

## Covered Dental Services

Here is a comparison of deductibles, copays and your share of coinsurance for 2020 under the dental options. Costs represent what the member pays. For a complete list of copays for the Cigna Prepaid option, please refer to the Patient Charge Schedule found at this link: <https://www.cigna.com/sites/stateoftn/pdf/sot-2019-dental-pcs.pdf>.

COVERED SERVICES	CIGNA PREPAID OPTION		METLIFE DPPO OPTION	
	GENERAL DENTIST	SPECIALIST DENTIST	IN-NETWORK	OUT-OF-NETWORK
<b>Annual Deductible</b>	none		\$25 single; \$75 family, per policy year <sup>[1]</sup>	\$100 single; \$300 family, per policy year <sup>[1]</sup>
<b>Annual Maximum Benefit</b>	none		\$1,500 per person, per policy year	
<b>Pre-existing Conditions</b>	covered		some exclusions	
<b>Office Visit</b>	\$10 copay <sup>[2]</sup>		no charge	20% of MAC
<b>Periodic Oral Evaluation</b>	no charge		no charge	20% of MAC
<b>Routine Cleaning – Adult</b>	no charge		no charge	20% of MAC
<b>Routine Cleaning – Child</b>	no charge	\$15 copay	no charge	20% of MAC
<b>X-ray — Intraoral, Complete Series</b>	no charge	\$5 copay	no charge	20% of MAC
<b>Amalgam (silver) Filling Permanent teeth</b>	\$8 copay	\$10 copay	20% of MAC	40% of MAC
<b>Endodontics — Root Canal Therapy Molar (excluding final restoration)</b>	\$125 copay	\$600 copay	20% of MAC	40% of MAC
<b>Major Restorations — Crowns</b>	\$200 copay, plus lab fees <sup>[3]</sup>		50% of MAC <sup>[4]</sup>	
<b>Extraction of Erupted Tooth (minor oral surgery)</b>	\$15 copay	\$70 copay	20% of MAC	40% of MAC
<b>Removal of Impacted Tooth — Complete Bony (complex oral surgery)</b>	\$100 copay	\$120 copay	50% of MAC	
<b>Dentures — Complete Upper</b>	\$310 copay, plus lab fees <sup>[3]</sup>		50% of MAC <sup>[4]</sup>	
<b>Orthodontics</b>	\$140 monthly copay for treatment equal or less than 24 months. Then, full charge. <sup>[6]</sup>		50% of MAC	
• Annual Deductible	none		none	
• Lifetime Maximum	\$3,360 copay (\$140 x 24 months) for treatment fee only. Then, member pays full charge after initial 24 months. <sup>[6]</sup>		\$1,250 <sup>[5]</sup>	
• Waiting Period	none		12 months	
• Age Limit	none		up to age 19	

MAC—Maximum Allowable Charge is the lesser of the amount charged by the dentist or the maximum payment amount that in-network dentists have agreed to accept in full for the dental service. When a participant receives dental services from an out-of-network provider, MetLife will reimburse a percentage of the MAC.

The participant is then responsible for everything over the percentage of MAC reimbursed up to the charge submitted by the out-of-network dentist. The benefits listed are a sample of the most frequently utilized dental treatments. Refer to vendor materials for complete information on coverage, limitations and exclusions.

[1] Does not apply to diagnostic and preventive benefits such as periodic oral evaluation, cleaning and x-ray.

[2] A charge may apply for a missed appointment when the member does not cancel at least 24 hours prior to the scheduled appointment.

[3] Members are responsible for additional lab fees for these services.

[4] A 6-month waiting period applies.

[5] The orthodontics lifetime maximum is for a dependent member enrolled in the state group dental insurance program even if the member has been covered under different employing agencies.

[6] Additional copays apply for specific orthodontic procedures. Orthodontic treatment after a member's effective date will not be covered under the Cigna plan if it began prior to the member's effective date.