



THE UNIVERSITY OF  
**CHICAGO**

**Postdoctoral Researcher  
Benefit Program**

**Dental Insurance**  
**PROVIDED BY**



# Postdoctoral Researcher Benefit Program

## DENTAL NETWORK ACCESS OPTION PPO

Annual Maximum \$5,000 per person

### DPPO- ACCESS

#### CALENDAR YEAR DEDUCTIBLE

#### DIAGNOSTIC AND PREVENTATIVE CARE

- Routine Exams
- Teeth Cleanings
- X-Rays

#### BASIC PROCEDURES

- Fillings
- Endodontics
- Periodontics
- Oral Surgery

#### MAJOR PROCEDURES

- Crowns
- Bridgework
- Dentures

#### ORTHODONTIA (child only)

- \$1,500 Lifetime Maximum

#### IN-NETWORK Scholar Pays

None

No charge

20%

50%

50%

#### OUT-OF-NETWORK Scholar Pays

\$75 per person / \$225 per family

30% + any amount over Usual, Customary, Reasonable (UCR)

60% + any amount over UCR

70% + any amount over UCR

60% + any amount over UCR

# Postdoctoral Researcher Benefit Program

## DENTAL CHOICE OPTION PPO

Annual Maximum \$1,500 per person

### DPPO - CHOICE

### IN-NETWORK Scholar Pays

### OUT-OF-NETWORK Scholar Pays

#### CALENDAR YEAR DEDUCTIBLE

\$60 per person, \$180 per family  
(Waived for diagnostic and  
Preventive Care)

\$60 per person / \$180 per family  
(Waived for diagnostic and  
Preventive Care)

#### DIAGNOSTIC AND PREVENTATIVE CARE

- Routine Exams
- Teeth Cleanings
- X-Rays

No charge

0% + any amount over UCR

#### BASIC PROCEDURES

- Fillings
- Endodontics
- Periodontics
- Oral Surgery

20%

20% + any amount over UCR

#### MAJOR PROCEDURES

- Crowns
- Bridgework
- Dentures

50%

50% + any amount over UCR

#### ORTHODONTIA (child only)

- \$1,000 Lifetime Maximum

50%

50% + any amount over UCR

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## DENTAL PLAN COMPARISON

	MetLife			
	Choice plan (In-Network)	Choice plan (Out-of-Network)	Network Max (In-Network)	Network Max(Out-of-Network)
<b>Annual Benefit Max</b>	\$1500 per person		\$5000 per person	
<b>Deductible</b>	\$60 inv/ \$180 fam**		N/A	\$75 inv/\$225 fam
<b>Preventative</b>	No Cost		No Cost	30% + any amount over UCR
<b>Basic</b>	20%	20% + any amount over UCR	20%	60% + any amount over UCR
<b>Major</b>	50%	50% + any amount over UCR	50%	70% + any amount over UCR
<b>Orthodontia_child only</b>	50% ( \$1000 lifetime max)	50% + any amount over UCR	50% ( \$1500 lifetime max)	60% + any amount over UCR
<b>UCR= Usual, Customary, Reasonable</b>				
<b>** Waived for diagnostic/preventative care</b>				