




RICHARD M. DALEY, MAYOR

CITY OF CHICAGO



DENTAL PLAN COMPARISON FOR 2010

 compbenefits dental www.compbenefits.com/custom/cityofchicago 1-800-837-2341		DENTAL HMO PLAN		DENTAL PPO PLAN			
BENEFIT DESIGN		MUST USE PANEL DENTISTS		IN-NETWORK		OUT-OF-NETWORK	
Individual Deductible		\$0		\$100 per person, per year effective 1/1/06		\$200 per person, per year effective 1/1/06	
Annual Maximum Benefit		Unlimited		\$1,200 per person, effective 1/1/02		\$1,200 per person, effective 1/1/02	
ORTHODONTIC PROCEDURES (Braces)		<i>Co-payment (Member pays)</i>					
Sworn Police and Uniformed Firefighters (Under Age 25 only) All Others (Under Age 19 only)		Effective 1/1/06 \$2,300		Not Covered			
PREVENTIVE SERVICES							
Oral Exams (twice a year) Cleanings (twice a year) X-Rays (twice a year) Space Maintainers (children under 12)		100% Covered in full (no deductible) \$10 Co-payment required for each preventive service office visit.		100% Covered in full (no deductible) \$10 Co-payment required for each preventive service office visit.		Plan pays 80% of PPO allowable amount (no deductible). Member pays balance of billed charges.	
BASIC PROCEDURES		<i>Co-payments (Member pays)</i>				<i>Deductible Applies</i>	
		Effective 1/1/07					
Amalgam (Fillings) - one surface permanent		\$20		Plan pays 60% of PPO allowable amount. Member pays 40% of PPO allowable amount.		Plan pays 50% of PPO allowable amount. Member pays balance of billed charges.	
Resin - one surface anterior including acid etch-		\$24					
Pin Retention (per tooth) - in addition to restoration		\$31					
Routine Extraction Single Tooth		\$24					
Surgical Removal of Erupted Tooth		\$45					
Surgical Removal of Tooth - soft tissue impaction		\$58					
Surgical Removal of Tooth - partial bony impaction		\$83					
Surgical Removal of Tooth - complete bony impaction		\$83					
Alveoloplasty - without extractions - per quadrant		\$96					
Scaling and Root Planing - per quadrant with local anesthesia		\$45					
Gingivectomy or Gingivoplasty - per quadrant		\$183					
Gingival Flap Procedure Including Root Planing - per quadrant		\$175					
Osseous Surgery, Flap Entry and Closure - per quadrant		\$203					
Pulp Capping (direct or indirect)		\$15					
Root Canal Therapy							
anterior		\$149					
bicuspid		\$160					
molar		\$215					
Apicoectomy - (first root)		\$138					
Palliative Treatment		\$17					
Limited Occlusion Adjustment		\$26					
MAJOR RESTORATIVE PROCEDURES							
Inlay - metallic (one surface)		\$276					
Onlay - metallic (three surfaces)		\$373					
Core Buildup Including Pins		\$110					
Crown repair		\$85					
Crown - porcelain/ceramic substrate		\$385					
Crown - fused to high nobel metal		\$395					
Denture - complete upper or lower		\$485					
Lower Denture Reline - chairside		\$147					

To obtain a current list of dentists in either the HMO or PPO plan, please contact CompBenefits. The website and customer service phone number are listed at the top of this chart. **Important Note: This comparison provides only the highlights of the programs. Specific details are contained in the plan document booklet. If conflict arises between this material and any plan provisions, the terms of the actual Plan documents or other applicable documents will govern in all cases.**