

## 2017 DENTAL BENEFIT COMPARISON

### HIGH

Procedure	Indemnity Plan 8 <sup>1</sup>	CIGNA <sup>2</sup>
Annual Maximum	\$ 2,500	None
Dental Preferred Provider	100%	Not applicable
<b><u>Preventative &amp; Diagnostic -</u></b>		
X-rays, Complete	\$ 85.00 <sup>3</sup>	No charge
X-rays, First Periapical	25.00	No charge
X-rays, Next Periapical	12.00	No charge
X-rays, 2 Bitewings	36.00 <sup>3</sup>	No charge
X-rays, 4 Bitewings	47.00 <sup>3</sup>	No charge
Prophylaxis, Adult	61.00	No charge
Prophylaxis, Child	60.00	No charge
<b><u>Restorative -</u></b>		
Amalgam, 1 Surface	\$ 70.00	No charge
Amalgam, 2 Surfaces	85.00	No charge
Composite Resin, 1 Surface	100.00	No charge
Crown, Porcelain with Metal	650.00	\$60.00 <sup>4</sup>
<b><u>Other -</u></b>		
Perio Scale	\$ 175.00	No charge
Simple Extraction	85.00	No charge
Orthodontia for Dependent Children and Adults	See your Schedule of Benefits	\$1,500 <sup>5</sup> or \$2,000 <sup>6</sup> 2-year maximum length of treatment; additional usual and customary charges thereafter

<sup>1</sup> The benefits listed are amounts payable by the Plan if a non-contracting provider is used; use of a contracting provider will limit your co-payment.

<sup>2</sup> Sample co-payments only, refer to CIGNA brochure for other co-payments.

<sup>3</sup> Includes exam. The Plan does NOT pay for routine exams when routine x-rays are taken.

<sup>4</sup> Plus cost of metal.

<sup>5</sup> Children, plus start up fees.

<sup>6</sup> Adults and Adult Children, 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.

**2017 DENTAL BENEFIT COMPARISON**

**MEDIUM**

<b>Procedure</b>	<b>Indemnity Plan 7<sup>1</sup></b>	<b>CIGNA<sup>2</sup></b>
Annual Maximum	\$ 1,500	None
Dental Preferred Provider	100%	Not applicable
<b><u>Preventative &amp; Diagnostic -</u></b>		
X-rays, Complete	\$ 53.90 <sup>3</sup>	No charge
X-rays, First Periapical	11.45	No charge
X-rays, Next Periapical	7.65	No charge
X-rays, 2 Bitewings	19.10 <sup>3</sup>	No charge
X-rays, 4 Bitewings	26.75 <sup>3</sup>	No charge
Prophylaxis, Adult	47.75	No charge
Prophylaxis, Child	38.20	No charge
<b><u>Restorative -</u></b>		
Amalgam, 1 Surface	\$ 43.55	No charge
Amalgam, 2 Surfaces	55.45	No charge
Composite Resin, 1 Surface	51.50	No charge
Crown, Porcelain with Metal	412.80	\$60.00 <sup>4</sup>
<b><u>Other -</u></b>		
Perio Scale	\$ 99.00	No charge
Simple Extraction	43.55	No charge
Orthodontia for Dependent Children and Adults	See your Schedule of Benefits	\$1,500 <sup>5</sup> or \$2,000 <sup>6</sup> ; 2-year maximum length of treatment; additional usual and customary charges thereafter

<sup>1</sup> The benefits listed are amounts payable by the Plan if a non-contracting provider is used; use of a contracting provider will limit your co-payment.

<sup>2</sup> Sample co-payments only, refer to CIGNA brochure for other co-payments.

<sup>3</sup> Includes exam. The Plan does NOT pay for routine exams when routine x-rays are taken.

<sup>4</sup> Plus cost of metal.

<sup>5</sup> Children, plus start up fees.

<sup>6</sup> Adults and adult children, 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.

## 2017 DENTAL BENEFIT COMPARISON

### LOW

Procedure	Indemnity Plan 6 <sup>1</sup>	CIGNA <sup>2</sup>
Annual Maximum	\$ 1,500	None
Dental Preferred Provider	80%	Not applicable
<b><u>Preventative &amp; Diagnostic -</u></b>		
X-rays, Complete	\$ 45.00 <sup>3</sup>	No charge
X-rays, First Periapical	14.00	No charge
X-rays, Next Periapical	5.00	No charge
X-rays, 2 Bitewings	15.00 <sup>3</sup>	No charge
X-rays, 4 Bitewings	20.00 <sup>3</sup>	No charge
Prophylaxis, Adult	30.00	No charge
Prophylaxis, Child	30.00	No charge
<b><u>Restorative -</u></b>		
Amalgam, 1 Surface (Permanent)	\$ 30.00	No charge
Amalgam, 2 Surfaces (Permanent)	40.00	No charge
Composite Resin, 1 Surface	40.00	No charge
Crown, Porcelain with Metal	300.00	\$60.00 <sup>4</sup>
<b><u>Other -</u></b>		
Perio Scale	\$ 40.00	No charge
Simple Extraction	30.00	No charge
Orthodontia for Dependent Children and Adults	See your Schedule of Benefits	\$1,500 <sup>5</sup> or \$2,000 <sup>6</sup> ; 2-year maximum length of treatment; additional usual and customary charges thereafter

<sup>1</sup> The benefits listed are amounts payable by the Plan if a non-contracting provider is used; use of a contracting provider will limit your co-payment.

<sup>2</sup> Sample co-payments only, refer to CIGNA brochure for other co-payments.

<sup>3</sup> Includes exam. The Plan does NOT pay for routine exams when routine x-rays are taken.

<sup>4</sup> Plus cost of metal.

<sup>5</sup> Children, plus start up fees.

<sup>6</sup> Adults adult children, 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.