



2015 CIGNA PPO AND DENTAL SELECT SERVICES SCHEDULE

CLASS I SERVICES — Diagnostic and Preventive	YOUR COST AFTER THE DEDUCTIBLE IS MET ¹ (Percent of maximum reimbursable charges) ²		
	Select	PPO Advantage ³ (In-Network)	PPO In-Network and Out-of-Network ⁴
Periodic Oral Examination— Only two per person in any calendar year	No charge (No deductible for Class I services)	No charge (No deductible for Class I services)	No charge
Emergency Treatment to relieve dental pain when no other definitive dental services are performed. (Any X-rays taken in connection with such treatment is a separate dental service.)	No charge	No charge	No charge
X-rays— Complete series (with or without bitewings) —only one per person, including panoramic film, in any three calendar years.	No charge	No charge	No charge
Bitewing X-rays— Only two per person in any calendar year.	No charge	No charge	No charge
Panoramic (panorex) X-rays— Only one per person in any three calendar years.	No charge	No charge	No charge
Prophylaxis (cleaning)— Only two per person in any calendar year.	No charge	No charge	No charge
CLASS II SERVICES — Basic Restorations, Endodontics, Periodontics, Prosthodontics, Maintenance and Oral Surgery	YOUR COST AFTER THE DEDUCTIBLE IS MET ¹ (Percent of the maximum reimbursable charges) ²		
	Select	PPO In-Network ³	PPO Out-of-Network ⁴
Amalgam Filling— Primary (baby) teeth, one surface.	10%	10%	25%
Amalgam Filling— Permanent teeth, one surface.	10%	10%	25%
Composite Acrylic Resin Filling—one surface.	10%	10%	25%
Root Canal Therapy— Any X-rays, tests, laboratory exams or follow-up care is part of the allowance for root canal therapy and not a separate dental service.	10%	10%	25%
Osseous Surgery— Flap entry and closure is part of the allowance for osseous surgery and osseous graft and not a separate dental service. If more than one periodontal surgical service is performed per quadrant, only the one with the largest maximum covered expense is a dental service.	10%	10%	25%
Periodontal Scaling and Root Planning	10%	10%	25%
Adjustments— Complete denture—Any adjustment of, or repair to, a denture within six months of its installation is not a dental service.	10%	10%	25%
Relining Complete Upper or Lower Denture—Only one in any three calendar years.	10%	10%	25%
Recement Bridge	10%	10%	25%
Simple Extractions	10%	10%	25%
Surgical Extractions— Soft tissue impaction, partial bony impaction, complete bony impaction.	10%	10%	25%
Local Anesthetic— Analgesic and routine post-operative care for extractions and other oral surgery are part of the allowance for each dental service.	10%	10%	25%
General Anesthetic— The administration of a general anesthetic is a dental service covered by this Schedule only: (a) when medically necessary in conjunction with oral or dental surgery; and (b) If the anesthetic agent produces a state of unconsciousness with absence of pain sensation over the whole body.	10%	10%	25%

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CLASS III SERVICES — Major Restorations, Dentures and Bridgework)	YOUR COST AFTER THE DEDUCTIBLE IS MET ¹ (Percent of the maximum reimbursable charges) ²		
	Select	PPO Advantage ³ (In-Network)	PPO In-Network and Out-of-Network ⁴
Gold or Crown Restorations are dental services only when the tooth, as a result of extensive caries or fracture, cannot be restored with amalgam, silicate, acrylic or plastic restoration.	50%	50%	50%
Crowns —Porcelain with gold Cast gold—Full Cast gold—Three fourths	50%	50%	50%
Fixed or Removable Appliances —Complete (full) dentures, upper or lower	50%	50%	50%
Partial Dentures —Acrylic base; Lower, with two clasps and chrome lingual bar. Upper, with two clasps and chrome palatal bar.	50%	50%	50%
Bridge Pontics—Cast gold	50%	50%	50%
Bridge Pontics —Porcelain fused to gold	50%	50%	50%
Bridge Pontics —Plastic processed to gold	50%	50%	50%
Abutment Crowns —Plastic processed to gold	50%	50%	50%
Abutment Crowns —Porcelain fused to gold	50%	50%	50%
Abutment Crowns —Full Cast gold	50%	50%	50%
CLASS IV SERVICES — Orthodontics	YOUR COST AFTER THE DEDUCTIBLE IS MET ¹ (Percent of maximum reimbursable charges) ²		
	Select	PPO In-Network ³	PPO Out-of-Network ⁴
Preliminary study including X-rays, diagnostic costs and treatment plan and first month of active treatment including all active treatment and retention appliance.	50%	50%	50%
Active treatment per month after the first month. ³	50%	50%	50%
Preliminary study including X-rays, diagnostic costs and treatment plan and first month of active treatment including all active treatment and retention appliance.	50%	50%	50%
Active treatment per month after the first month. ³	50%	50%	50%
Fixed or cemented appliances—Only one appliance per person.	50%	50%	50%
For tooth guidance—One arch per person.	50%	50%	50%
To control harmful habits—One appliance per person.	50%	50%	50%

¹PPO procedures performed in-network and out-of-network are combined to determine when the deductible and plan maximum are met.

²Applies to Dental Select and PPO out-of-network only.

³Fees based on contracted fees for the Cigna Dental PPO Advantage Network.

⁴Fees are based on national average fees. Actual fees for PPO in-network and out-of-network services will vary by geographic location.