

# Save on Your Dental Bills!

CIGNA Dental DPPO Core network providers agree to accept discounts when treating CIGNA Dental members and cannot charge you for more than their contracted fees. Non-network dentists are not obligated to charge discounted fees, which can raise your out-of-pocket costs. See the savings for yourself...

## What You'll Pay

Sample Adult Annual Cost	CIGNA Dental Average Core Network Patient Charges	CIGNA Dental Average Out-of-Network Patient Charges
Two Periodic Exams	\$0.00	\$32.85
Four Bitewing X-Rays	\$0.00	\$20.69
Two Quadrants of Periodontal Scaling & Root Planing	\$48.00	\$153.83
Two Routine Cleanings	\$0.00	\$61.35
One Resin Composite Filling (1 surface anterior)	\$25.38	\$31.60
Anterior Root Canal	\$79.40	\$254.38
Porcelain Crown Fused to High Noble Metal	\$316.50	\$559.18
<b>Subtotal</b>	<b>\$469.28</b>	<b>\$1,113.88</b>
<b>Additional Patient Charges above Annual Maximum</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Sample Child Annual Cost</b>		
Two Periodic Exams	\$0.00	\$32.85
Two Bitewing X-Rays	\$0.00	\$13.90
Two Fluoride Treatments, including Routine Cleanings (child)	\$0.00	\$62.96
Simple Extraction	\$30.80	\$99.17
Orthodontic Evaluation	\$29.00	\$57.71
Orthodontic Treatment Plan and Records	\$89.00	\$129.64
Banding for Comprehensive Orthodontic Treatment	\$413.50	\$603.63
12 Months Comprehensive Treatment	\$648.00	\$948.00
<b>Orthodontia Subtotal</b>	<b>\$1,179.50</b>	<b>\$1,738.97</b>
<b>Additional Patient Charges above Orthodontic Lifetime Maximum</b>	<b>\$0.00</b>	<b>\$238.97</b>
<b>Deductibles</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Grand Total</b>	<b>\$1,679.58</b>	<b>\$3,061.72</b>

**Total Savings with CIGNA Dental Core Network: \$1,382.14**

*For illustrative purposes only. The fees listed in the National Average Dentist's Fee column are determined by Connecticut General Life Insurance Company claims analysis. The fees listed in the CIGNA Dental PPO Core Network Patient Charge column are estimated based on national average CIGNA Dental PPO contracted fees and the Equity League's DPPO plan. The fees listed in the CIGNA Dental PPO Out-of-Network Patient Charge column are estimated based on national average dentist's fees and the Equity League's DPPO plan. The CIGNA Dental PPO is underwritten and/or administered by Connecticut General Life Insurance Company with network management services provided by CIGNA Dental Health, Inc. In Arizona and Louisiana, the dental PPO plan is known as CG Dental PPO. In Texas, CIGNA Dental's network-based indemnity plan is known as CIGNA Dental Choice. ©2008 CIGNA*





# CIGNA Dental PPO Benefit Summary

## Equity-League Health Trust Fund

### PPO Core Network

#### Summary of Benefits

All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.

#### Benefits

#### CIGNA Dental PPO

	In-Network		Out-of-Network	
	Plan Pays	You Pay	Plan Pays	You Pay
Calendar Year Maximum (Class I, II and III expenses)	\$1,500		\$1,500	
Annual Deductible	None None		None None	
Reimbursement Levels	Based on Reduced Contracted Fees		100% percentile of Reasonable & Customary Allowances	
	Plan Pays	You Pay	Plan Pays	You Pay
<b><i>Class I – Preventive and diagnostic services</i></b> Oral Exams Routine Cleanings Full Mouth X-rays Bitewing X-rays Panoramic X-ray Periapical X-rays Fluoride Application Sealants Space Maintainers Emergency Care to Relieve Pain Histopathologic Exams	100%	No Charge	60%	40%
<b><i>Class II – Basic restorative services</i></b> Fillings Root Canal Therapy Osseous Surgery Periodontal Scaling and Root Planing Denture Adjustments and Repairs Simple Extractions Oral Surgery Anesthetics	80%	20%	60%	40%
<b><i>Class III – Major restorative services</i></b> Crowns Dentures Bridges Repairs to Crowns and Inlays Surgical Extractions of Impacted Teeth	50%	50%	40%	60%
<b><i>Class IV – Orthodontia</i></b> <b><i>(Participants to age 19; dependents to age 19; students to age 25)</i></b> Lifetime maximum	50%	50%	40%	60%
	\$1,500	\$1,500	\$1,500	\$1,500

Pretreatment review is available on a voluntary basis when extensive dental work in excess of \$200 is proposed.

\*\* For services provided by a CIGNA Dental PPO network dentist, CIGNA Dental will reimburse the dentist according to a Contracted Fee Schedule. For services provided by an out-of-network dentist, CIGNA Dental will reimburse according to Reasonable and Customary Allowances but the dentist may balance bill up to their usual fees.

