

## Covered Dental Services

Here is a comparison of deductibles, copays and your share of coinsurance for 2017 under the dental options. Costs represent what the member pays.

COVERED SERVICES	CIGNA PREPAID OPTION		METLIFE DPPO OPTION	
	GENERAL DENTIST	SPECIALIST DENTIST	IN-NETWORK	OUT-OF-NETWORK
<b>Annual Deductible</b>	none		\$25 single; \$75 family, per policy year <sup>[1]</sup>	\$100 single; \$300 family, per policy year <sup>[1]</sup>
<b>Annual Maximum Benefit</b>	none		\$1,500 per person, per policy year	
<b>Pre-existing Conditions</b>	covered		some exclusions	
<b>Office Visit</b>	\$10 copay <sup>[2]</sup>		no charge	20% of MAC
<b>Periodic Oral Evaluation</b>	no charge		no charge	20% of MAC
<b>Routine Cleaning – Adult</b>	no charge		no charge	20% of MAC
<b>Routine Cleaning – Child</b>	no charge	\$15 copay	no charge	20% of MAC
<b>X-ray — Intraoral, Complete Series</b>	no charge	\$5 copay	no charge	20% of MAC
<b>Amalgam (silver) Filling — 2 Surfaces Permanent</b>	\$8 copay	\$10 copay	20% of MAC	40% of MAC
<b>Endodontics — Root Canal Therapy Molar (excluding final restoration)</b>	\$125 copay	\$600 copay	50% of MAC	
<b>Major Restorations — Crowns (porcelain fused to high noble metal)</b>	\$200 copay, plus lab fees <sup>[3]</sup>		50% of MAC <sup>[4]</sup>	
<b>Extraction of Erupted Tooth (minor oral surgery)</b>	\$15 copay	\$70 copay	20% of MAC	40% of MAC
<b>Removal of Impacted Tooth — Complete Bony (complex oral surgery)</b>	\$100 copay	\$120 copay	50% of MAC	
<b>Dentures — Complete Upper</b>	\$310 copay, plus lab fees <sup>[3]</sup>		50% of MAC <sup>[4]</sup>	
<b>Orthodontics</b>	\$140 monthly copay for treatment <sup>[6]</sup>		50% of MAC	
• Annual Deductible	none		none	
• Lifetime Maximum	\$3,360 treatment fee only <sup>[6]</sup>		\$1,250 <sup>[5]</sup>	
• Waiting Period	none		12 months	
• Age Limit	none		up to age 19	

MAC—Maximum Allowable Charge (maximum amount of charge agreed to by dentist)

The benefits listed are a sample of the most frequently utilized dental treatments. Refer to vendor materials for complete information on coverage, limitations and exclusions.

[1] Does not apply to diagnostic and preventive benefits such as periodic oral evaluation, cleaning and x-ray.

[2] A charge may apply for a missed appointment when the member does not cancel at least 24 hours prior to the scheduled appointment.

[3] Members are responsible for additional lab fees for these services.

[4] A 6-month waiting period applies.

[5] The orthodontics lifetime maximum is for a dependent member enrolled in the state group dental insurance program even if the member has been covered under different employing agencies.

[6] Additional copays apply for specific orthodontic procedures.