

ICC-CIP Comparison of Dental and Vision Benefits

<u>Dental Benefits</u>	<u>College Insurance Program</u>	<u>Illinois Central College</u>
Deductible	\$100 deductible applies to all dental benefits	
Cleaning		80% of R&C - payable twice per calendar year
Bitewing x-rays	See schedule of all dental benefits at www.benefitschoice.il.gov or by calling (800) 999-1669	80% of R&C - payable twice per calendar year
Full-mouth x-rays		80% of R&C - pay. every 24 mo. perio
Flouride applications		80% of R&C (to age 19)
Endodontics, extractions, and fillings		80% of R&C
Crowns, dentures and bridges		50% of R&C
Orthodontics		50% of R&C (to age 19)

<u>Vision Benefits</u>	<u>Network Provider Benefit *</u>	<u>Out-of-Network Provider Benefit</u>	
Exam	\$10 copay for one exam once every 24 months from last date used	\$20 allowance	80% of R&C for one exam in any calendar year
Frames, lenses and contact lenses	\$10 copay for lenses once every 24 months from last date used	\$20 allowance for single vision lenses	\$125 for frames, lenses or contact lenses once per calendar year
	\$10 copay for frames once every 24 months from last date used (for frames within the benefit selection)	\$20 allowance for bifocal and trifocal lenses	
	\$20 copay for medically necessary contact lenses	\$20 allowance for standard frames	
	\$50 copay for elective contact lenses	\$70 allowance for contact lenses	
	\$70 allowance for all other lenses not mentioned above		

* Check to see if your provider is in the network by calling EyeMed Vision Care at (866) 723-0512

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