

**2016 DENTAL BENEFIT COMPARISON
HIGH**

Procedure	CIGNA PPO	CIGNA DHMO
Annual Maximum	\$2,500	None
Dental Preferred Provider	100%	Must use Cigna DHMO Providers
	Estimated Amount Payable if a Non-PPO CIGNA Provider is used ¹	Copay if enrolled in the CIGNA DHMO ²
<u>Preventative & Diagnostic –</u>		
X-rays, Complete	\$ 152.00 ³	No charge
X-rays, First Periapical	33.00	No charge
X-rays, Next Periapical	22.00	No charge
X-rays, 2 Bitewings	50.00 ³	No charge
X-rays, 4 Bitewings	74.00 ³	No charge
Prophylaxis, Adult	109.00	No charge
Prophylaxis, Child	90.00	No charge
<u>Restorative –</u>		
Amalgam, 1 Surface	\$ 134.00	No charge
Amalgam, 2 Surface	178.00	No charge
Composite Resin, 1 Surface	179.00	No charge
Crown, Porcelain with Metal	1,193.00	No charge
<u>Other –</u>		
Perio Scale	\$ 251.00	No charge
Simple Extraction	195.00	No charge
Orthodontia for Dependent Children and Adults ³	See your Schedule of Benefits	No charge
		2-year maximum length of treatment, additional usual and customary charges thereafter

- 1 Based on non-contracting provider charges and allowable charges in the 900 zip code area. Use of a contracting provider will limit your out-of-pocket costs.
- 2 Sample co-payments only, refer to CIGNA's brochure for other co-payments..
- 3 Children to age 19, plus start up fees.

Note: This is only a summary of your benefits. You should refer to the Administrative Office or CIGNA's Evidence of Coverage for a binding and detailed description of benefits.

**2016 DENTAL BENEFIT COMPARISON
MEDIUM**

Procedure	CIGNA PPO	CIGNA DHMO
Annual Maximum Dental Preferred Provider	\$1,500 95%/75%/70%	None Must use Cigna DHMO Provider
	Estimated Amount Payable if a Non-PPO CIGNA provider is used ¹	Copay if enrolled in the CIGNA DHMO ²
<u>Preventative & Diagnostic –</u>		
X-rays, Complete	\$ 144.40	provider
X-rays, First Periapical	31.35	No charge
X-rays, Next Periapical	20.90	No charge
X-rays, 2 Bitewings	47.50	No charge
X-rays, 4 Bitewings	70.30	No charge
Prophylaxis, Adult	103.55	No charge
Prophylaxis, Child	85.50	No charge
<u>Restorative –</u>		No charge
Amalgam, 1 Surface	102.75	No charge
Amalgam, 2 Surface	133.50	No charge
Composite Resin, 1 Surface	134.25	No charge
Crown, Porcelain with Metal	835.10	No charge
<u>Other –</u>		
Perio Scale	188.25	No charge
Simple Extraction	146.25	No charge
Orthodontia for Dependent Children and Adults ³	See your Schedule of Benefits	No charge 2-year maximum length of treatment, additional usual and customary charges thereafter

¹ Based on non-contracting provider charges and allowable charges in the 900 zip code area.

Use of a contracting provider will limit your out-of-pocket costs.

² Sample co-payments only, refer to CIGNA's brochure for other co-payments..

³ Children to age 19, plus start up fees

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2016 DENTAL BENEFIT COMPARISON		
LOW		
Procedure	CIGNA PPO INDEMNITY PLAN	CIGNA DHMO
Annual Maximum	\$1,500	None
Dental Preferred Provider	85%/45%/50%	Must use Cigna DHMO
	Estimated Amount Payable if a Non-PPO CIGNA provider is used ¹	Copay if enrolled in the CIGNA DHMO ²
<u>Preventative & Diagnostic –</u>		
X-rays, Complete	\$ 129.20	No charge
X-rays, First Periapical	28.05	No charge
X-rays, Next Periapical	18.70	No charge
X-rays, 2 Bitewings	42.50	No charge
X-rays, 4 Bitewings	62.90	No charge
Prophylaxis, Adult	92.65	No charge
Prophylaxis, Child	76.50	No charge
<u>Restorative –</u>		
Amalgam, 1 Surface	\$ 60.30	No charge
Amalgam, 2 Surface	80.10	No charge
Composite Resin, 1 Surface	80.55	No charge
Crown, Porcelain with Metal	596.50	No charge
<u>Other –</u>		
Perio Scale	\$ 112.95	No charge
Simple Extraction	87.75	No charge
Orthodontia for Dependent Children and Adults ³	See your Schedule of Benefits	No charge
		2-year maximum length of treatment, additional usual and customary charges thereafter

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³ Children to age 19, plus start up fees

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