



This is a summary of benefits for your dental plan.  
 All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.

Plan Design	Cigna DPPO Advantage	Cigna DPPO & Out-of-Network
<b>Calendar Year Maximum</b> (Class I, II, III Expenses)	\$1500, Class I Applies	\$1500, Class I Applies
<b>Calendar Year Deductible</b>		
Per Individual	\$50	\$50
Per Family	\$150	\$150
<b>Class I Expenses - Preventive &amp; Diagnostic Care</b>		
Oral Exams Cleanings Routine X-rays Fluoride Application Sealants Space Maintainers (limited to non-orthodontic treatment) Non-Routine X-rays	100%, No Deductible	80%, No Deductible
<b>Class II Expenses - Basic Restorative Care</b>		
Emergency Care to Relieve Pain Fillings Oral Surgery - Simple Extractions Oral Surgery - All Except Simple Extraction Surgical Extraction of Impacted Teeth Anesthetics Minor Periodontics Major Periodontics Root Canal Therapy / Endodontics Brush Biopsy	80%, After Deductible	60%, After Deductible
<b>Class III Expenses - Major Restorative Care</b>		
Relines, Rebases, and Adjustments Repairs - Bridges, Crowns, and Inlays Repairs - Dentures Crowns/Inlays/Onlays Stainless Steel/Resin Crowns Dentures Bridges	50%, After Deductible	40%, After Deductible
<b>Class IV Expenses - Orthodontia</b>		
Coverage for Eligible Children Only Lifetime Maximum	50%, No Ortho Deductible \$1500	50%, No Ortho Deductible \$1500
<b>Dental Plan Reimbursement Levels</b>	Based on Contracted Fees	Cigna DPPO: Based on Contracted Fees; Out of Network: 90th Percentile
<b>Additional Member Responsibility in excess of Coinsurance</b>	None	Yes, the difference between Billed Charges and the plan reimbursement
<b>Student/Dependent Age</b>	26/26	

P0002 (NS001) Network. Prepared by Underwriting.

