

Dental: There are limited services covered, and an annual limit of \$750 for members, \$500 for covered dependents. **The dentist MUST be a CIGNA network provider.** The plan pays 80% of the charges up to the annual max for preventative and restorative services.

CIGNA has a nationwide list of participating In-Network dentists can be obtained by contacting CIGNA Dental at (800) 797-3381, or by visiting the website at www.cignadentalnetworksolutions.com.

The preventative services include:

Routine oral examination, limited to 2 visits per Covered Person per year (once every 6 months), plus Emergency examinations;

X-rays - Bitewings, one set per 6 months. Full mouth or panoramic every 36 months.

Prophylaxis - Cleanings are covered no more often than every 6 months.

Restorative dentistry:

Fillings - Silver or composite, with local anesthesia

Gum Treatment: Treatment and/or scaling Treatments are limited to a maximum of 2 Treatments per Covered Person per year.

Simple Extractions

Medications - see article 6 of the SPD for limits.

Exclusions: See page 42 of the SPD. There are no orthodontia benefits.

Vision: Is provided through VSP. To find an In-Network provider, visit VSP's Website – www.vsp.com – and provider locator or call VSP's Provider Locator Service at (800) 877-7195, and follow the voice prompts. You will need the unique identification number of the primary insured and the zip code for the area You wish to check.

Coverage amounts using a VSP provider:

Annual exams: Covered at 100%, after a \$10 copay.

Lenses: Covered annually, after a \$25 co-pay.

Frames: Up to \$130 allowance, every other year.

Contact lenses: Up to \$130 allowance, replacing exam, frames and lenses.

Safety Glasses: For participant only, covered at 100%

Check the SPD, page 45 for the coverage levels of non VSP providers.