



**ILLINOIS EASTERN COMMUNITY COLLEGES
2024 Dental Coverage Benefits**

Dental Coverage and Premium Cost	Employee Cost Per Month Effective 1/1/2024
Employee Only	\$ 0.00
Employee & Spouse	\$ 31.54
Employee & Children	\$ 47.87
Employee & Family	\$ 53.24

Benefit Highlights

Deductible Per Person, Per Calendar Year	\$50
(3 deductible maximum per family)	\$150
Maximum Per Person, Per Calendar Year	\$1,000
Diagnostic & Preventive Care Benefits	** 100% Usual & Customary
Restorative Dental Services Benefits	80% Usual & Customary
General Dental Services Benefits	80% Usual & Customary
Endodontic Services Benefits	80% Usual & Customary
Periodontic Services Benefits	80 % Usual & Customary
Oral Surgery Services Benefits	80% Usual & Customary
Crowns, Inlays/Onlays Services Benefits	50% Usual & Customary
Prosthodontic Services Benefits	50% Usual & Customary
Orthodontic Services Benefits	** 50% Usual & Customary
(Limited to employee and/or dependent under age 19)	
Lifetime Maximum	\$1,000

** Deductible does not apply

In addition to benefits stated herein, benefits for covered persons who reside outside of Illinois will conform to all extraterritorial requirements of those states.