



**ILLINOIS EASTERN COMMUNITY COLLEGES  
2021 Dental Coverage Benefits**

<b>Dental Coverage and Premium Cost</b>	<b>Employee Cost Per Month Effective 1/1/2021</b>
<b>Employee Only</b>	<b>\$ 0.00</b>
<b>Employee &amp; Spouse</b>	<b>\$ 32.28</b>
<b>Employee &amp; Children</b>	<b>\$ 49.00</b>
<b>Employee &amp; Family</b>	<b>\$ 54.50</b>

**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.