

## Seton Hall University - Dental Benefits Comparison

### CIGNA Dental PPO Plan - In-network and Out-of-network benefits

	CIGNA	
	In-Network	Out-of-Network
<b>Calendar Year maximum</b>	\$ 1,500.00	\$ 1,500.00
<b>Calendar Year Deductible</b>	\$50/\$100	\$50/\$100
<b>Preventive &amp; Diagnostic</b>		
Oral Exams	100% after deductible 2 exams per year	100% after deductible 2 exams per year
Cleanings	100% after deductible 1 every 6 month	100% after deductible 1 every 6 month
Bitewing X-rays	100% after deductible	100% after deductible
Fluoride Application	100% after deductible	100% after deductible
Sealants	100% after deductible	100% after deductible
Space Maintainers	100% after deductible	100% after deductible
Full Mouth X-rays	100% after deductible	100% after deductible
Panoramic X-rays	100% after deductible	100% after deductible
Emergency Care	100% after deductible	100% after deductible
Histopathologic Exams	100% after deductible	100% after deductible
<b>Basic Restorative Care</b>		
Fillings	80% after deductible	80% after deductible
Oral Surgery - Simple Extractions	80% after deductible	80% after deductible
Oral Surgery - all except simple extraction	80% after deductible	80% after deductible
Surgical Extraction of Impacted Teeth	80% after deductible	80% after deductible
Anesthesia	80% after deductible	80% after deductible
Major Periodontics	80% after deductible	80% after deductible
Minor Periodontics	80% after deductible	80% after deductible
Root Canals	80% after deductible	80% after deductible
Relines, Rebases and Adjustments	80% after deductible	80% after deductible
Repairs - Bridges, Crowns and Inlays	80% after deductible	80% after deductible
Repairs - Dentures	80% after deductible	80% after deductible
<b>Major Restorative Care</b>		
Crowns	50% after deductible	50% after deductible
Dentures	50% after deductible	50% after deductible
Bridges	50% after deductible	50% after deductible
<b>Orthodontia</b>		
Coverage for children only	50% no separate ded.	50% no separate ded.
Lifetime Maximum	\$1,000	\$1,000
<b>Missing Tooth Provision</b>		
	Yes	Yes
<b>Pre-treatment Review</b>	Voluntary when work is in excess of \$200	Voluntary when work is in excess of \$200
<b>Child Dependent Age</b>	23 to end of calendar yr.	23 to end of calendar yr.

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<b>DMO - CIGNA DENTAL CARE In-network benefits only</b>			
		<b>CIGNA</b>	
<b>Calendar Year Maximum</b>		None	
<b>Calendar Year Deductible</b>		None	
<b>Preventive &amp; Diagnostic</b>			
Oral Exams		100%	
Cleanings		100%	1 every 6 months
		extra cleanings \$41, adult, \$30 child	
Bitewing X-rays		100%	
Fluoride Application		100%	
Sealants		\$10 per tooth	
Space Maintainers		\$85	
Full Mouth X-rays		100%	
Panoramic X-rays		100%	
Emergency Care		100%	
Histopathologic Exams		100%	
<b>Basic Restorative Care</b>			
Fillings		100%	
Resin Fillings, anterior		100%	
Resin Fillings, posterior		Co-payment per CIGNA Schedule	
Oral Surgery - Simple Extractions		Co-payment per CIGNA Schedule	
Oral Surgery - all except simple extraction		Co-payment per CIGNA Schedule	
Osseous Surgery		Co-payment per CIGNA Schedule	
Surgical Extraction of Impacted Teeth		Co-payment per CIGNA Schedule	
Anesthesia		Co-payment per CIGNA Schedule	
Major Periodontics		Co-payment per CIGNA Schedule	
Minor Periodontics		Co-payment per CIGNA Schedule	
Root Canals		Co-payment per CIGNA Schedule	
Relines, Rebases and Adjustments		Co-payment per CIGNA Schedule	
Repairs - Bridges, Crowns and Inlays		Co-payment per CIGNA Schedule	
Repairs - Dentures		Co-payment per CIGNA Schedule	
<b>Major Restorative Care</b>			
Crowns		Co-payment per CIGNA Schedule	
Dentures		Co-payment per CIGNA Schedule	
Bridges		Co-payment per CIGNA Schedule	
<b>Orthodontia</b>			
Coverage for children only		\$1,500 co-pay	
Lifetime Maximum		Co-payment per CIGNA Schedule	
<b>Child Dependent Age</b>		23 to end of calendar yr.	