

Town of Trumbull

Effective Date: July 01, 2016

This is a summary of benefits for your dental plan.

Cigna Dental Network Benefits

Cigna Dental Network Benefits	
Calendar Year Maximum	
All categories	\$1,500*
Calendar Year Deductible	
Per Individual	\$0
Per Family	\$0
Preventive & Diagnostic Care	
Oral Exams Cleanings Routine X-Rays Non-Routine X-Rays Sealants Brush Biopsy	100%, No Deductible
Basic Restorative Care	
Fillings** Fluoride Application Periodontal Maintenance* Emergency Care to Relieve Pain Oral Surgery - Simple Extractions Root Canal Therapy / Endodontics Relines, Rebases, and Adjustments Repairs - Bridges, Crowns, and Inlays Repairs - Dentures Stainless Steel/Resin Crowns	80%, No Deductible
Major Restorative Care	
Crowns / Inlays / Onlays Space Maintainers (limited to non-orthodontic treatment) Periodontics Oral Surgery- All Except Simple Extraction Surgical Extraction of Impacted teeth	67%, No Deductible
Orthodontia	
Coverage for Children until age 19	50%, No Ortho Deductible
Lifetime Maximum	\$1,500
Pretreatment Review	Available on a voluntary basis when extensive work in excess of \$200 is proposed.

*If enrolled in HEP, maximums are waived on Periodontal Maintenance and Periodontal Scaling and Root Planning procedures.

**For fillings other than amalgam, an alternate benefit may apply.

Please refer to the Summary Plan Description for a full listing of covered benefits, exclusions and limitations.

Where allowed by state law, in-network providers will charge no more than negotiated rate for non-covered services.



This summary provides only the highlights. For a complete list of both covered and non-covered services, including benefits that may be required by your state, see your Evidence of Coverage, Insurance Certificate or Summary Plan Description - the official plan documents. If there are any differences between this summary and the plan documents, the terms of the plan documents will take precedence.

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