

2018 CIGNA PPO SERVICES SCHEDULE

CLASS I SERVICES — Diagnostic and Preventive	Percent of maximum reimbursable charges ¹	
	In-Network ²	Out-of-Network ³
Periodic Oral Examination – Only two per person in any calendar year.	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
X-rays – Complete series (with or without bitewings) – only one per person, including panoramic film, in any three calendar years.	No charge	No charge
Bitewing X-rays – Only two per person in any calendar year.	No charge	No charge
Panoramic (panorex) X-rays – Only one per person in any three calendar years.	No charge	No charge
Prophylaxis (cleaning) – Only two per person in any calendar year.	No charge	No charge

CLASS II SERVICES — Basic Restorations, Endodontics, Periodontics, Prosthodontics, Maintenance and Oral Surgery	Percent of maximum reimbursable charges ¹	
	In-Network ²	Out-of-Network ³
Amalgam Filling – Primary (baby) teeth, one surface.	10%	30%
Amalgam Filling – Permanent teeth, one surface.	10%	30%
Composite Acrylic Resin Filling – one surface.	10%	30%
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%	30%
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%	30%
Periodontal Scaling and Root Planing	10%	30%

CLASS II SERVICES — Basic Restorations, Endodontics, Periodontics, Prosthodontics, Maintenance and Oral Surgery	Percent of maximum reimbursable charges ¹	
	In-Network ²	Out-of-Network ³
Adjustments —Complete denture—Any adjustment of, or repair to, a denture within six months of its installation is not a dental service.	10%	30%
Relining Complete Upper or Lower Denture—Only one in any three calendar years.	10%	30%
Recement Bridge	10%	30%
Simple Extractions	10%	30%
Surgical Extractions —Soft tissue impaction, partial bony impaction, complete bony impaction.	10%	30%
Local Anesthetic —Analgesic and routine post-operative care for extractions and other oral surgery are part of the allowance for each dental service.	10%	30%
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%	30%

CLASS III SERVICES — Major Restorations, Dentures and Bridgework	Percent of maximum reimbursable charges ¹	
	In-Network ²	Out-of-Network ³
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%
Crowns —Porcelain with gold Cast gold—Full Cast gold—Three fourths	50%	50%
Fixed or Removable Appliances —Complete (full) dentures, upper or lower	50%	50%
Partial Dentures —Acrylic base; Lower, with two clasps and chrome lingual bar. Upper, with two clasps and chrome palatal bar.	50%	50%
Bridge Pontics —Cast gold	50%	50%
Bridge Pontics —Porcelain fused to gold	50%	50%
Bridge Pontics —Plastic processed to gold	50%	50%
Abutment Crowns —Plastic processed to gold	50%	50%
Abutment Crowns —Porcelain fused to gold	50%	50%
Abutment Crowns —Full Cast gold	50%	50%
Implants	50%	50%

CLASS IV SERVICES — Orthodontics	Percent of maximum reimbursable charges ¹	
	In-Network ²	Out-of-Network ³
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%
Active treatment per month after the first month. ²	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%
Active treatment per month after the first month. ²	50%	50%
Fixed or cemented appliances —Only one appliance per person.	50%	50%
For tooth guidance —One arch per person.	50%	50%
To control harmful habits —One appliance per person.	50%	50%

1. Applies to PPO out-of-network only.

2. Fees based on contracted fees for the Cigna Dental Total PPO Network.

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