

Government of the District of Columbia
CIGNA Dental PPO Benefit Summary Effective 01/01/2014



This is a summary of benefits for your PPO plan. All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.

CIGNA Core Network Benefits	CIGNA Dental PPO	
	In-Network	Out-of-Network
Calendar Year Maximum		
(Class I, II, and III Expenses)	\$3,500	\$3,500
Calendar Year Deductible		
Per Individual	\$0	\$0
Per Family	\$0	\$0
Class I Expenses - Preventive & Diagnostic Care		
Oral Exams Cleanings Routine X-Rays Fluoride Application Sealants Space Maintainers (limited to non-orthodontic treatment) Non-Routine X-Rays Emergency Care to Relieve Pain	100%, No Deductible	90%, No Deductible
Class II Expenses - Basic Restorative Care		
Fillings Oral Surgery - Simple Extractions Oral Surgery - All Except Simple Extraction Surgical Extraction of Impacted Teeth Anesthetics Major Periodontics Minor Periodontics Root Canal Therapy / Endodontics Relines, Rebases, and Adjustments Repairs - Bridges, Crowns, and Inlays Repairs - Dentures	90%, No Deductible	80%, No Deductible
Class III Expenses - Major Restorative Care		
Crowns / Inlays / Onlays Dentures Bridges Implant coverage	70%, No Deductible	50%, No Deductible
Class IV Expenses - Orthodontia		
Coverage for Eligible Children Only Lifetime Maximum	70%, No Ortho Deductible \$3,500	50%, No Ortho Deductible \$3,500
Missing Tooth Provision	No Limitation (teeth missing prior to the effective date of coverage are covered)	
Late Entrant Limit	50% coverage on Class III and IV for 12 or 24 months	
Pretreatment Review	Available on a voluntary basis when extensive work in excess of \$200 is proposed.	
Out-of-Network Reimbursement	80th Percentile	
Student Age	25	