

Dental Plans

Dental PPO Plans

The Dental PPO Plans allow you to visit any dental provider. However, when you use a CIGNA network dentist you usually pay less out of your pocket because the network dentists have agreed to charge pre-negotiated reduced fees. If you visit a dentist outside the network, you may be responsible for additional fees.

DHMO Plan

The DHMO plan provides dental care through a network of dentists who charge set fees for their services. You must use a CIGNA network dentist to receive coverage. You will be required to select a DHMO Dental provider within the CIGNA network. For a list of participating providers go to www.cigna.com.

These summaries only show a few of the covered procedures.
Please visit www.myaidsbenefits.net to obtain a complete summary.

Benefits	CIGNA PPO High Plan		CIGNA PPO Low Plan		CIGNA DHMO Plan
Plan Year Maximum <i>(Class I, II and III Expenses)</i>	\$1,500		\$750		NONE
Plan Year Deductible <i>(Applies to Classes II III and IV only)</i>	\$50 per person \$150 per family		\$50 per person \$150 per family		NONE
Class I-Preventive and Diagnostic Care <i>Oral Exams, Routine Cleanings, X-Rays</i>	Plan Pays:	You Pay:	Plan Pays:	You Pay:	\$5.00
	100%	No Charge *	80%	20%	
Class II-Basic Restorative Care <i>Fillings, Extractions., Periodontal Scaling</i>	80%*	20%*	50%*	50%*	\$10-\$135 See DHMO Patient Charge Schedule for exact costs
Class III-Major Restorative Care <i>Surgical Extractions., Crowns, Dentures</i>	50%*	50%*	50%*	50%*	\$115-\$350 See DHMO Patient Charge Schedule for exact costs
Class IV-Orthodontia	Only covers dependent children to age 19		No Orthodontia coverage		Dependent and Adult coverage available
	50%*	50%*	Not Covered	100%	\$375-4400 See DHMO Patient Charge Schedule for exact cost

*In-Network

*Subject to annual deductible

NOTE: The Dental PPO deductibles and maximums are now based on the AISD Plan year (September—August instead of a calendar year)