



### **Dental Insurance Plan Highlights for Lake County Medical Society**

Maximum: \$1000 per person, per year

Deductible: \$50 per person; \$150 per family (Maximum 3 individual deductibles per family)

Dependent Coverage on Family Policies: Covers spouse and dependent children through age 26. Coverage expires on the last day of the month in which the child turns 26.

**Benefit**

**Percent of Coverage**

Preventive Dental Services	100% of the Usual and Customary
Diagnostic and Preventive Examinations and Teeth Cleaning	Two times/year; Every 6 months (Deductible does not apply)
X-rays	Every 12 months

**Primary Dental Services**

Restorative Filling	85% of the Usual and Customary
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**Endodontics**

Root Canal Therapy Pulpotomy	85% of the Usual and Customary
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**Periodontics**

Gingivectomy Scaling/Root Planning	85% of the Usual and Customary
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**Major Dental Services**

Prosthodontics Bridges Crowns Dentures	50% of the Usual and Customary
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**Orthodontic Services** (up to age 19) for enrollees in our Section 2019.

**Lifetime maximum \$1500** – Claims are paid at 50% of the U & C fee. See benefit booklet for details.

Prescription drugs are not covered under Dental.

**LCMS Group Rates effective July 1, 2011 through June 30, 2012** Quarterly rates below include \$9 service fee.

Bills are sent from the Lake County Medical Society office and paid to the LCMS Insurance Fund, 1025 W. Everett Road, Suite 4, Lake Forest IL 60045. Phone: 847-482-0222.

<b>Individual:</b>	<b>Quarterly \$ 186.00</b>
<b>Family:</b>	<b>Quarterly \$ 417.00</b>
<b>Family with Orthodontics:</b>	<b>Quarterly \$ 486.00</b>

Continuation of coverage is available to most enrollees when they terminate employment or membership. The duration of coverage available will depend on the size of the employer group and other circumstances. Groups of 20 or more are subject to COBRA. Smaller groups are eligible for Illinois continuation coverage. See your benefit book or our web site for details. Go to [LCMSIllinois.org](http://LCMSIllinois.org), and see the Insurance page. Cancellations must be in writing or by email to [LakeDocs@aol.com](mailto:LakeDocs@aol.com). There will be a minimum of a one full calendar year waiting period before future re-enrollment.