





***DENTAL PLAN
COMPARISON CHART
FOR 2005***

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<p>Note: To obtain a current list of Dental HMO Plan dentists and Dental PPO Plan dentists, please call the numbers listed on this comparison chart or visit the web site for specific details.</p>	<p>DENTAL HMO PLAN (Dental Health Maintenance Organization)</p>  <p>www.bcbsil.com 1-800-323-7201</p>	<p>DENTAL PPO PLAN (Dental Preferred Provider Organization)</p>  <p>www.compdent.com 1-800-837-2341</p>	
BENEFIT DESIGN	MUST USE PANEL DENTISTS	IN-NETWORK	OUT-OF-NETWORK
Individual Deductible	\$0	\$50 per person, per year	\$100 per person, per year
Annual Maximum Benefit	Unlimited	\$1,200 per person, effective 1/1/02	
ORTHODONTIC PROCEDURES (Braces)			
Sworn Police & Uniformed Fire Fighters (Under Age 25 only) All Others (Under Age 19 only)	Co-payment (Member pays) Effective 1/1/05 \$2,300	Not Covered	
PREVENTATIVE SERVICES			
Oral Exams (twice a year) Cleanings (twice a year) X-Rays (twice a year) Space Maintainers (children under 12)	100% Covered in full	100% Covered in full no deductible	Plan pays 80% of PPO allowable amount. Member pays balance of billed charges. No Deductible.
BASIC PROCEDURES			
	Co-payments (Member pays) Effective 1/1/05	Plan pays 70% of PPO allowable. Member pays 30% of PPO allowable after deductible.	Plan pays 50% of PPO allowable amount. Member pays balance of billed charges after deductible.
Amalgam (Fillings) - one surface permanent	\$17		
Resin - one surface anterior including acid etch-	\$20		
Pin Retention (per tooth) - in addition to restoration	\$26		
Routine Extraction Single Tooth	\$20		
Surgical Removal of Erupted Tooth	\$38		
Surgical Removal of Tooth - soft tissue impaction	\$49		
Surgical Removal of Tooth - partial bony impaction	\$70		
Surgical Removal of Tooth - complete bony impaction	\$70		
Alveoplasty - without extractions - per quadrant	\$81		
Scaling and Root Planing - per quadrant with local anesthesia	\$38		
Gingivectomy or Gingivoplasty - per quadrant	\$154		
Gingival Flap Procedure Including Root Planing - per quadrant	\$147		
Osseous Surgery, Flap Entry and Closure - per quadrant	\$171		
Pulp Capping (direct or indirect)	\$13		
Root Canal Therapy anterior	\$125		
bicuspid	\$135		
molar	\$181		
Apicoectomy - (first root)	\$116		
Palliative Treatment	\$14		
Limited Occlusion Adjustment	\$22		
MAJOR RESTORATIVE PROCEDURES			
Inlay - metallic (one surface)	\$232	Plan pays 60% of PPO allowable. Member pays 40% of PPO allowable after deductible.	Plan pays 50% of PPO allowable amount. Member pays balance of billed charges, after deductible.
Onlay - metallic (three surfaces)	\$314		
Core Buildup Including Pins	\$93		
Temporary Crown - with fractured tooth (no charge in conjunction with permanent tooth)	\$63		
Crown - porcelain/ceramic substrate	\$324		
Crown - full cast, base metal	\$332		
Denture - complete upper or lower	\$408		
Lower Denture Reline - chairside	\$124		

Note: This comparison provides only the highlights of the program. 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.