

Cigna High Cigna Low Dental Comparison (West)

COVERED SERVICES	Cigna High Option		Cigna Low Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$50 single; \$150 family per policy year (combined)		\$50 single; \$150 family per policy year (combined)	
Annual Maximum Benefit	\$1,500 per person, per policy year		\$1,000 per person, per policy year	
Rollover Benefit	Progressive Plan	\$1,500 / \$1,600 \$1,700 / \$1,800	Progressive Plan	\$1,000 / \$1,100 \$1,200 / \$1,300
Pre-existing Conditions	Some Exclusions		Some Exclusions	
Office Visit	No charge	No charge*	No charge	No charge*
Periodic Oral Evaluation	No charge	No charge*	No charge	No charge*
Routine Cleaning	No charge	No charge*	No charge	No charge*
X-ray — Intraoral, Complete Series	No charge	No charge*	No charge	No charge*
Amalgam (silver) Filling 2 Surfaces Permanent	20% of U&C	20% of U&C	20%	20% of U&C
Endodontics — Root Canal Therapy Molar (excluding final restoration)	50% of U&C		Not Covered	
Major Restorations — Crowns (porcelain fused to high noble metal)	50% of U&C		Not Covered	
Extraction of Erupted Tooth (minor oral surgery)	20% of U&C	20% of U&C	20%	20% of U&C
Removal of Impacted Tooth Complete Bony (complex oral surgery)	50% of U&C		Not Covered	
Dentures — Complete Upper	50% of U&C		Not Covered	
Orthodontics	50% of U&C		Not Covered	
Annual Deductible	None		Not Covered	
Lifetime Maximum	\$1,250 (including any benefits received under a prior dental plan) [2]		Not Covered	
Waiting Period	None		Not Covered	
Age Limit	Up to age 19		Not Covered	
MONTHLY RATES				
Employee Only	\$21.89		\$13.18	
Employee + Spouse	\$42.25		\$25.43	
Employee + Child(ren)	\$51.35		\$30.91	
Family	\$82.66		\$49.76	

MAC—Maximum Allowable Charge

U&C - Usual & Customary

[*] 80% U&C

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.

[2] If an individual had coverage through another dental plan, they may also have had a lifetime maximum for orthodontia. The orthodontia maximum is a lifetime benefit, which means, if an individual enrolls under the PDO, the benefit amount will not start over again. The benefits for orthodontia under the PDO would be adjusted based on the benefits a member may have received previously through another dental plan.

[4] A 12-month waiting period applies.

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