

## College of Lake County Student Dental and Vision Insurance



## **Dental Plan Options**

Delta Dental of Illinois is the largest dental benefits carrier in the state of Illinois. Nearly 80% of dentists nationwide participate in a Delta Dental network. Students have access to the Delta Dental PPO<sup>™</sup> plan and DeltaCare<sup>®</sup> plan – both great options for those seeking dental coverage with lower costs.

	PPO Plan*	DeltaCare
Network	PPO Network National network of providers	DeltaCare Illinois provider network
Preventive/Diagnostic Services (routine exams, cleanings, x-rays)	100%	100%
Basic Services (fillings and emergency exams)	80%	refer to copayment schedule
Major Services (crowns, dentures, fixed/removable bridges, periodontics, oral surgery, endodontics and general anesthesia)	50%	refer to copayment schedule
Specialty Services Referral Needed	No	Yes
Waiting Period	No	No
Deductible	In-Network: \$50/\$150; Out-of-Network: \$100/\$300	No deductible
Maximum Annual Benefit	\$1500 (12-month plan) \$750 (6-month plan)	No annual maximum
Orthodontic Coverage	No	Yes
Out-of-Network Coverage	Yes, see full benefit summary online	No, must select a DeltaCare provider in Illinois

This chart represents a brief summary of coverage. Please view policy certificate for full detail. \*Delta Dental Premier\* dentists are in-network as well. You will save more with a Delta Dental Premier dentist than a non-network dentist, but will save the most by using a Delta Dental PPO dentist.

## **DeltaVision**®

DeltaVision offers vision care benefits that combine choice, value and wellness. DeltaVision - offered in association with the EyeMed Vision Care Select network - provides coverage for both in- and out-of-network eye care providers. You receive a greater benefit when you visit in-network providers.

	DeltaVision	
Annual Eye Exam	\$10 copayment	
Frame Benefit	\$100 retail frame allowance	
Lenses (standard)	\$25 copayment	
Contact Lenses (standard)	\$0 copayment (includes fitting and two follow up visits)	
Network	EyeMed Vision Care Select Network	
Duration	6 or 12 months	
Out-of-Network Reimbursements	Yes, see full summary online	

Visit clc.studentbenefitplans.com or call 877-247-8817 for enrollment support.