



2015 HealthFlex Plan Comparisons—CIGNA Dental Benefits

This comparison highlights key differences and similarities between dental plans offered through HealthFlex Exchange: **Traditional, Dental PPO** and **Passive PPO**. Benefits described below assume you use in-network providers. Dental benefits are provided through CIGNA.

The annual deductible and co-insurance amounts (“you pay”) are your share to pay. All other benefits shown are the amounts or percentages that the plan pays for a service.

Note: This dental plan includes *CIGNA Dental Wellness PlusSM* features. When you or your family members receive any preventive care in one plan year, the annual dollar maximum will increase the following plan year, until it reaches the level specified below. *Refer to the HealthFlex Benefit Booklet for additional plan details.*

NETWORK BENEFITS	TRADITIONAL	DENTAL PPO		PASSIVE PPO
		PPO Advantage Network	PPO	
Calendar Year Maximum (Class I, II and III expenses)	Year 1: \$2,000	Year 1: \$2,000	Year 1: \$1,000	Year 1: \$1,000
	Year 2: \$2,150 ¹	Year 2: \$2,150 ¹	Year 2: \$1,150 ¹	Year 2: \$1,150 ¹
	Year 3: \$2,300 ²	Year 3: \$2,300 ²	Year 3: \$1,300 ²	Year 3: \$1,300 ²
	Year 4 and beyond: \$2,450	Year 4 and beyond: \$2,450	Year 4 and beyond: \$1,450	Year 4 and beyond: \$1,450
Annual Deductible • Individual • Family	• \$50 per person • \$150 per family	• \$50 per person • \$150 per family	• \$50 per person • \$150 per family	• \$50 per person • \$150 per family
Reimbursement Levels	Based on 90 th percentile of reasonable and customary allowances	Based on reduced contracted fees	Based on reduced contracted fees	Based on reduced contracted fees

NETWORK BENEFITS	TRADITIONAL		DENTAL PPO				PASSIVE PPO	
	(Any provider allowed; no in-network/out-of-network designations)		PPO Advantage Network		PPO (Non-Advantage Provider ⁴)		(Uses Advantage Network ⁴)	
	Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay
Class I—Preventive and Diagnostic Care • Oral exams—routine • Cleaning—full • Full-mouth X-rays • Bitewing X-rays • Panoramic X-rays • Fluoride application • Sealants • Space maintainers • Emergency care to relieve pain • Histopathologic exams	100%	No charge	100%	No charge	100%	No charge	100%	No charge

¹ Increase contingent upon receiving Preventive Services in Plan Year 1.

² Increase contingent upon receiving Preventive Services in Plan Years 1 and 2.

³ Increase contingent upon receiving Preventive Services in Plan Years 1, 2 and 3.

⁴ Benefits for out-of-network provider is based on 90th percentile of reasonable and customary allowances.

NETWORK BENEFITS	TRADITIONAL (Any provider allowed; no in-network/out-of- network designations)		DENTAL PPO				PASSIVE PPO (Uses Advantage Network ⁴)	
			PPO Advantage Network		PPO (Non-Advantage Provider ⁴)			
	Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay
Class II—Basic Restorative Care <ul style="list-style-type: none"> • Fillings • Root canal therapy/ endodontics • Osseous surgery • Periodontal scaling and root planing • Denture adjustments and repairs • Oral surgery—simple extractions • Oral surgery—all except simple extractions • Anesthetics • Surgical extractions of impacted teeth • Repairs to bridges, crowns and inlays 	80% ⁵	20% ⁵	90% ⁵	10% ⁵	70% ⁵	30% ⁵	80% ⁵	20% ⁵
Class III—Major Restorative Care <ul style="list-style-type: none"> • Crowns • Dentures • Bridges • Inlays/onlays • Dental implants/ prosthesis over implant 	50% ⁵	50% ⁵	60% ⁵	40% ⁵	50% ⁵	50% ⁵	50% ⁵	50% ⁵
Class IV—Orthodontia Lifetime Maximum	<ul style="list-style-type: none"> • 50% • \$2,000—dependent children to age 19 	50%	<ul style="list-style-type: none"> • 50%⁵ • \$2,000—dependent children to age 19 	50% ⁵	<ul style="list-style-type: none"> • 50%⁵ • \$1,000—dependent children to age 19 	50% ⁵	<ul style="list-style-type: none"> • 50%⁵ • \$1,000—dependent children to age 19 	50% ⁵

⁵ Subject to deductible