

Charlotte County BOCC

CIGNA Dental PPO Benefit Summary Effective 01/01/2009



CIGNA Dental

This is a summary of benefits for your PPO plan. All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.

CIGNA Radius Network Benefits	CIGNA Dental PPO	
	In-Network	Out-of-Network
	Calendar Year Maximum (Class I, II, and III Expenses)	\$1,500
Calendar Year Deductible		
Per Individual	\$50	\$50
Per Family	\$150	\$150
Class I Expenses - Preventive & Diagnostic Care		
Oral Exams Cleanings Bitewing X-rays Fluoride Application Sealants Space Maintainers (limited to non-orthodontic treatment) Full Mouth X-rays Panoramic X-Rays Emergency Care to Relieve Pain Histopathologic Exams	100%, No Deductible	100%, No Deductible
Class II Expenses - Basic Restorative Care		
Fillings Oral Surgery - Simple Extractions Oral Surgery - All Except Simple Extraction Surgical Extraction of Impacted Teeth Anesthetics Major Periodontics Minor Periodontics Root Canal / Therapy Relines, Rebases, and Adjustments Repairs - Bridges, Crowns, and Inlays Repairs - Dentures	80%, After Deductible	80%, After Deductible
Class III Expenses - Major Restorative Care		
Crowns Dentures Bridges	50%, After Deductible	50%, After Deductible
Class IV Expenses - Orthodontia		
Coverage for Eligible Children Only Lifetime Maximum	50%, No Deductible \$1,500	50%, No Deductible \$1,500
Missing Tooth Provision	The amount payable is 50% of the amount otherwise payable until insured for 24 months; thereafter, considered a Class III expense.	
Pretreatment Review	Available on a voluntary basis when extensive work in excess of \$200 is proposed.	
Out-of-Network Reimbursement	90th Percentile	
Student Age	30	