

# Dental Plan Benefits

Cigna continues to be our provider for 2010. Please refer to this chart for a review of our plan.

	PPO		DMO
	Buy-Up Plan	Basic Plan	
	In-Network	In-Network	In-Network
Annual Deductible (applies to basic and major services)			
Individual	\$50	\$50	None
Family	\$150	\$150	None
Preventive Service Covered Percent	100%	100%	Paid according to DMO schedule
Basic Service Covered Percent	80%	50%	Paid according to DMO schedule
Major Service Covered Percent	50%	50%	Paid according to DMO schedule
Annual Benefit Maximum	\$1,500	\$1,000	None
Office Visit Co-pay	N/A	N/A	Paid according to DMO schedule
Orthodontic Services	50% (adult and child)	Not covered	Paid according to DMO schedule
Orthodontic Deductible	\$0	Not covered	None
Orthodontic Lifetime Maximum	\$1,500	Not covered	None

Partial List of Plan Provisions	PPO		DMO
PREVENTIVE - Deductible does not apply			
Oral examinations*	100%	100%	100%
Cleanings, including scaling and polishing* Adult/Child	100%	100%	100%
Fluoride*	100%	100%	100%
Sealants (permanent molars only, once every 3 years)*	100%	100%	\$10 co-payment
Bitewing X-rays*	100%	100%	100%
Full mouth series X-rays*	100%	100%	100%
Space maintainers	100%	100%	100%
BASIC - Coverage is after deductible is met			
Root canal therapy, with X-rays and cultures Anterior teeth/Bicuspid teeth	80%	50%	Paid according to DMO schedule, see <a href="http://www.valassisbenefits.com">www.valassisbenefits.com</a> for schedule
Amalgam (silver) fillings	80%	50%	
Composite fillings (anterior teeth only)	80%	50%	
Stainless steel crowns	80%	50%	
Scaling and root planing*	80%	50%	
Gingivectomy	80%	50%	
Uncomplicated extractions	80%	50%	
Surgical removal of erupted tooth	80%	50%	
Surgical removal of impacted tooth (soft tissue)	80%	50%	
TMJ/Occlusal guard and palliative treatment only	80%	50%	
MAJOR - Coverage is after deductible is met			
Root canal therapy, molar teeth, with X-rays and cultures	80%	50%	Paid according to DMO schedule, see <a href="http://www.valassisbenefits.com">www.valassisbenefits.com</a> for schedule
Osseous surgery*	80%	50%	
Surgical removal of impacted tooth (partial bony/full bony)	80%	50%	
General anesthesia/intravenous sedation	80%	50%	
Inlays (except stainless steel)	50%	50%	
Onlays (except stainless steel)	50%	50%	
Crowns	50%	50%	
Full & partial dentures	50%	50%	
Denture repairs	80%	50%	
Pontics	50%	50%	
Implants	50%	50%	

\* Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate or evidence of coverage.

**NOTE: This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan or program benefits and does not constitute a contract. Consult your plan documents to determine governing contractual provisions, including procedures, exclusions, pre-certification requirements and limitations relating to our plan.**