Want to get the most out of your dental care dollars? Make your next appointment with a dentist in the CIGNA network!

See the savings for yourself!

- **Save money:** When you enroll in the CIGNA DPPO, dentists in the CIGNA network charge you reduced fees on all dental procedures listed on their fee schedule; even if it’s not a covered procedure on your plan.*
- **Save time:** Dentists in the CIGNA network will submit your dental claims for you.

While you can visit any licensed dentist or specialist of your choice in or outside the network, you will spend more when you go out of network because those dentists have not agreed to special discounted rates for our customers. In addition, they can bill you for the difference between what your plan pays and their usual (non-discounted) fees. Read *A Tale of Two Crowns* below to see an example.

### A Tale of Two Crowns

Joe and Sue, coworkers with the same CIGNA DPPO plan, both need a porcelain crown. The plan offers a **50%** benefit on crowns whether the procedure is done by an in-network dentist or not.

Joe visits a network dentist for the procedure. That network dentist has agreed to charge CIGNA customers a special discounted fee for crowns: **$650**. Since Joe’s plan will pay **$325**, his out-of-pocket cost is **$325**.

Sue, however, visits an out-of-network dentist for the same procedure. This dentist has **not** agreed to the special discounted fee, and charges **$1000** for a crown. For out-of-network claims, Sue’s plan pays based on a Maximum Reimbursable Charge (MRC) ² rather than a discounted fee. The MRC for Sue’s crown is **$950** and her plan will pay 50% of that amount. Sue is responsible for the difference between what her plan pays and her dentist’s usual $1,000 fee for that procedure. Since Sue’s plan will pay **$475**, her out-of-pocket cost will total **$525**.

**Joe spent $200 less than Sue for the identical procedure.** Why? Because Joe visited a dentist in the CIGNA network.**

Schedule your next appointment with a CIGNA network dentist!

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*To receive a discount on “non-covered services,” you must verify that a procedure is listed on the dentist’s fee schedule prior to receiving treatment.

**For illustrative purposes only; costs based national average fees as of January 2009 for Procedure Code D2750, Porcelain Crown Fused to High Noble Metal. Illustrations do not reflect any applicable deductibles or dollar maximums. Your savings may be different based on your local area charges.

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¹ In Texas, the CIGNA Dental PPO product is referred to as the CIGNA Dental Choice Plan and in Arizona and Louisiana, the CIGNA Dental PPO product is referred to as the CG Dental PPO. CIGNA Dental refers to the following operating subsidiaries of CIGNA Corporation: Connecticut General Life Insurance Company and CIGNA Dental Health, Inc., and its operating subsidiaries. The CIGNA Dental PPO is underwritten or administered by Connecticut General Life Insurance Company with network management services provided by CIGNA Dental Health, Inc., and certain of its operating subsidiaries.

² “MRC” is “Maximum Reimbursable Charge.” The MRC is the usual charge for a given procedure charged by most dentists in a given area with similar training and experience. CIGNA collects claim data to determine what is customary in a geographic area for each covered procedure, and uses that average to calculate what your dental plan will pay when you visit a non-network dentist. Each dentist decides what to charge patients for dental care. Some dentists will charge less than the MRC in their area while others will charge more. When you visit a non-network dentist, you are responsible for all charges above what your plan pays, even if that dentist’s regular charge is higher than the MRC. © 2009 CIGNA