



THE UNIVERSITY OF
CHICAGO

**Postdoctoral Researcher
Benefit Program**

Dental Insurance

PROVIDED BY



Disclaimer: This benefit plan information shown in this benefits plan overview is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance; the underlying insurance documents will govern in all cases.

Postdoctoral Researcher Benefit Program

DENTAL NETWORK ACCESS (LOW) OPTION PPO

Annual Maximum \$1,500 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)

IN-NETWORK

Scholar Pays

\$50 per person / \$150 per family

No charge

20% (ded applies)

50% (ded applies)

not covered

OUT-OF-NETWORK

Scholar Pays

\$75 per person / \$225 per family

40% + any amount over Usual, Customary, Reasonable (UCR)

60% + any amount over UCR (ded applies)

70% + any amount over UCR (ded applies)

not covered

Postdoctoral Researcher Benefit Program

DENTAL CHOICE (HIGH) OPTION PPO

Annual Maximum \$2,500 per person

DPPO - CHOICE

IN-NETWORK Scholar Pays

OUT-OF-NETWORK Scholar Pays

CALENDAR YEAR DEDUCTIBLE

\$50 per person, \$150 per family
(Waived for diagnostic and
Preventive Care)

\$75 per person / \$225 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% (ded applies)

20% + any amount over UCR (ded applies)

MAJOR PROCEDURES

- Crowns
- Bridgework
- Dentures

50% (ded applies)

50% + any amount over UCR (ded applies)

ORTHODONTIA (child only)

- \$1,500 Lifetime Maximum

50%

40% + any amount over UCR

Postdoctoral Researcher Benefit Program

DENTAL PLAN COMPARISON

Core Benefits	PPO—Network Access Option		PPO—Choice Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	Postdoc Pays		Postdoc Pays	
Annual Deductible (indiv/fam)	\$50 / \$150	\$75 / \$225	\$50 / \$150	\$75 / \$225
Annual Benefit Maximums	\$1,500		\$2,500	
PREVENTIVE/DIAGNOSTIC				
Routine Exam	0%	40% of UCR*	0%	0%
Teeth Cleanings (Prophylaxis)	0%	40% of UCR*	0%	0%
X-rays	0%	40% of UCR*	0%	0%
BASIC PROCEDURES**				
Fillings	20%	60% of UCR*	20%*	20% of UCR*
Endodontics	20%	60% of UCR*	20%*	20% of UCR*
Periodontics	20%	60% of UCR*	20%*	20% of UCR*
Oral Surgery	20%	60% of UCR*	20%*	20% of UCR*
MAJOR PROCEDURES**				
Crowns	50%	70% of UCR*	50%*	50% of UCR*
Dentures	50%	70% of UCR*	50%*	50% of UCR*
ORTHODONTIA				
Child Only	NOT COVERED		50%* (\$1,500 lifetime max)	50%* (\$1,500 lifetime max)

* You may be responsible for any potential additional provider costs

**Deductible applies