

University of Maine System



Group #3328411

Dental Benefits Summary

Type	Preventive & Diagnostic Class I Expenses	Basic Restorative Care Class II Expenses	Major Restorative Care Class III Expenses	Orthodontia Class IV Expenses
Covered Services	<p>PREVENTIVE: Cleanings once in a 6 month period</p> <p>Fluoride once in a 12 month period to age 19</p> <p>Sealants once per tooth per lifetime on unrestored permanent bicuspid or molar teeth</p> <p>Space maintainers for non-orthodontic treatment to age 19</p> <p>DIAGNOSTIC: Exams twice in a 12 month period</p> <p>X-Rays: Complete series once in a 3-year period</p> <p>Bitewings once in a 12 month period</p>	<p>RESTORATIVE: Fillings</p> <p>ORAL SURGERY: Surgical and routine extractions</p> <p>Surgical extraction of impacted teeth</p> <p>ENDODONTICS: Root Canal/ Therapy</p> <p>Major/Minor Periodontics</p> <p>Relines, Rebases, and Adjustments</p> <p>Repairs – Bridges, Crowns, and Inlays</p> <p>Repairs – Dentures</p> <p>Emergency Care to Relieve Pain</p> <p>Anesthetics</p>	<p>Crowns</p> <p>Dentures</p> <p>Bridges</p> <p>Histopathologic Exams</p>	Coverage for eligible children and adults
Waiting Period	None	None	None	None
Deductible	No Deductible	No Deductible	No Deductible	No Deductible
Coinsurance	CIGNA Dental Pays 100% of R&C*	CIGNA Dental Pays 80% of R&C*	CIGNA Dental Pays 50% of R&C*	CIGNA Dental Pays 50% of R&C*
Maximum	Combined Calendar Year Maximum of \$1,000 Per Person.			Lifetime Maximum of \$1,000 Per Person.

*Reasonable and Customary (R&C) are the average charges for a particular procedure within a zip code.

THIS FLOWCHART IS FOR ILLUSTRATIVE PURPOSES ONLY. CERTAIN BENEFIT LIMITATIONS MAY APPLY. PLEASE REFER TO YOUR DENTAL PLAN DESCRIPTION BOOKLET FOR COMPLETE BENEFIT INFORMATION.

CIGNA Customer Service: 1-800-CIGNA24 (1-800-244-6224)

www.cigna.com

Monthly Premium:	Single \$31.99	Two Persons \$58.86	Three or More Persons \$100.77
24 Installment Premium:	Single \$16.00	Two Persons \$29.43	Three or More Persons \$50.39