



CIGNA Dental Passive PPO

Administered by CIGNA HealthCare: 888.DENTAL8 or 888.336.8258

Plan Feature	Benefit*
Annual Deductible:	
Individual	\$50
Family	\$150
Class 1 – Preventive and Diagnostic Care: Includes two oral exams, two cleanings, two bitewing X-rays per person per calendar year, plus other types of preventive and diagnostic care	Plan pays: 100%, no deductible
Class 2 – Basic Restorative Care: Includes fillings, root canal therapy and periodontics	Plan pays: 80% after annual deductible
Class 3 – Major Restorative Care: Includes crowns, dentures and bridges, denture adjustments and repairs, and dental implants	Plan pays: 50% after annual deductible
Class 4 – Orthodontia: Orthodontia benefits apply only to dependent children age 19 or younger. 12 consecutive months of coverage required to qualify for orthodontia benefits.	Plan pays: 50% after lifetime deductible; \$50 lifetime deductible \$1,000 lifetime maximum per covered person
Calendar Year Maximum Benefit: (Includes Class 1, 2 and 3 only)	\$1,000 per person

* **Participating Provider:** Maximum covered expense for any covered service is the contracted fee amount subject to the benefit percentage.
Non-Participating Provider: Maximum covered expense for any covered service is the Reasonable & Customary charge subject to the benefit percentage.

This summary highlights some of the features of this benefit plan. The summary is for illustrative purposes only and is subject to change at any time. The controlling terms and conditions of the benefit plan are contained in the plan documents, policies and the HealthFlex Dental Benefit Booklet maintained by the General Board (collectively, the "Documents"). If there are any conflicts between the information in this summary and the terms of the Documents, the terms of the Documents shall control.