## **CIGNA Standard PPO Dental Plan**

LUEDBARTON

SECURITY SERVICES

Local Response National Support

Group #3329294 Effective 1-1-2015

	In Network	Out of Network
Annual Deductible	\$25 Individual / \$75 Family (INN/OON Combined)	\$25 Individual / \$75 Family (INN/OON Combined)
Maximum Annual Benefit	\$1,250 (INN/OON Combined)	\$1,250 (INN/OON Combined)
Preventive/Diagnostic Services¹ Cleanings, fluoride, oral exams, x-rays, etc.	Covered at 100%, deductible waived	Covered at 100% of R&C <sup>2</sup> , deductible waived
Basic Restorative Services¹ White fillings, repair and maintenance of crowns, bridges and dentures, simple extractions, etc.	Covered at 80%, after deductible	Covered at 80% of R&C <sup>2</sup> , after deductible
Major Restorative Care—6 month waiting period¹ Periodontal surgery, bridges, dentures, root canals, crowns, implants, etc.	Covered at 50%, after deductible	Covered at 50% of R&C <sup>2</sup> , after deductible
Orthodontia	Not Covered, but In-Network discounts apply	Not Covered
Other Plan Components Progressive Maximum Program	maximum by up to \$500 for use in the next plan	If you obtain preventive care services during the plan year, you can increase your annual maximum by up to \$500 for use in the next plan year, to a maximum of \$1,750

<sup>&</sup>lt;sup>1</sup> Age and frequency limits may apply. Please refer to the SPD for more details.

<sup>&</sup>lt;sup>2</sup> R&C represents Reasonable & Customary. Out of Network reimbursement is based on 80th percentile of R&C charges.



If you have any questions, please contact CIGNA at:

1-800-CIGNA24

www.myClGNA.com