



RICHARD M. DALEY, MAYOR

CITY OF CHICAGO



DENTAL PLAN COMPARISON FOR 2009

 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)		Co-payment (Member pays)	
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		Deductible Applies	
	Co-payments (Member pays) 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.**