

Dental Plan Side-by-Side

Percentages shown indicate patient payment amount

	Basic Plan		Comprehensive Plan	
	In-Network	Out-of-Network	In-network	Out-of-network
Deductible	No deductible	No deductible	\$50/individual \$150/family	\$50/individual \$150/family
Calendar year Maximum				
Class 1 expenses	Unlimited	Unlimited	Unlimited	Unlimited
Class 2 & 3 expenses	Unlimited	Unlimited	\$1500/individual	\$1500/individual
Orthodontia (for children under 19)	No coverage	No coverage	\$1500/lifetime	\$1500/lifetime
Class 1 - Preventative and Diagnostic Services				
Oral Exams (2 per calendar year)	100% no deductible	100% no deductible**	100% no deductible	100% no deductible**
Cleanings (2 per calendar year)	100% no deductible	100% no deductible**	100% no deductible	100% no deductible**
Full mouth X-rays (1 complete set every 3 calendar years)	100% no deductible	100% no deductible**	100% no deductible	100% no deductible**
Bitewing X-ray (2 per calendar year)	100% no deductible	100% no deductible**	100% no deductible	100% no deductible**
Panoramic X-ray (1 every 3 calendar years)	100% no deductible	100% no deductible**	100% no deductible	100% no deductible**
Flouride application (1 per calendar year for participants under 19 years old)	100% no deductible	100% no deductible**	100% no deductible	100% no deductible**
Sealants (limited to posterior teeth for participants under 15 years old; 1 treatment per tooth every 3 calendar years)	100% no deductible	100% no deductible**	100% no deductible	100% no deductible**
Space maintainers (limited to non-orthodontic treatment)	100% no deductible	100% no deductible**	100% no deductible	100% no deductible**
Emergency care to relieve pain	100% no deductible	100% no deductible**	100% no deductible	100% no deductible**
Class 2 - Basic Restorative Services				
Fillings	No Coverage	No Coverage	80% after deductible	80%** after deductible
Root Canal Therapy	No Coverage	No Coverage	80% after deductible	80%** after deductible
Osseous Surgery	No Coverage	No Coverage	80% after deductible	80%** after deductible
Periodontal Scalling and Root Planning	No Coverage	No Coverage	80% after deductible	80%** after deductible
Denture Adjustments and Repairs	No Coverage	No Coverage	80% after deductible	80%** after deductible
Extractions	No Coverage	No Coverage	80% after deductible	80%** after deductible
Anesthetics	No Coverage	No Coverage	80% after deductible	80%** after deductible
Oral Surgery	No Coverage	No Coverage	80% after deductible	80%** after deductible
Class 3 - Major Restorative Services				
Crowns	No Coverage	No Coverage	50% after deductible	50%** after deductible
Dentures	No Coverage	No Coverage	50% after deductible	50%** after deductible
Bridges	No Coverage	No Coverage	50% after deductible	50%** after deductible
Optional Services*				
Orthodontia (for dependents under 19)	No Coverage	No Coverage	50% after deductible up to allowed amount	50%** after deductible up to allowed amount
Bi-Weekly Rates (24 Annual Deductions)				
Employee Only		\$2.02		\$5.05
Employee + Spouse/DP		\$5.06		\$12.64
Employee + Child(ren)		\$4.81		\$12.02
Employee + Family		\$7.84		\$19.61

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

** Out-of-network providers will be paid at the reasonable and customary rate. If an out-of-network provider bills Cigna, Cigna will pay the applicable percent of bill after the participant files the bill claim form with Cigna. The form can be found at McClatchylivewell.com. Emergency services are paid at in-network levels