

## 2018 Dental & Vision Plan Comparison Chart



	Cigna Dental PPO		Cigna Dental HMO		MES Vision Plan	
	In Network	Out-of-Network	In Network		In Network	Out-of-Network
<b>Calendar Year Deductible</b>	\$0 per individual \$0 family limit	\$50 per individual \$150 family limit	\$0 per individual \$0 family limit	<b>Examination Benefit Frequency</b>	\$10 copay then plan pays 100% 1 x every 12 months from last date of service	Plan pays 100% (reimbursed up to \$40) In-network limitations apply
<b>Annual Plan Maximum</b>	\$2,000	\$2,000 (combined with in-network)	Unlimited	<b>Materials</b>	Plan pays 100%	Plan pays 100% (see schedule below)
<b>Waiting Period</b>	None	None	None	<b>Eyeglass Lenses Single Vision Lens Bifocal Lens Trifocal Lens Frequency</b>	Plan pays 100% of basic lens Plan pays 100% of basic lens Plan pays 100% of basic lens 1 x every 12 months from last date of service	Reimbursed up to \$30 Reimbursed up to \$50 Reimbursed up to \$65 In-network limitations apply
<b>Diagnostic and Preventive</b>	Plan pays 100%	Plan pays 100%	\$0 - \$240 (varies by services, see contract for fee schedule) copay then plan pays 100%	<b>Frames Benefit Frequency</b>	\$100 allowance 1 x every 12 months from last date of service	Reimbursed up to \$40 In-network limitations apply
<b>Basic Services</b>  Fillings  Root Canals  Periodontics	Plan pays 90%  Plan pays 90% Plan pays 90%	Plan pays 80% after deductible  Plan pays 80% after deductible Plan pays 80% after deductible	\$0 - \$145 (varies by services, see contract for fee schedule) copay then plan pays 100%  \$0 - \$155 (varies by services, see contract for fee schedule) copay then plan pays 100%  \$0 - \$255 (varies by services, see contract for fee schedule) copay then plan pays 100%	<b>Contacts (Elective) Benefit Frequency</b>	Reimbursed up to \$105 balance (instead of eyeglasses)  1 x every 12 months from last date of service	Up to \$105 (in-network limitations apply) In-network limitations apply
<b>Major Services</b>	Plan pays 60%	Plan pays 50% after deductible	\$0 - \$620 (varies by services, see contract for fee schedule) copay then plan pays 100%			
<b>Orthodontic Services</b> Orthodontia Lifetime Maximum Dependent Children Full-time Students	Plan pays 50% \$2,000 Covered  Covered	Plan pays 50% \$2,000 Covered  Covered	\$1,100 to age 19 and \$1,600 over age 19 Unlimited Covered Covered			