

# COOK COUNTY DENTAL DUAL CHOICE

## Benefit Highlights

First Commonwealth, a wholly owned subsidiary of Guardian Life Insurance Company of America, maintains a Dental HMO and Dental PPO network in the Chicagoland area and throughout the Midwest. As Cook County's new dental plan carrier, effective December 1, 2004, First Commonwealth will offer two different dental benefit options which are substantially the same as your two current plan designs. All employees must choose between one of these two options, based on your tenure with the County. The first option is the First Commonwealth Dental HMO plan, which provides access to services performed at participating dental HMO practices. The second option is the First Commonwealth/Guardian PPO plan, which allows you to seek dental care from dentists who either are in or out of the PPO network. The summary chart below is a coverage comparison of these two plans.



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	Unmarried dependents to age 19 Unmarried dependents to age 22 if full-time student Unmarried dependents are covered to age 25 if employee was hired prior to 3/1/88		
<b>PREVENTIVE</b>			
Dental Exams (2 exams per Benefit Period)	\$0	100% of the Maximum Allowance	80% of the Maximum Allowance
Prophylaxis (2 cleanings per Benefit Period)	\$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
<b>PRIMARY SERVICES</b>			
Dental X-rays	\$0	80% of the Maximum Allowance	60% of the Maximum Allowance
Space Maintainers (eligible members up to age 19)	\$53 to \$76	80% of the Maximum Allowance	60% of the Maximum Allowance
<b>RESTORATIVE</b>			
Amalgams and Anterior Resins	\$14 to \$37	80% of Maximum Allowance	60% of Maximum Allowance
Posterior Resins	\$44 to \$88	80% of Maximum Allowance	60% of Maximum Allowance
Crowns and Fixed Bridges	\$214 to \$250 per unit	50% of Maximum Allowance	50% of Maximum Allowance
Inlays and Onlays	\$158 to \$272	50% of Maximum Allowance	50% of Maximum Allowance

ITEM/PROCEDURE	DENTAL HMO COPAYMENT (Member Pays)	DENTAL PPO *	
		In-Network	Out-of-Network
<b>EMERGENCY SERVICES</b> Palliative Emergency Treatment	\$0	80% of Maximum Allowance	80% of Maximum Allowance
<b>ENDODONTICS</b> Root Canal Therapy	\$91 to \$143	80% of Maximum Allowance	60% of Maximum Allowance
Apicoectomy	\$103 to \$123	80% of Maximum Allowance	60% of Maximum Allowance
Direct Pulp Cap	\$10	80% of Maximum Allowance	60% of Maximum Allowance
<b>PERIODONTICS</b> Scaling and Root Planing	\$31/quadrant	80% of Maximum Allowance	60% of Maximum Allowance
Gingivectomy	\$93/quadrant	80% of Maximum Allowance	60% of Maximum Allowance
Osseous Surgery	\$172/quadrant	80% of Maximum Allowance	60% of Maximum Allowance
<b>ORAL SURGERY</b> Routine Extractions	\$15 to \$17	80% of Maximum Allowance	60% of Maximum Allowance
Removal of Impacted Teeth (soft tissue and partial bony)	\$42 to \$54	80% of Maximum Allowance	60% of Maximum Allowance
<b>PROSTHETICS</b> Full and Partial Dentures	\$320 to \$331	50% of Maximum Allowance	50% of Maximum Allowance
Denture Reline	\$33 to \$60	50% of Maximum Allowance	50% of Maximum Allowance
Endosseous Implants	Not Covered	50% of Maximum Allowance	50% of Maximum Allowance
<b>ORTHODONTICS</b> Adults (19 years and older)	Not Covered	50% up to the lifetime maximum	
Dependent Children (up to age 19)	\$2748 to \$3163	50% up to the lifetime maximum	
Lifetime Maximum	not including x-rays or orthodontic records One full course of treatment for dependent children under age 19	\$1250	

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 questions during Open Enrollment, all employees should call 1-800-981-2574. After December 1, 2004: 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 [www.firstcommonwealth.net](http://www.firstcommonwealth.net) and look for the Cook County link.

