

# Streator Elementary School District #44

## Ancillary Cost Analysis

Dental	Current		Renewal		Option 1	
Rates  Employee Family	Guardian				BlueCross BlueShield of IL Plan DINLR36	
			12 Month Rate Guarantee		12 Month Rate Guarantee	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	\$52.41 \$154.34		\$54.51 \$160.51		\$51.36 \$151.25	
	Calendar Year Maximum		\$1,500      \$1,500		\$1,500      \$1,500	
Deductible	Waived for Preventive		Waived for Preventive		Waived for Preventive	
Individual	\$50	\$50	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150	\$150	\$150
Preventative Care	100%	100%	100%	100%	100%	100%
Basic Care	90%	80%	90%	80%	90%	80%
Major Care	60%	50%	60%	50%	60%	50%
Ortho Lifetime Max	\$1,000	N/A	\$1,000	N/A	\$1,000	\$1,000
Ortho Care	50%	N/A	50%	N/A	50%	50%
Vol. Vision					Option 1	
Rates  Employee Employee + Spouse Employee + Children Family					BlueCross BlueShield of IL	
					48 Month Rate Guarantee	
					\$7.60	
					\$14.44	
					\$15.20	
Copay-Exam/Materials					\$22.35	
Exam/Lenses/Frames/Contacts					\$10/\$25	
Allowance-Frames					12/12/24/12	
					\$130 + 20%	

