

HealthFlex Plan Comparisons—CIGNA Dental Benefits

This comparison highlights key differences and similarities between dental plans offered through HealthFlex Exchange: **Passive PPO 1000, Passive PPO 2000 and Dental PPO**. 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.

HealthFlex dental plans use CIGNA’s PPO Advantage Network. Visit cigna.com to search for in-network providers.

Note: All dental plans include *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	PASSIVE PPO 1000	PASSIVE PPO 2000	DENTAL PPO	
			PPO Advantage Network	Out of Network
Calendar Year Maximum (Class I, II and III expenses)	Year 1: \$1,000	Year 1: \$2,000	Year 1: \$2,000	Year 1: \$1,000
	Year 2: \$1,150 ¹	Year 2: \$2,150 ¹	Year 2: \$2,150 ¹	Year 2: \$1,150 ¹
	Year 3: \$1,300 ²	Year 3: \$2,300 ²	Year 3: \$2,300 ²	Year 3: \$1,300 ²
	Year 4 and beyond: \$1,450 ³	Year 4 and beyond: \$2,450 ³	Year 4 and beyond: \$2,450 ³	Year 4 and beyond: \$1,450 ³
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

Please note:

- A “passive” PPO allows you to benefit from discounts when receiving services from a PPO Advantage network provider—without a reduction in benefits if you choose to go out of network.
- All out-of-network reimbursement levels are based on 90th percentile of reasonable and customary allowance.

NETWORK BENEFITS	PASSIVE PPO 1000		PASSIVE PPO 2000		DENTAL PPO			
					PPO Advantage Network		Out of 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% ⁴	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.

(over)

NETWORK BENEFITS	PASSIVE PPO 1000		PASSIVE PPO 2000		DENTAL PPO			
					PPO Advantage Network		Out of Network ⁴	
	Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay
Class II—Basic Restorative Care • 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	80% ⁵	20% ⁵	90% ⁵	10% ⁵	70% ^{4, 5}	30% ⁵
Class III—Major Restorative Care • Crowns • Dentures • Bridges • Inlays/onlays • Dental implants/ prosthesis over implant	50% ⁵	50% ⁵	50% ⁵	50% ⁵	60% ⁵	40% ⁵	50% ^{4, 5}	50% ⁵
Class IV—Orthodontia Lifetime Maximum	• 50%⁵ • \$1,000—dependent children to age 19	50% ⁵	• 50% • \$2,000—dependent children to age 19	50%	• 50%⁵ • \$2,000—dependent children to age 19	50% ⁵	• 50%^{4, 5} • \$1,000—dependent children to age 19	50% ⁵

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

⁵ Subject to deductible