

DENTAL PLAN

	CIGNA Indemnity Dental	CIGNA Dental HMO
Individual annual deductible	\$25	None
Family annual deductible	\$50	None
Individual annual maximum benefit	\$1,500	Unlimited
Exams & cleanings	20%*	\$0**
Amalgam – 1 surface, permanent	20%*	\$0**
Amalgam – 2 surface, permanent	20%*	\$0**
Amalgam – 3 surface, permanent	20%*	\$0**
Amalgam – 4 surface, permanent	20%*	\$0**
Resin or composite – anterior	20%*	\$0**
Anterior root canal – permanent	20%*	\$0**
Scaling/root planing – per quad	20%*	\$30**
Single extraction	20%*	\$0**
Surgical extraction erupted tooth	20%*	\$0**
Crown – porcelain to high noble metal	20%*	\$210**
Crown – stainless steel	20%*	\$0**
Post – prefab or crown buildup	20%*	\$40**
Orthodontic therapy – child	Not covered	\$1,890**
Orthodontic therapy – adult	Not covered	\$2,400**

* Member pays this percent of usual & customary charges. Member pays 50% for procedures involving gold.
 ** Member pays this amount, plus additional charges specified in the plan brochure.

VISION PLAN

Benefit	In-Network Benefits	Out-of-Network Benefits
Spectacle exam***	\$20 copay; then covered in full. For contact lens fitting and professional services, member pays additional charges	\$25 reimbursement maximum
Lenses		
■ Single vision	\$40 copay; then covered in full	\$35 reimbursement maximum
■ Bifocal	\$40 copay; then covered in full	\$45 reimbursement maximum
■ Trifocal	\$40 copay; then covered in full	\$70 reimbursement maximum
■ Lenticular	\$40 copay; then covered in full	\$130 reimbursement maximum
■ Progressive	\$40 copay; then \$70 allowance	\$70 reimbursement maximum
Frames	\$50 allowance	\$35 reimbursement maximum
Contact lenses (lifetime maximum benefit)		
■ Hard lenses	\$180 allowance	\$150 reimbursement maximum
■ Soft lenses	\$230 allowance	\$225 reimbursement maximum

*** Spectacle exam includes routine exam, including dilation and refraction.