

## DENTAL PLANS | Summary Of Benefits

	METLIFE PPO		CIGNA HMO*
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK
<b>Calendar Year Maximum Benefit</b>	\$2,000 per person	\$2,000 per person	No maximum
<b>Calendar Year Deductible</b>	\$60 per person (does not apply to Class 1 services)	\$60 per person (does not apply to Class 1 services)	\$0
<b>Type A Covered Services:</b> Preventive and Diagnostic Services	100% of the network dentist contracted amount (subject to frequency limits)	100% of reasonable and customary charge	Most preventive services covered with no copay, most other services have copays, see benefit schedule for details*
<b>Type B Covered Services:</b> Basic and Restorative Services	70% of the network dentist contracted amount after deductible	70% of reasonable and customary charge after deductible	Amalgam fillings covered with no copays, most other services have copays, see benefit schedule for details*
<b>Type C Covered Services:</b> Major Restorative Services	50% of the network dentist contracted amount after deductible	50% of reasonable and customary charge after deductible	Most services have copays, see benefit schedule for details*
<b>Dentures</b> Repairs and Adjustments Initial Installation (Full or Partial) Replacement Limit	Covered as Type B Covered as Type C Once every 60 months	Covered as Type B Covered as Type C Once every 60 months	Services have copays, see benefit schedule for details* Once every 60 months
<b>Orthodontic Services</b> Lifetime Maximum	50% of the network dentist contracted amount after deductible \$2,500	50% of reasonable and customary charge after deductible \$2,500	Services have copays, see benefit schedule for details* Maximum benefit period of 24 months

\*Cigna HMO does not cover services provided by out-of-network dental providers. Copies of benefit plan materials are available to you via mail or email, and may be requested by calling Cigna. Please refer to the "Getting Help" pages of the guide for carrier contact information.