

## Covered Dental Services

Here is a comparison of deductibles, copays and your share of coinsurance for 2018 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 Permanent teeth</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	20% of MAC	40% of MAC
<b>Major Restorations — Crowns</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 equal or less than 24 months. Then, full charge. <sup>[6]</sup>		50% of MAC	
• Annual Deductible	none		none	
• Lifetime Maximum	\$3,360 copay (\$140 x 24 months) for treatment fee only. Then, member pays full charge after initial 24 months. <sup>[6]</sup>		\$1,250 <sup>[5]</sup>	
• Waiting Period	none		12 months	
• Age Limit	none		up to age 19	

MAC—Maximum Allowable Charge is the lesser of the amount charged by the dentist or the maximum payment amount that in-network dentists have agreed to accept in full for the dental service. When a participant receives dental services from an out-of-network provider, MetLife will reimburse a percentage of the MAC.

The participant is then responsible for everything over the percentage of MAC reimbursed up to the charge submitted by the out-of-network 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. Orthodontic treatment after a member's effective date will not be covered under the Cigna plan if it began prior to the member's effective date.