allowance
<b>Gingivectomy</b>	\$111/quadrant	80% of the Maximum Allowance	60% of the Maximum Allowance
<b>Osseous Surgery</b>	\$206/quadrant	80% of the Maximum Allowance	60% of the Maximum Allowance
<b>ORAL SURGERY</b>			
<b>Routine Extractions</b>	\$18-\$20	80% of the Maximum Allowance	60% of the Maximum Allowance
<b>Removal of Impacted Teeth (soft tissue and partial bony)</b>	\$50-\$65	80% of the Maximum Allowance	60% of the Maximum Allowance
<b>PROSTHETICS</b>			
<b>Full and Partial Dentures</b>	\$383-\$396	50% of the Maximum Allowance	50% of the Maximum Allowance
<b>Denture Reline</b>	\$40-\$72	50% of the Maximum Allowance	50% of the Maximum Allowance
<b>Endosseous Implants</b>	Not Covered	50% of the Maximum Allowance	50% of the Maximum Allowance
<b>ORTHODONTICS</b>			
<b>Adults (19 or older)</b>	Not Covered	50% of the Maximum Allowance	
<b>Dependent Children (up to age 19)</b>	\$3,233-\$3,356 not including x-rays or orthodontic records	50% of the Maximum Allowance	
<b>Lifetime Maximum</b>	One full course of treatment for dependent children under age 19	\$1250	

Estimated Member Out of Pocket Costs for Selected Procedures				
Code	Code Description	DHMO Cook County Plan Member Cost	PPO Member Cost In-Network	PPO Member Cost Out-of-Network
D0120	Periodic oral exam	\$ -	\$ -	\$32.80
D0274	Four bitewing x-ray	\$ -	\$6.40	\$43.80
D1110	Prophylaxis, adult	\$ -	\$ -	\$70.80
D2160	Amalgam filling - three surfaces	\$ 28.00	\$18.80	\$148.60
D2750	Crown - porcelain fused to high noble metal	\$ 288.00	\$343.50	\$893.50
D3310	Root canal, anterior	\$ 109.00	\$87.60	\$737.20
D7140	Extraction, erupted tooth or exposed root	\$20.00	\$3.80	\$27.60

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Please note: This summary is not intended to represent a complete description of these plans. A complete description of benefits, limitations and exclusions are included in the Subscription Certificate and Group Master Policy. \*SCHEDULE OF MAXIMUM ALLOWANCES. PPO providers have agreed to accept the Schedule of Maximum Allowances as payment in full for covered services. Out-of-network providers do not accept the Schedule of Maximum Allowances as payment in full. You will be liable for any difference between the out-of-network dentist's charge and our payment. For more information, Dental HMO members may call 1-866-494-4542; Dental PPO members may call 1-866-302-4542. **For a listing of participating dental providers, please visit [GuardianAnytime.com/Cookcounty](http://GuardianAnytime.com/Cookcounty).** First Commonwealth is a wholly owned subsidiary of Guardian Life Insurance Company of America and maintains a Dental HMO and Dental PPO network in the Chicago land area and throughout the Midwest.

