

FERMILAB DENTAL BENEFIT COMPARISON 2003/2004

		<u>CIGNA DENTAL PPO PLAN</u>		<u>CIGNA DENTAL HEALTH (HMO Plan)</u>
Annual Maximum Benefit		\$1,500		None
Deductible (Your cost)		\$50		None
Sample of Out-of-Pocket Costs		<u>COST TO YOU</u>		<u>COST TO YOU</u>
<u>Procedure</u>	<u>National Average Dentist Charge</u>	<u>Average IN NETWORK</u>	<u>Average OUT OF NETWORK</u>	
Oral Exam	\$54	\$0	\$0	\$0
Adult Cleaning	\$116	\$0	\$0	\$0
Child Cleaning	\$82	\$0	\$0	\$0
Bitewing x-ray	\$48	\$0	\$0	\$0
Filling, Amalgam 1 Surface	\$91	\$12.80**	\$18.20**	\$0
Anterior Root Canal	\$465	\$65.00**	\$93.00**	\$0
Two Quads of Perio Scaling & Root Planing	\$296	\$41.40**	\$59.20**	\$110.00
Child Single Extraction	\$83	\$11.60 **	\$16.60**	\$0
Porcelain Crown	\$777	\$271.00**	\$388.50**	\$335.00
Complete Upper Denture	\$895	\$379.00**	\$447.50**	\$440.00
Orthodontics - 24 months Children	\$3065	\$1070.00**	\$1565.00**	\$1600.00
Adult Retention Additional	\$3616***	\$3616.00	\$3616.00	\$2200.00

EXCLUSIONS AND LIMITATIONS ARE CONTAINED IN THE CONNECTICUT GENERAL GROUP DENTAL INSURANCE CERTIFICATE.

** Subject to the \$50.00 deductible.

*** Adult orthodontia is not covered under the dental PPO plan.