Comparing Your Dental Options

	Dental Plan		
Plan Features	CIGNA De	ntal PPO	United Concordia Dental HMO
Annual deductible Annual maximum benefit	\$50 per person \$150 per family \$1,500		See your direct employer for the Concordia Plus Schedule of Benefits
Covered Expenses	Plan Pays		
Preventive and diagnostic care (oral exams, routine cleanings, X-rays, sealants, emergency care, space maintainers, histopathologic exams) Basic restorative services (fillings, root canal therapy, osseous surgery, denture adjustments, simple extractions, oral surgery, anesthestics)	In-Network 100% 80% after annual deductible	Out-of-Network 100% 80% after annual deductible	See your direct employer for the Concordia Plus Schedule of Benefits
Major services (crowns, dentures, bridges, surgical extractions of impacted teeth) Orthodontia (limited to a separate \$1,500 lifetime maximum benefit)	50% after annual deductible 50% after annual deductible	50% after annual deductible 50% after annual deductible	

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