

DENTAL PLANS COMPARISON

MBI DENTAL PLAN (BlueCross BlueShield of Illinois)	CIGNA DENTAL HMO	CIGNA DENTAL PPO	
		(In Network)	(Out of Network)
\$25 deductible per person per year (maximum 3 deductibles per family; no deductible for preventive care)	No Deductible	No Deductible	
Choose any dentist you like (or find PPO provider for discounts at www.bcbsil.com)	Choose from CIGNA's network of Managed Care dentists.	Choose from Cigna's Network of PPO Dentists.	Choose any dentist you like.
Co-payment % (Plan pays:)	Co-payment % (Plan pays:)	Co-payment % (Plan pays:)	
Preventive Services (X-rays, cleanings, fluoride treatments) - (2 cleanings per year). 100%	Preventive Services (X-rays, cleanings, fluoride treatments) - (1 cleaning every 6 months). 100%	Preventive Services (X-rays, cleanings, fluoride treatments) - (2 cleanings per year). 100%	
Routine Services (fillings, simple extractions, minor endodontics/ periodontics) 80%	Routine Services (fillings, simple extractions, minor endodontics/ periodontics) 100%	Routine Services (fillings, simple extractions, minor endodontics/ periodontics) 90%	Routine Services (fillings, simple extractions, minor endodontics/ periodontics) 80%
Major Services (crowns, dentures, bridges, major endodontics/ periodontics) - 50%	Major Services (crowns, dentures, bridges, major endodontics/ periodontics) - <u>an average of</u> 60%	Major Services (crowns, dentures, bridges, major endodontics/ periodontics) - 60%	Major Services (crowns, dentures, bridges, major endodontics/ periodontics) - 50%
Maximum benefit per year: \$1,250 per person.	No maximum dollar benefit.	Maximum benefit per year: \$1,250 per person.	
Orthodontia is not covered .	Orthodontia is covered for children and adults (2 year treatment plan; see CIGNA schedule of benefits).	Orthodontia is covered for children (NOT adults) at 50% (\$1,250 benefit per person per lifetime)	Orthodontia is not covered .