

# DENTAL PLAN COMPARISON

	BASE PLAN		PREFERRED PLAN		DHMO
BENEFIT DESCRIPTION	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK ONLY
<b>CALENDAR YEAR DEDUCTIBLE</b>	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family	None
<b>CALENDAR YEAR MAXIMUM (PER INDIVIDUAL)</b>	\$1,000		\$2,000		None
<b>PREVENTATIVE &amp; DIAGNOSTIC SERVICES</b> Exams, Cleanings, Bitewing X-rays (each twice in a calendar year), Fluoride Treatment (twice per calendar year, children to age 19)	Plan pays 100% no deductible	Plan pays 100% no deductible	Plan pays 100% no deductible	Plan pays 100% no deductible	Flat copay amounts. See Schedule of Benefits.
<b>BASIC SERVICES</b> Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery, Sealants, Composite fillings on posterior teeth	Plan pays 50% after deductible	Plan pays 50% after deductible	Plan pays 90% after deductible	Plan pays 80% after deductible	Flat copay amounts. See Schedule of Benefits.
<b>MAJOR SERVICES</b> Crowns, Gold Restorations, Bridges, Dentures, Inlays, Onlays, Prosthesis, Implants	Plan pays 50% after deductible	Plan pays 50% after deductible	Plan pays 60% after deductible	Plan pays 50% after deductible	Flat copay amounts. See Schedule of Benefits.
<b>ORTHODONTIA</b> Coverage for all eligible children and adults	Not Covered	Not Covered	Plan pays 50%; no deductible	Plan pays 50%; no deductible	Flat copay amounts. See Schedule of Benefits.
<b>LIFETIME ORTHODONTIA MAXIMUM</b>	N/A		\$1,000		See Schedule of Benefits.

\*Note that out of network providers may balance bill and additional out of pocket charges may apply.

## FIND A DENTAL PROVIDER:

If you have a [MyCigna.com](https://mycigna.com) account, log in to find a provider in either the PPO or DHMO network.

If you currently do not have an account, you can search for dental providers at [www.cigna.com](https://www.cigna.com). Click on "find a doctor, dentist, facility" in the top right corner of the website.

## DHMO PLAN

- Procedures listed on the Patient Charge Schedule are subject to the plan limitations and exclusions described in your plan book/certificate of coverage.
- All patient charges must correspond to the Patient Charge Schedule in effect on the date the procedure is initiated.
- See the Patient Charge Schedule located in the enrollment system for a full list of services.