

# Dental

CIP's College Choice Dental Plan (CCDP) offers a comprehensive range of benefits and is available to all members. The plan is administered by Delta Dental of Illinois. You can find the Dental Schedule of Benefits at [MyBenefits.illinois.gov](http://MyBenefits.illinois.gov).

The dental plan has a plan year deductible. Once the deductible has been met, each member is subject to a combined maximum dental benefit, including orthodontia, for both in-network and out-of-network providers. The maximum lifetime benefit for child orthodontia is \$2,000 and is subject to course of treatment limitations.

## Deductible and Plan Year Maximum

Plan year deductible for preventive services	N/A
Plan year deductible for all other covered services	\$100
<b>Plan Year Maximum Benefit (Orthodontics + All Other Covered Expenses = Maximum Benefit)</b>	
In-network plan year maximum benefit	\$2,000

It is strongly recommended that plan members obtain a pretreatment estimate through Delta Dental for any service more than \$200. Failure to obtain a pretreatment estimate may result in unanticipated out-of-pocket costs.

# Vision

Vision coverage is provided at no cost to all benefit recipients enrolled in a CIP health plan. The plan is administered by EyeMed.

All enrolled benefit recipients and dependents receive the same vision coverage regardless of the health plan selected. All vision benefits are available once every 24 months from the last date used. Copayments are required.

Service	In-Network	Out-of-Network**	Benefit Frequency
<b>Eye Exam</b>	\$10 copayment	\$20 allowance	Once every 24 months
<b>Standard Frames</b>	\$10 copayment (up to \$90 retail frame cost; member responsible for balance over \$90)	\$20 allowance	Once every 24 months
<b>Vision Lenses*</b> (single, bifocal and trifocal)	\$10 copayment	\$20 allowance for single vision lenses \$30 allowance for bifocal and trifocal lenses	Once every 24 months
<b>Contact Lenses</b> (All contact lenses are in lieu of vision lenses)	\$20 copayment for medically necessary \$50 copayment for elective contact lenses \$70 allowance for all other lenses not mentioned above	\$70 allowance	Once every 24 months

\* Vision Lenses: Member pays all optional lens enhancement charges. In-network providers may offer additional discounts on lens enhancements and multiple pair purchase.

\*\* Out-of-network claims must be filed within one year from the date of service.