

Feature	CIGNA Dental HMO
Provider	CIGNA Healthcare 1-800-244-6224 enrolled members encouraged to use www.mycigna.com
Domestic partner benefits	Yes
	General Dental Expenses
Annual deductible: Individual/Family	\$0 Individual; \$0 Family
Exclusions/limitations	Check with Plan
Deductible waived for preventive/diagnostic care	Check with Plan
Annual maximum coverage per person	Maximum does not apply
	Preventive Care
Primary covered services	Periodic oral evaluations; prophylaxis; X-rays; pulp vitality; diagnostic casts; space maintainer-fixed; topical fluoride application; sealant
Preventive care benefits	100% covered
Annual service limits--preventive care	Varies by type of service; check with Plan for details
	Basic Services
Fillings	100% covered; some resin-based composite fillings require copays; check with Plan for details
Routine extractions	100% covered; surgical removal of impacted tooth must be medically necessary; some limitations apply; check with Plan for details
Endodontics (root canal therapy)	100% covered; most root canals; \$200 copay for molar root canal; all root canals exclude final restoration
Periodontics	\$35 copay; evaluation and treatment; \$40 copay for maintenance; \$55 copay for scaling, root planing, and full mouth debridement
Gingivoplasty or gingivectomy	\$55 copay; per tooth; \$125 copay per quadrant
Emergency treatment for dental pain	100% covered; regularly scheduled office hours; \$55 copay after regularly scheduled hours
Annual service limits--basic services	Varies by type of service; check with Plan for details
	Major Services
Inlays/onlays	\$220 copay; inlay metallic; \$255 copay for onlay metallic
Crowns	Copays vary based upon materials; check with Plan for details
Dentures	\$300 copay; complete maxillary or mandibular denture; \$340 copay for partial maxillary or mandibular denture
Bridges	Copays vary based upon materials; check with Plan for details
Osseous surgery	\$145 copay; one tooth; \$205 copay for 2-4 teeth; \$340 copay per quadrant
Oral surgery	100% covered; surgical removal of impacted tooth must be medically necessary; some limitations apply; check with Plan for details
Bruxism	Not covered
Anesthesia for dental care	\$115 copay; first 30 minutes; \$60 copay per each additional 15 minutes
Annual service limits--major services	Varies by type of service; check with Plan for details

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Dental implants	Not covered
	Orthodontia
Primary covered orthodontia services	Evaluation; treatment plan; removable and/or fixed interceptive appliance; banding; interceptive treatment and retention
Coverage available for child? Adult?	Child and Adult
Start-up fees	\$40 copay; evaluation; \$150 copay for treatment plan and records; \$275 copay for removable and/or fixed insert for interceptive treatment
Orthodontia benefits	\$1,600 copay; interceptive treatment for children; \$2,200 copay interceptive treatment for adults; \$300 copay for retention including retainer
Service limits and maximums-- orthodontia	Limited to 24 months of treatment per lifetime
	TMJ
TMJ benefits	Not covered