

DENTAL BENEFITS

	CIGNA DENTAL					
	Preventive Dental PPO Plan		Basic Dental PPO Plan		Dental & Orthodontia PPO Plan	
	<i>DPPO Advantage</i>	<i>DPPO and Out-of-Network</i>	<i>DPPO Advantage</i>	<i>DPPO and Out-of-Network</i>	<i>DPPO Advantage</i>	<i>DPPO and Out-of-Network</i>
<i>Deductible</i>	\$0 per person / \$0 per family	\$0 per person / \$0 per family	\$0 per person / \$0 per family	\$50 per person / \$150 per family	\$0 per person / \$0 per family	\$25 per person / \$75 per family
<i>Annual Benefit Limit</i>	\$1,500		\$2,000		\$2,000	
<i>Preventive and Diagnostic Services (e.g., oral exams, cleanings, x-rays, emergency care to relieve pain)</i>	You pay \$0 (not subject to annual deductible)		You pay \$0 (not subject to annual deductible)		You pay \$0 (not subject to annual deductible)	
<i>(Includes fillings, root canal therapy, oral surgery, osseous surgery, and denture adjustments and repairs)</i>	You pay 20% coinsurance		You pay 15% coinsurance	You pay 15% coinsurance after deductible	You pay 15% coinsurance	You pay 15% coinsurance after deductible
<i>Major Restorative Services (Includes crowns, dentures, and bridges)</i>	You pay 99% coinsurance		You pay 50% coinsurance	You pay 50% coinsurance after deductible	You pay 15% coinsurance	You pay 15% coinsurance after deductible
<i>Orthodontia Services</i>	Not covered. You pay 100%.		Not covered. You pay 100%.		You pay 50% coinsurance up to individual lifetime benefit limit of \$1,500	You pay 50% coinsurance up to individual lifetime benefit limit of \$1,500 after deductible