

GLENVIEW SCHOOL DISTRICT 34

DENTAL COVERAGE

Administered by Blue Cross® Blue Shield® of Illinois (BCBSIL)

Plan Feature	Dental PPO Plan BlueCare Dental PPO Group #: P64507	
	In-Network	Out-of-Network
Annual Deductible (single/family)	\$50/\$150	
Annual Maximum Benefit	\$1,500 per person	
Preventive	Plan pays 100%, no deductible	Plan pays 100% of U&C*, no deductible
Basic	Plan pays 80% of maximum	Plan pays 80% of U&C* after deductible
Major	Plan pays 80% of maximum	Plan pays 80% of U&C* after deductible
Orthodontia	Plan pays 50% of maximum allowance, no deductible	Plan pays 50% of U&C*, no deductible
Orthodontia Lifetime Maximum	\$1,000	

