Vision

Vision coverage is provided at no cost to all members enrolled in the LGHP. The plan is administered by EyeMed. All enrolled members and dependents receive the same vision coverage regardless of the health plan selected. Copayments are required.

Service	In-Network	Out-of-Network**	Benefit Frequency
Eye Exam	$25 copayment	$30 allowance	Once every 12 months
Standard Frames	$25 copayment (up to $175 retail frame cost; member responsible for balance over $175)	$70 allowance	Once every 24 months
Vision Lenses* (single, bifocal and trifocal)	$25 copayment	$50 allowance for single vision lenses $80 allowance for bifocal and trifocal lenses	Once every 12 months
Contact Lenses (All contact lenses are in lieu of vision lenses)	$120 allowance	$120 allowance	Once every 12 months

Additional Vision Benefits

EyeMed offers additional coverage for Progressive Lenses, Premium Anti-Reflective Coating, and coverage for Photochromic and Polarized lenses. For more information on this program visit eyemedvisioncare.com/stil or contact EyeMed at 1-866-723-0512

* 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.

Dental

The Local Care Dental Plan (LCDP) 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.

The dental plan has a plan year deductible. Once the deductible has been met, each member is subject to a maximum dental benefit, including orthodontia, for both in-network and out-of-network providers.

Deductible and Plan Year Maximum	
Plan year deductible for preventive services	N/A
Plan year deductible for all other covered services	$100
Plan Year Maximum Benefit (Orthodontics + All Other Covered Expenses = Maximum Benefit)	
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.

Enhanced Delta Dental Benefits Program

The Delta Dental of Illinois' Enhanced Benefits Program integrates medical and dental care – where oral health meets overall health. This program enhances coverage for individuals who have specific health conditions that can be positively affected by additional oral health care. These enhancements are based on scientific evidence that shows treating and preventing oral disease in these situations can improve overall health. For more information on this program visit www.deltadentalil.com or contact Delta Dental at 1-800-323-1743.

Child Orthodontia Benefit

Length of Orthodontia Treatment	Maximum Benefit
0 - 36 Months	$1,500
0 - 18 Months	$1,364
0 - 12 Months	$780