

AAQHC - Combined Choice Plan

CIGNA Dental PPO Benefit Summary Effective 10/01/2007



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.

Benefits	CIGNA Dental PPO	
	In-Network	Out-of-Network
Calendar Year Maximum		
(Class I, II, and III Expenses)	\$1,750	\$1,750
Calendar Year Deductible		
Per Individual	\$50	\$50
Per Family	No Limit	No Limit
Class I Expenses - Preventive & Diagnostic Care		
Oral Exams Cleanings Bitewing X-rays Fluoride Application Sealants Space Maintainers (limited to non-orthodontic treatment)	80%, No Deductible	80%, No Deductible
Class II Expenses - Basic Restorative Care		
Full Mouth X-rays Panoramic X-Rays Emergency Care to Relieve Pain Fillings Oral Surgery - Simple Extractions	80%, After Deductible	80%, After Deductible
Class III Expenses - Major Restorative Care		
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 Crowns Dentures Bridges Histopathologic Exams	50%, After Deductible	50%, After Deductible
Class IV Expenses - Orthodontia		
Coverage for Eligible Children and Adults Lifetime Maximum	50%, No Separate Deductible \$1,100	50%, No Separate Deductible \$1,100
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 \$500 is proposed.	
Out-of-Network Reimbursement	Based on Contracted Fee Schedule (for location of service rendered); dentist may balance bill up to usual fees.	
Student Age	23	

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