



# Dental

Cigna DPPO

## Annual Maximum Benefit

If you utilize your preventative benefit, the maximum will increase each year!

Year 1: \$1,500 Year 2: \$1,650 Year 3: \$1,800 Year 4: \$1,950

Plan Features	In-network Your Cost	Out-of-network Your Cost
<b>Calendar Year Deductible</b> (waived for Preventive Services)	\$50 per person/ \$150 Family	
<b>Annual Maximum</b>	\$1,500	
<b>Class I: Preventive Services</b> (e.g. x-rays, cleanings, exams) No Waiting Period	100% Covered	100% Covered
<b>Class II: Basic Services</b> (e.g. fillings, extractions, periodontics, endodontics) No Waiting Period	20% AD	20% AD of Fee Schedule
<b>Class III: Major Services</b> (e.g. dentures, crowns, implants) No Waiting Period	50% AD	50% AD of Fee Schedule
<b>Class IX: Implants</b>	50% AD	50% AD of Fee Schedule
<b>Class IV: Orthodontics</b> (for children 19 and under) No Waiting Period	50%	50%
<b>Orthodontic Lifetime Maximum</b>	\$1,500 per person	

AD = After Deductible

Status	Dental Premiums		
	Employer Cost Per Month	Employee Cost Per Month	Employee Cost Per Pay Period
Employee Only	\$14.93	\$14.94	\$6.90
Employee + Spouse	\$29.87	\$29.87	\$13.79
Employee + Child(ren)	\$29.87	\$29.87	\$13.79
Family	\$57.78	\$57.79	\$26.67