

Dental	In-network (Cigna Total DPPO Network dentists)	Out-of-network¹ (Non-participating dentists)
Annual deductible (does not apply to preventive/diagnostic services)	\$50/person \$150/family	\$50/person \$150/family
Plan pays...		
Preventive/diagnostic² Exams/cleanings/standard x-rays up to 2x/year, fluoride treatments, sealants, space maintainers (frequency limits apply)	100% no deductible	100% no deductible
Basic restorative (fillings, bridge repair, denture repair, extractions, oral surgery, root canals, periodontics)	80% after deductible	80% after deductible
Major restorative (inlays/onlays, crowns/crown repair, bridges, dentures/denture adjustment/reline, implants)	50% after deductible	50% after deductible
Orthodontia (children and adults)	50% no deductible	50% no deductible
Annual benefit maximum (not including preventive/diagnostic care or orthodontia)	\$1,000/person	\$1,000/person
Lifetime orthodontia maximum	\$1,000/person	\$1,000/person

¹ Cigna Total DPPO Network dentists have agreed to a lower contracted fee for services; if you use an out-of-network provider, you'll be responsible for charges exceeding the Maximum Allowable Charge (MAC).

² Costs for preventive/diagnostic services do not count toward your annual benefit maximum.