2026 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. 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
Benefit Period Maximum	None	$1500	
Deductible	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
Dependent Eligibility	Spouse, civil union or domestic partner, and children up to age 26.		
PREVENTIVE			
Dental Exams (2 exams per calendar year)	$0	100% of the Maximum Allowance	80% of the Maximum Allowance
Prophylaxis (2 cleanings per calendar year)	$0	100% of the Maximum Allowance	80% of the Maximum Allowance
Fluoride Treatment (eligible members up to age 19)	$0	100% of the Maximum Allowance	80% of the Maximum Allowance
PRIMARY SERVICES			
Dental X-Rays	$0	80% of the Maximum Allowance	60% of the Maximum Allowance
Space Maintainers (eligible members up to age 19)	$63-$96	80% of the Maximum Allowance	60% of the Maximum Allowance
RESTORATIVE			
Amalgams and Anterior Resins	$17-$44	80% of the Maximum Allowance	60% of the Maximum Allowance
Posterior Resins	$53-$105	80% of the Maximum Allowance	60% of the Maximum Allowance

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ITEM / PROCEDURE	Dental HMO COPAYMENT (Member Pays)	Dental PPO *	
		In-Network	Out-of-Network
RESTORATIVE *cont.*			
Crowns and Fixed Bridges	$256-$300 per unit	50% of the Maximum Allowance	50% of the Maximum Allowance
Inlays and Onlays	$189-$326	50% of the Maximum Allowance	50% of the Maximum Allowance
EMERGENCY SERVICES			
Palliative Emergency Treatment	$0	80% of the Maximum Allowance	80% of the Maximum Allowance
ENDODONTICS			
Root Canal Therapy	$109-$162	80% of the Maximum Allowance	60% of the Maximum Allowance
Apicoectomy	$123-$147	80% of the Maximum Allowance	60% of the Maximum Allowance
Direct Pulp Cap	$12	80% of the Maximum Allowance	60% of the Maximum Allowance
PERIODONTICS			
Scaling and Root Planing	$37/quadrant	80% of the Maximum Allowance	60% of the Maximum Allowance
Gingivectomy	$111/quadrant	80% of the Maximum Allowance	60% of the Maximum Allowance
Osseous Surgery	$206/quadrant	80% of the Maximum Allowance	60% of the Maximum Allowance
ORAL SURGERY			
Routine Extractions	$18-$20	80% of the Maximum Allowance	60% of the Maximum Allowance
Removal of Impacted Teeth (soft tissue and partial bony)	$50-$65	80% of the Maximum Allowance	60% of the Maximum Allowance
PROSTHETICS			
Full and Partial Dentures	$383-$396	50% of the Maximum Allowance	50% of the Maximum Allowance
Denture Reline	$40-$72	50% of the Maximum Allowance	50% of the Maximum Allowance
Endosseous Implants	Not Covered	50% of the Maximum Allowance	50% of the Maximum Allowance
ORTHODONTICS			
Adults (19 or older)	Not Covered	50% of the Maximum Allowance	
Dependent Children (up to age 19)	$3,233-$3,356 not including x-rays or orthodontic records	50% of the Maximum Allowance	
Lifetime Maximum	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	$ -	$ -	$79.00
D0274	Four bitewing x-ray	$ -	$6.60	$93.20
D1110	Prophylaxis, adult	$ -	$ -	$128.20
D2160	Amalgam filling - three surfaces	$ 28.00	$19.40	$296.80
D2750	Crown - porcelain fused to high noble metal	$ 288.00	$336.50	$1,658.50
D3310	Root canal, anterior	$ 109.00	$90.60	$1,128.20
D7140	Extraction, erupted tooth or exposed root	$20.00	$14.20	$307.40

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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.** 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.

Guardian