

**CITY OF ST. CHARLES SCHOOL DISTRICT  
DENTAL INSURANCE COMPARISON  
EFFECTIVE October 1, 2009**

FEATURES:	Low Plan		High Plan	
	In Network	Out of Network	In Network	Out of Network
Individual Deductible:	<b>\$50</b>	<b>\$50</b>	\$25	\$25
Family Deductible:	<b>\$150</b>	<b>\$150</b>	\$75	\$75
Office Visit CoPay:	<b>\$0</b>	<b>\$0</b>	\$0	\$0
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%
Periodontics:	70%	50%	80%	80%
Type IV - Orthodontia:	50% to \$1000 (No Deductible) Lifetime Max. Child Only	50% to \$1000 (No Deductible) Lifetime Max. Child Only	50% to \$1500 (No Deductible) Lifetime Max Child Only	50% to \$1500 (No Deductible) Lifetime Max Child Only
Maximum Benefit/Year:	\$1,000	\$750	\$1,500	\$1,500
<b>MONTHLY AMT WITHELD FROM EMPLOYEE'S CHECK</b>	<b><u>Low Plan</u></b>		<b><u>High Plan</u></b>	
<i>Individual Only-</i>	19.36*		35.18*	
<i>Spouse</i>	\$22.66		\$41.20	
<i>Children</i>	\$16.74		\$30.42	
<i>Family</i>	\$47.92		\$87.12	
*District continues to pay the individual portion				

The above outline is for illustration purposes only. It is not intended to provide specific definitions of the plan's coverage or to determine if specific claims are eligible for payment.