



CIGNA Dental PPO Benefit Summary

Employees of Salus Rehabilitation, LLC.

Summary of Benefits

All deductibles, plan maximum, and service specific maximum (dollar and occurrence) cross accumulate between in and out-of-network.

<i>Benefits</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Calendar Year Maximum (Class I, II and III expenses)	\$1,000	\$1,000
Annual Deductible (Applies to Classes II & III) Individual Family	\$35 per person \$70 per family	\$35 per person \$70 per family
Reimbursement Levels	Based on Reduced Contracted Fees	80 th percentile of Reasonable and Customary Allowances
Class I – Preventive & Diagnostic Care Oral Exams (Two per year) Routine Cleanings (Two per year) Full Mouth X-rays (One complete set every three years) Bitewing X-rays (Two per year) Panoramic X-ray (One every three years) Fluoride Application (One per year for persons under 19) Sealants (Limited to posterior tooth/One treatment per tooth every three years) Space Maintainers (Limited to non-orthodontic treatment) Emergency Care to Relieve Pain Histopathologic Exams	100%	100%
Class II – Basic Restorative Care Fillings Root Canal Therapy Osseous Surgery Periodontal Scaling and Root Planing Denture Adjustments and Repairs Oral Surgery – Simple Extractions Oral Surgery – all except simple extractions Anesthetics Surgical Extractions of Impacted Teeth Repairs to Bridges, Crowns and Inlays	80%	80%
Class III – Major Restorative Care Crowns Dentures Bridges	50%	50%
Class IV – Orthodontia <i>Employees and All Dependents</i>	50%	50%
Lifetime Maximum	\$1,000	\$1,000