

# AAQHC - High Option 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
<b>Calendar Year Maximum</b>		
(Class I, II, and III Expenses)	\$2,000	\$2,000
<b>Calendar Year Deductible</b>		
Per Individual	\$50	\$50
Per Family	No Limit	No Limit
<b>Class I Expenses - Preventive &amp; Diagnostic Care</b>		
Oral Exams Cleanings Bitewing X-rays Fluoride Application Sealants Space Maintainers (limited to non-orthodontic treatment)	100%, No Deductible	100%, No Deductible
<b>Class II Expenses - Basic Restorative Care</b>		
Full Mouth X-rays Panoramic X-Rays Emergency Care to Relieve Pain Fillings Oral Surgery - Simple Extractions	80%, After Deductible	80%, After Deductible
<b>Class III Expenses - Major Restorative Care</b>		
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	60%, After Deductible	60%, After Deductible
<b>Class IV Expenses - Orthodontia</b>		
Coverage for Eligible Children and Adults Lifetime Maximum	50%, No Separate Deductible \$1,500	50%, No Separate Deductible \$1,500
<b>Missing Tooth Provision</b>	The amount payable is 50% of the amount otherwise payable until insured for 24 months; thereafter, considered a Class III expense.	
<b>Pretreatment Review</b>	Available on a voluntary basis when extensive work in excess of \$500 is proposed.	
<b>Out-of-Network Reimbursement</b>	Based on Contracted Fee Schedule (for location of service rendered); dentist may balance bill up to usual fees.	
<b>Student Age</b>	23	