



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.

Your DPPO plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.

Plan Design	Total Cigna DPPO	Out-of-Network
Calendar Year Maximum (Class I, II, III Expenses)	\$1000, Class I Applies	\$1000, Class I Applies
Calendar Year Deductible Per Individual Per Family	\$50 \$150	\$50 \$150
Class I Expenses - Preventive & Diagnostic Care Oral Exams Cleanings Routine X-rays Fluoride Application Sealants Space Maintainers (limited to non-orthodontic treatment) Non-Routine X-rays Emergency care to relieve pain (administrated at In Network coinsurance)	100%, No Deductible	100%, No Deductible
Class II Expenses - Basic Restorative Care 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 Relines, Rebases, and Adjustments Repairs - Bridges, Crowns, and Inlays Repairs - Dentures Brush Biopsy	80%, After Deductible	80%, After Deductible
Class III Expenses - Major Restorative Care Crowns/Inlays/Onlays Stainless Steel/Resin Crowns Dentures Bridges	50%, After Deductible	50%, After Deductible
Class IV Expenses - Orthodontia	Not Covered	Not Covered
Dental Plan Reimbursement Levels	Based on Contracted Fees	90th Percentile of Submitted Charges***
Additional Member Responsibility in excess of Coinsurance	None	Yes, the difference between the member's dentist's billed charges and the dental plan reimbursement level***
Student/Dependent Age	26/26	