



Community Unit School District 300

Dental Comparison Chart
Effective January 1st 2019



	DMO	PPO	PREMIER INDEMNITY	GRANDFATHER INDEMNITY
Benefits	In-Network	PPO / PREMIER & OON	PPO / PREMIER & OON	PPO / PREMIER / OON
Annual Maximum	None	\$1,000	\$1,000	\$1,000
Deductible	None	\$50 /\$150	\$50 /\$150	\$50 /\$150
Diagnostic & Preventive Services	Fee Schedule	100% / 60%	100% / 100%	100%/100%/100%
Basic Services	Fee Schedule	80% / 60%	85% / 85%	85%/85%/85%
Major Services	Fee Schedule	50% / 40%	60% /50%	60%/50%/50%
Endo / Perio	Fee Schedule	80% / 60%	85% /85%	85%/85%/85%
Orthodontia	Fee Schedule	50% /40% Lifetime \$1000	50% / 50% Lifetime \$1000	50%/50%/50% Lifetime \$1000
Claims Basis	Fee Schedule	PPODiscount/ Premier Approved Amnt/ OON MPA Fee	PPODiscount/ Premier Approved Amnt/ OON MPA Fee	PPODiscount/ Premier Approved Amnt/ OON U&C (90th)
PPO Dentist	Largest Discount -Less out of pocket cost. PPO Dentist agrees to accept reduced amount and cannot balance bill the difference between the PPO discount and total charge			
Premier Dentist	Discount based on an approved amount so there will be more out of pocket costs if you use a Premier vs a PPO dentist. Dentist cannot balance bill the difference between the approved amnt and total charge			
Out of Network Dentist	No Discount -Reimbursement is based on a Maximum Plan Allowance. A non-network provider can bill you the difference between the MPA and total Charge			