Core Dental Plan

	NETWORK PROVIDER	NON-NETWORK PROVIDER
DEDUCTIBLE, PER CALENDAR YEAR		
Per Plan Participant	$50	
Per Family Unit	$150	
The Calendar Year Deductible applies to Class B Services (Basic) and Class C (Major) only.		
MAXIMUM BENEFIT AMOUNTS		
Class A (Preventive), Class B (Basic) and Class C (Major) Services Combined	**$1,000 Per Plan Participant, Per Calendar Year.**	
Class D (Orthodontia) Services	**Not Covered**	
COVERED EXPENSES	**COST TO PLAN PARTICIPANT**	
Class A Services – Preventive Care	No cost to Plan Participant, Deductible waived.	
Class B Services – Basic Services	20% Coinsurance after Deductible is met.	
Class C Services – Major Services	50% Coinsurance after Deductible is met.	
Class D Services – Orthodontia Limited to Dependent Children under age 19.	Not Covered	

Deductibles, co-insurance and maximums are the same for network and out of network claims.

Dental services performed by a CIGNA dental provider are repriced by CIGNA with no balance billing to the member.

Dental services performed by out of network providers are repriced using reasonable and customary pricing. Members may be billed the amount which exceeds reasonable and customary.