

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*

**2014 COOK COUNTY
Benefits Connection**



Call and make your appointments today if you still have dental benefits you haven't used during the plan period.

SELECT A DENTAL HMO OR PPO

Review your family needs and your benefit options carefully. All Cook County employees must choose between one of the two options, based on your tenure with Cook County. The first option is the First Commonwealth 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	Adult children up to age 26 will be eligible for coverage as dependents. This applies as long as the dependent child is not eligible for their own coverage through their employer. Your dependent children can be married or unmarried and they do not need to be a student.		
PREVENTIVE			
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
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 to \$96	80% of the Maximum Allowance	60% of the Maximum Allowance
RESTORATIVE			
Amalgams and Anterior Resins	\$17 to \$44	80% of Maximum Allowance	60% of Maximum Allowance
Posterior Resins	\$53 to \$105	80% of Maximum Allowance	60% of Maximum Allowance
Crowns and Fixed Bridges	\$256 to \$300 per unit	50% of Maximum Allowance	50% of Maximum Allowance
Inlays and Onlays	\$189 to \$326	50% of Maximum Allowance	50% of Maximum Allowance

ITEM/PROCEDURE	DENTAL HMO COPAYMENT (Member Pays)	DENTAL PPO *	
		In-Network	Out-of-Network
EMERGENCY SERVICES			
Palliative Emergency Treatment	\$0	80% of Maximum Allowance	80% of Maximum Allowance
ENDODONTICS			
Root Canal Therapy	\$109 to \$162	80% of Maximum Allowance	60% of Maximum Allowance
Apicoectomy	\$123 to \$147	80% of Maximum Allowance	60% of Maximum Allowance
Direct Pulp Cap	\$12	80% of Maximum Allowance	60% of Maximum Allowance
PERIODONTICS			
Scaling and Root Planing	\$37/quadrant	80% of Maximum Allowance	60% of Maximum Allowance
Gingivectomy	\$111/quadrant	80% of Maximum Allowance	60% of Maximum Allowance
Osseous Surgery	\$206/quadrant	80% of Maximum Allowance	60% of Maximum Allowance
ORAL SURGERY			
Routine Extractions	\$18 to \$20	80% of Maximum Allowance	60% of Maximum Allowance
Removal of Impacted Teeth (soft tissue and partial bony)	\$50 to \$65	80% of Maximum Allowance	60% of Maximum Allowance
PROSTHETICS			
Full and Partial Dentures	\$383 to \$396	50% of Maximum Allowance	50% of Maximum Allowance
Denture Reline	\$40 to \$72	50% of Maximum Allowance	50% of Maximum Allowance
Endosseous Implants	Not Covered	50% of Maximum Allowance	50% of Maximum Allowance
ORTHODONTICS			
Adults (19 years and older)	Not Covered	50% up to the lifetime maximum	
Dependent Children (up to age 19)	\$3,233 to \$3,356 not including x-rays or orthodontic records	50% up to the lifetime maximum	
Lifetime Maximum	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 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.

Please visit GUARDIANANYTIME.COM/COOKCOUNTY




7 Hanover Square
New York, NY 10004



550 West Jackson Blvd.
Suite 800
Chicago, IL 60661

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 Chicagoland area and throughout the Midwest.





Give heart problems the brush off!

Taking good care of teeth and gums may help protect against heart disease. See your dentist for regular check-ups!

