



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