



# Cigna® DENTAL BENEFITS

PLAN # 3341097 • PHONE 800.244.6224 • WEBSITE [www.mycigna.com](http://www.mycigna.com)

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Coverage	12 months
Retiree Only	\$ 33.75
Retiree & Spouse	67.51
Retiree & Children	82.49
Retiree & Family	111.04

Network Options	In-Network: Total Cigna DPPO Network		Out-of-Network: Non-Network providers may balance bill	
<b>Reimbursement Levels</b>	Based on contracted fees		Maximum reimbursable charge	
<b>Calendar Year Benefits Maximum</b> Applies to Class I, II, III & IX expenses	\$2,000		\$2,000	
<b>Calendar Year Deductible</b>				
Individual	\$50		\$50	
Family	\$150		\$150	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
<b>Class I: Diagnostic &amp; Preventive</b> Oral Evaluations Prophylaxis: routine cleanings X-rays: routine Fluoride application Sealants: per tooth Emergency care to relieve pain Space maintainers: non-orthodontic	100% No deductible	No charge	100% No deductible	No charge
<b>Class II: Basic Restorative</b> Restorative: fillings X-rays: non-routine Periodontics: minor Oral surgery: minor	80% after deductible	20% after deductible	80% after deductible	20% after deductible
<b>Class III: Major Restorative</b> Inlays and onlays Prosthesis over implant Crowns: prefabricated stainless steel/resin Crowns: permanent cast and porcelain Bridges and dentures Periodontics: major Oral surgery: major Endodontics: minor and major Anesthesia: general and IV sedation Repairs: dentures, bridges, crowns, inlays Denture relines, rebases, adjustments	50% after deductible	50% after deductible	50% after deductible	50% after deductible
<b>Class IV: Orthodontia</b> Coverage for employee/all dependents Lifetime benefits maximum: \$1,500	50% No deductible	50% No deductible	50% No deductible	50% No deductible
<b>Class IX: Implants</b>	50% after deductible	50% after deductible	50% after deductible	50% after deductible