

Cigna Dental Plan Comparison

ALL STATES – EXCEPT AK, MA, MD, NC, NY & WA.

For AK, MA, MD, NC & NY, see state specific versions.

	Cigna Dental Preventive Plan	Cigna Dental 1000 Plan	Cigna Dental 1500 Plan
IN-NETWORK			
Cigna DPPPO Advantage Network – Offers the most savings, 38%¹ national average.			
DENTAL BENEFIT			
Individual Calendar Year Deductible	Not applicable	\$50 per person	\$50 per person
Family Calendar Year Deductible	Not applicable	\$150 per family	\$150 per family
Calendar Year Maximum (For Class I, II, and III services)	Not applicable	\$1,000 per person	\$1,500 per person
Lifetime Deductible (Separate per person for Orthodontia)	Not applicable	Not applicable	\$50 per person
Lifetime Maximum (Separate per person for Orthodontia)	Not applicable	Not applicable	\$1,000 per person
Payment levels	Based on the provider's contracted fees	Based on provider's contracted fees	Based on provider's contracted fees
CLASS I: PREVENTIVE/DIAGNOSTIC SERVICES			
Preventive/Diagnostic Services Waiting Period	Not applicable	Not applicable	Not applicable
Preventive/Diagnostic Services Oral Exams, Routine Cleanings, Routine X-Rays, Sealants, Fluoride Treatment, Space Maintainers (non-orthodontic)	You pay \$0	You pay \$0	You pay \$0
CLASS II: BASIC RESTORATIVE SERVICES			
Basic Restorative Services Waiting Period	Not applicable	6-month waiting period ²	6-month waiting period ²
Basic Restorative Services Nonroutine X-Rays, Fillings, Routine Tooth Extraction, Emergency Treatment	You pay 100% of the provider's contracted fee ³	You pay 20% of the provider's contracted fee (after deductible)	You pay 20% of the provider's contracted fee (after deductible)
CLASS III: MAJOR RESTORATIVE SERVICES			
Major Restorative Services Waiting Period	Not applicable	12-month waiting period ²	12-month waiting period
Major Restorative Services Periodontal (Deep Cleaning), Periodontal Maintenance, Crowns, Root Canal Therapy, Wisdom Tooth Extraction, Dentures/Partials, Bridges	You pay 100% of the provider's contracted fee ³	You pay 50% of the provider's contracted fee (after deductible)	You pay 50% of the provider's contracted fee (after deductible)
CLASS IV: ORTHODONTIA			
Orthodontia Waiting Period	Not applicable	Not applicable	12-month waiting period
Orthodontia	You pay 100% of the provider's contracted fee ³	You pay 100% of the provider's contracted fee ³	You pay 50% of the provider's contracted fee (after separate lifetime deductible)
Out-of-network & dental terms	For out-of-network benefits and dental terms, see the Summary of Benefits.	For out-of-network benefits and dental terms, see the Summary of Benefits.	For out-of-network benefits and dental terms, see the Summary of Benefits.

This summary contains highlights only.

If you choose to visit a dentist out-of-network, you will pay the out-of-network benefit and the difference in the amount that Cigna reimburses for such services and the amount charged by the dentist, except for emergency services as defined in your policy. This is known as balance billing. Refer to the policy for more details.

1. Based upon 01/01/2015–12/31/2015 National Average Charges projected by Cigna Dental to 07/01/2017. Fees vary by region.

2. NJ, VT & IL: 6-month waiting period for all classes; WV: 3-month waiting period for all classes; MO & RI: no waiting period for all Classes; You may be eligible to waive the waiting period for Classes II & III if you have continuous 12 months of prior coverage from a valid dental insurance plan. Orthodontia waiting period cannot be waived.

3. Cigna DPPPO Advantage Network providers contracted with Cigna may pass along contracted fees, which may be considered a discount. (Discounts are not available in Virginia.)



Cigna Dental Plan Comparison

ALL STATES – EXCEPT AK, MA, MD, NC, NY & WA.

For AK, MA, MD, NC & NY, see state specific versions.

	Cigna Dental Preventive Plan	Cigna Dental 1000 Plan	Cigna Dental 1500 Plan
	Cigna DPPPO Advantage Network (in-network)		
PROCEDURE	FREQUENCY/LIMITATION		
CLASS I: PREVENTIVE/DIAGNOSTIC SERVICES			
Oral Exams	1 per consecutive 6-month period		
Routine Cleanings	1 routine prophylaxis or periodontal maintenance procedure per consecutive 6-month period (routine prophylaxis falls under Class I; periodontal maintenance procedure falls under Class III)		
Routine X-Rays	Bitewings: 1 set in any consecutive 12-month period. Limited to a maximum of 4 films per set		
Sealants	1 treatment per tooth per lifetime. Payable on unrestored permanent bicuspid or molar teeth for participants less than age 14		
Fluoride Treatment	1 per consecutive 12-month period for participants less than age 14		
Space Maintainers (non-orthodontic)	Limited to non-orthodontic treatment for prematurely removed or missing teeth for participants less than age 14		
CLASS II: BASIC RESTORATIVE SERVICES			
Nonroutine X-Rays	Not covered under this plan. Discounts may apply ⁴	Full mouth or Panorex: 1 per consecutive 60-month period	
Fillings	Not covered under this plan. Discounts may apply ⁴	1 per tooth per consecutive 12-month period (applies to replacement of identical surface fillings only). No white/tooth colored fillings on bicuspid or molar teeth	
Routine Tooth Extraction	Not covered under this plan. Discounts may apply ⁴	Includes an allowance for local anesthesia and routine postoperative care	
Emergency Treatment	Paid as a separate benefit only if no other service, except x-rays, is rendered during the visit		
CLASS III: MAJOR RESTORATIVE SERVICES			
Periodontal (Deep Cleaning)	Not covered under this plan. Discounts may apply ⁴	1 per quadrant per consecutive 36-month period	
Periodontal Maintenance	Not covered under this plan. Discounts may apply ⁴	Payable only if a consecutive 6-month period has passed since the completion of active periodontal surgery. 1 periodontal maintenance or routine prophylaxis procedure per consecutive 6-month period (periodontal maintenance procedure is Class III; routine prophylaxis is Class I)	
Crowns	Not covered under this plan. Discounts may apply ⁴	1 per tooth per consecutive 84-month period. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crown or bridges. Replacement must be indicated by major decay. For participants less than age 16, benefits limited to resin or stainless steel	
Root Canal Therapy	Not covered under this plan. Discounts may apply ⁴	1 per tooth per lifetime	
Wisdom Tooth Extraction	Not covered under this plan. Discounts may apply ⁴	Includes an allowance for local anesthesia and routine postoperative care	
Dentures and Partial	Not covered under this plan. Discounts may apply ⁴	1 per arch per consecutive 84-month period	
Bridges	Not covered under this plan. Discounts may apply ⁴	1 per consecutive 84-month period. Benefits will be considered for the initial replacement of a necessary functioning natural tooth extracted while the person was covered under this plan	
CLASS IV: ORTHODONTIA			
Orthodontia	Not covered under this plan. Discounts may apply ⁴		The total amount payable for all expenses incurred for orthodontics during a person's lifetime will not be more than the orthodontia lifetime maximum

This summary contains highlights only.

4. Discounts are not available in Virginia.

With Cigna there is more to smile about.

You get flexible benefits and premium levels to meet your needs and budget, plus:

- Access to over 92,000⁵ in-network dental providers in our Cigna DPPO Advantage Network
- Nearly 200,000⁵ office locations across the nation
- No referral needed to see a specialist
- 15% discount on monthly premiums for any additional family members on the plan
- Available for all ages, including those 65 and older
- No application or processing fees
- No waiting period for Class I services. If you have had dental insurance for more than a year, you may be eligible to waive the waiting period for Class II, III and IV services so you won't have to wait for benefits to begin⁶
- No need to submit claims when you use a Cigna DPPO Advantage Network provider
- 24/7 live customer service at **800.Cigna24**
- Online access with **myCigna.com**. You can view bills and claims online, anytime – and make a payment, too
- Mobile access on the go. Find a dentist, check coverage and show your ID card with the myCigna Mobile App.

You have freedom.

You are free to choose a provider from our large national network or one from outside the network. Keep in mind, you'll save the most if you visit a Cigna DPPO Advantage Network provider. Find providers in our network at **Cigna.com/ifp-providers**.

To see how your savings may be greater when visiting a **Cigna DPPO Advantage Network** provider, see the Summary of Benefits.

[Cigna Dental Preventive plan](#)

[Cigna Dental 1000 plan](#)

[Cigna Dental 1500 plan](#)

5. Data as of July 2016.

6. Excludes orthodontia benefits. Eligibility for waiting period waiver is on a per person basis.

PLAN EXCLUSIONS AND LIMITATIONS

What is not covered by this plan

Excluded services

Covered expenses do not include expenses incurred for:

- Procedures which are not included in the policy.
- Procedures which are not necessary and which do not have uniform professional endorsement.
- Procedures for which a charge would not have been made in the absence of coverage or for which the covered person is not legally required to pay.
- Any procedure, service, supply or appliance, the sole or primary purpose of which relates to the change or maintenance of vertical dimension.
- Procedures, appliances or restorations whose main purpose is to diagnose or treat dysfunction of the temporomandibular joint (Services are covered in MN, NM and NV).
- The alteration or restoration of occlusion.
- The restoration of teeth which have been damaged by erosion, attrition or abrasion.
- Bite registration or bite analysis.
- Any procedure, service or supply provided primarily for cosmetic purposes. Facings, repairs to facings or replacement of facings on crowns or bridge units on molar teeth shall always be considered cosmetic.
- The surgical placement of an implant body or framework of any type; surgical procedures in anticipation of implant placement; any device, index or surgical template guide used for implant surgery; treatment or repair of an existing implant; prefabricated or custom implant abutments; removal of an existing implant.
- Crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth unless the tooth cannot be restored with an amalgam or composite resin filling due to major decay or fracture.
- Core build-ups.
- Replacement of a partial denture, full denture, or fixed bridge or the addition of teeth to a partial denture unless:
 - Replacement occurs at least 84 consecutive months after the initial date of insertion of the current full or partial denture; or
 - The partial denture is less than 84 consecutive months old, and the replacement is needed due to a necessary extraction of an additional functioning natural tooth while the person is covered under this plan (alternate benefits of adding a tooth to an existing appliance may be applied); or
 - Replacement occurs at least 84 consecutive months after the initial date of insertion of an existing fixed bridge (if the prior bridge is less than 84 consecutive months old, and replacement is needed due to an additional necessary extraction of a functioning natural tooth while the person is covered under this plan. Benefits will be considered only for the pontic replacing the additionally extracted tooth).
- The removal of only a permanent third molar will not qualify an initial or replacement partial denture, full denture or fixed bridge for benefits.
- The replacement of crowns, cast restoration, inlay, onlay or other laboratory prepared restorations within 84 consecutive months of the date of insertion.
- The replacement of a bridge, crown, cast restoration, inlay, onlay or other laboratory prepared restoration regardless of age unless necessitated by major decay or fracture of the underlying natural tooth.
- Any replacement of a bridge, crown or denture which is or can be made useable according to common dental standards.
- Replacement of a partial denture or full denture which can be made serviceable or is replaceable.
- Replacement of lost or stolen appliances.
- Replacement of teeth beyond the normal complement of 32.
- Prescription drugs.
- Any procedure, service, supply or appliance used primarily for the purpose of splinting.
- Athletic mouth guards.
- Myofunctional therapy.
- Precision or semi-precision attachments.
- Denture duplication.
- Separate charges for acid etch.

PLAN EXCLUSIONS AND LIMITATIONS

- › Labial veneers (lamine).
- › Porcelain or acrylic veneers of crowns or pontics on, or replacing the upper and lower first, second and third molars.
- › Precious or semi-precious metals for crowns, bridges, pontics and abutments; crowns and bridges other than stainless steel or resin for participants under 16 years old.
- › Treatment of jaw fractures and orthognathic surgery.
- › Orthodontic treatment. Exclusion does not apply if the plan otherwise covers services for orthodontic treatment.
- › Charges for sterilization of equipment, disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies and infection control.
- › Charges for travel time; transportation costs; or professional advice given on the phone.
- › Temporary, transitional or interim dental services.
- › Any procedure, service or supply not reasonably expected to correct the patient's dental condition for a period of at least three years, as determined by Cigna.
- › Diagnostic casts, diagnostic models or study models.
- › Any charge for any treatment performed outside of the United States other than for emergency treatment (any benefits for emergency treatment which is performed outside of the United States will be limited to a maximum of \$100 per consecutive 12-month period).
- › Oral hygiene and diet instruction; broken appointments; completion of claim forms; personal supplies (water pick, toothbrush, floss holder); duplication of x-rays and exams required by a third party.
- › Any charges, including ancillary charges, made by a hospital, ambulatory surgical center or similar facility.
- › Services that are deemed to be medical services.
- › Services for which benefits are not payable according to the "General Limitations" section.

General Limitations

No payment will be made for expenses incurred for you or any one of your dependents:

- › For services not specifically listed as covered services in the policy.
- › For services or supplies that are not dentally necessary.
- › For services received before the effective date of coverage.
- › For services received after coverage under this policy ends.
- › For services for which you have no legal obligation to pay or for which no charge would be made if you did not have dental insurance coverage.
- › For professional services or supplies received or purchased directly or on your behalf by anyone, including a dentist from any of the following:
 - Yourself or your employer.
 - A person who lives in the insured person's home, or that person's employer.
 - A person who is related to the insured person by blood, marriage or adoption, or that person's employer.
- › For or in connection with an Injury arising out of, or in the course of, any employment for wage or profit.
- › For or in connection with a sickness which is covered under any workers' compensation or similar law.
- › For charges made by a hospital owned or operated by or which provides care or performs services for the United States Government, if such charges are directly related to a military-service-connected condition.
- › Services or supplies received as a result of dental disease, defect or injury due to an act of war, declared or undeclared.
- › To the extent that payment is unlawful where the person resides when the expenses are incurred.
- › For charges which the person is not legally required to pay.
- › For charges which would not have been made if the person had no insurance.
- › To the extent that billed charges exceed the rate of reimbursement as described in the schedule.
- › For charges for unnecessary care, treatment or surgery.
- › To the extent that you or any of your dependents are in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid.
- › For or in connection with experimental procedures or treatment methods not approved by the American Dental Association or the appropriate dental specialty society.
- › Procedures that are a covered expense under any other dental plan which provides dental benefits.
- › To the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a "no-fault" insurance law or an uninsured motorist insurance law. Cigna will take into account any adjustment option chosen under such part by you or any one of your dependents.

PLAN IMPORTANT DISCLOSURES

Cigna Dental plans include a combination of insurance coverage and discounted services. The insurance coverage shall be only for the classes of service referred to in The Schedule of a purchased plan. Discounts are not available in Virginia.

Dental Plans are insured by Cigna Health and Life Insurance Company with network management services provided by Cigna Dental Health, Inc. Rates may vary based on age, family size, geographic location (residential zip code) and plan design.

All rates are subject to change upon 30 days' prior notice in AK, AL, AR, AZ, CO, CT, DC, DE, HI, IA, ID, IL, IN, KS, KY, MA, ME, MI, MN, MO, MT, ND, NE, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SD, TN, UT, VT, WI and WY, 31 days' prior notice in SC, 40 days' prior notice in MD, 45 days' prior notice in FL and 60 days' prior notice in CA, GA, MS, NV, TX, VA and WV. In LA rates are guaranteed for the initial 12-months of coverage, except if due to addition of a newly covered person, a change in age or geographic location, or a change in policy coverage. Thereafter, rates are subject to change upon 45 days' prior notice. In NC, dental rates are guaranteed for a 12-month period. **Dental plans apply waiting periods to covered basic (6-months), major (12-months) and orthodontic (12-months) dental care services.** In WV, a 3-month waiting period applies to covered basic, major and orthodontic dental care services. In IL, NJ, and VT, a 6-month waiting period applies to covered major and orthodontic dental care services. Waiting periods do not apply in MO and RI. In OH a 12-month waiting period applies. Some covered services are determined by age: Topical application of fluoride or sealant, space maintainers, and materials for crowns and bridges. If the plan covers replacement of teeth, there is no payment for replacement of teeth that are missing prior to coverage. In FL, payment limitation no longer applies after 24 months. In MD, NY and OH, payment limitation no longer applies after 12-months of continuous coverage.

Notice to Buyer: This policy provides dental coverage only. Review your policy carefully.

Dental preferred provider insurance policies (AL, CO, DE, CT, GA, IL, MA, MI, PA, UT, VA, WV and WY: HC-NOT11 et al., AK: HC-NOT53, et al., AR: HC-NOT36 et al., AZ: HC-NOT14, et al., CA: INDENTPOLCA0713 et al., DC: HC-NOT42, et al., FL: HC-NOT15 et al., HI, IA, MT & ND: HC-NOT11, et al., ID: HC-NOT51 et al., IN: HC-NOT23, et al., KS: HC-NOT49 et al., KY: HC-NOT44, et al., LA: INDDENTPOLLA0713, HC-NOT34 et al., MD: HC-NOT34, et al., ME: HC-NOT58, et al., MN: HC-NOT40, et al., MS: HC-NOT48 et al., MO: INDDENTPOLMO0713, NC: HC-NOT18, et al., NE HC-NOT47 et al., NH INDDENPOLNH0713, NJ: HC-NOT46, et al., NM: INDDENPOLNM0713, NV: HC-NOT39 et al., NY: INDENTPOLNY, OH: INDDENTPOLOH et al., OK: HC-NOT26 et al., OR: INDDENTPOLOR0713, RI HC-NOT35 et al., SC: HC-NOT19 et al., SD HC-NOT59 et al., TN: HC-NOT20 et al., TX: HC-NOT21 et al., VT HC-NOT56 et al., WI HC-NOT54 et al.) have exclusions, limitations, reduction of benefits and terms under which a policy may be continued in force or discontinued.

The policy may be cancelled by Cigna due to failure to pay premium, fraud, ineligibility, when the insured no longer lives in the service area, or if we cease to offer policies of this type or any individual dental plans in this state, in accordance with applicable law. You may cancel the policy, on the first of the month following our receipt of your written notice. We reserve the right to modify this policy, including policy provisions, benefits and coverages, consistent with state or federal law. This individual plan is renewable monthly or quarterly.

For costs, and additional details about coverage, contact Cigna Health and Life Insurance Company at 900 Cottage Grove Rd, Hartford, CT 06152 or call **866.GET.Cigna (866.438.2446)**.

The Dental Plans do not include pediatric dental services as required under the federal Patient Protection and Affordable Care Act (PPACA). This coverage is available in the insurance market. Please contact your insurance carrier, agent/producer, or the Health Insurance Marketplace if you wish to purchase PPACA compliant pediatric dental coverage.

CIGNA DENTAL PLAN RATE SHEET

Monthly rates for insurance policies through December 31, 2017

Cigna Dental Preventive

AREAS	COUNTY	ALL AGES
Area 1	Atlanta	\$17
Area 2	Augusta	\$13
Area 3	Chattanooga Outer	\$14
Area 4	Columbus	\$13
Area 5	Macon	\$12
Area 6	NE Georgia	\$15
Area 7	Rome	\$17
Area 8	Savannah	\$14
Area 9	SE Georgia	\$12
Area 10	South Georgia	\$13
Area 11	Nationwide	\$32

myCigna Dental 1000

AREAS	COUNTY	AGES 0-24	AGES 25-59	AGES 60+
Area 1	Atlanta	\$24	\$30	\$38
Area 2	Augusta	\$19	\$24	\$31
Area 3	Chattanooga Outer	\$20	\$25	\$32
Area 4	Columbus	\$19	\$24	\$31
Area 5	Macon	\$17	\$22	\$29
Area 6	NE Georgia	\$22	\$27	\$35
Area 7	Rome	\$23	\$29	\$37
Area 8	Savannah	\$20	\$25	\$33
Area 9	SE Georgia	\$17	\$22	\$29
Area 10	South Georgia	\$18	\$23	\$30
Area 11	Nationwide	\$40	\$47	\$56

myCigna Dental 1500

AREAS	COUNTY	AGES 0-24	AGES 25-59	AGES 60+
Area 1	Atlanta	\$27	\$34	\$43
Area 2	Augusta	\$21	\$26	\$34
Area 3	Chattanooga Outer	\$22	\$27	\$35
Area 4	Columbus	\$21	\$26	\$34
Area 5	Macon	\$19	\$24	\$31
Area 6	NE Georgia	\$24	\$30	\$39
Area 7	Rome	\$26	\$32	\$41
Area 8	Savannah	\$22	\$28	\$36
Area 9	SE Georgia	\$19	\$24	\$31
Area 10	South Georgia	\$20	\$26	\$33
Area 11	Nationwide	\$47	\$57	\$67

Please refer to next page for area definitions.



Individual & Family Plans

Insured by Cigna Health and Life Insurance Company

GEORGIA

CIGNA DENTAL PLAN RATE SHEET

AREA 1

Atlanta

30001	30002	30003	30004	30005	30006	30007	30008	30009	30010	30011	30012	30013	30014	30015	30016	30017	30018	30019	30020	30021	30022	30023	30024	30025	30026	30027	30028	30029	30030	30031	30032	30033	30034	30035	30036	30037	30038	30039	30040	30041			
30042	30043	30044	30045	30046	30047	30048	30049	30050	30051	30052	30054	30055	30056	30057	30058	30059	30060	30061	30062	30063	30064	30065	30066	30067	30068	30069	30070	30071	30072	30073	30074	30075	30076	30077	30078	30079	30080	30081	30082	30083	30084	30085	
30086	30087	30088	30090	30091	30092	30093	30094	30095	30096	30097	30098	30099	30101	30102	30106	30107	30111	30114	30115	30122	30126	30127	30128	30130	30131	30132	30133	30134	30135	30136	30141	30142	30143	30144	30146	30148	30151	30152	30154	30155	30156	30157	
30158	30159	30160	30168	30169	30174	30175	30177	30183	30187	30188	30189	30201	30202	30203	30204	30205	30206	30207	30208	30209	30210	30211	30212	30213	30214	30215	30216	30217	30218	30219	30220	30221	30222	30223	30224	30226	30228	30229	30230	30232	30233	30234	
30235	30236	30237	30238	30240	30241	30243	30244	30245	30246	30247	30248	30249	30250	30251	30252	30253	30254	30255	30256	30257	30258	30259	30260	30261	30263	30264	30265	30266	30267	30268	30269	30270	30271	30272	30273	30274	30275	30276	30277	30278	30279	30281	
30283	30284	30285	30286	30287	30288	30289	30290	30291	30292	30293	30294	30295	30296	30297	30298	30301	30302	30303	30304	30305	30306	30307	30308	30309	30310	30311	30312	30313	30314	30315	30316	30317	30318	30319	30320	30321	30322	30323	30324	30325	30326	30327	
30328	30329	30330	30331	30332	30333	30334	30335	30336	30337	30338	30339	30340	30341	30342	30343	30344	30345	30346	30347	30348	30349	30350	30351	30352	30353	30354	30355	30356	30357	30358	30359	30360	30361	30362	30363	30364	30365	30366	30368	30369	30370	30371	30374
30375	30376	30377	30378	30379	30380	30383	30384	30385	30386	30387	30388	30389	30390	30391	30392	30393	30394	30396	30398	30399	31106	31107	31119	31120	31126	31131	31132	31136	31139	31141	31144	31145	31146	31150	31156	31191	31192	31193	31195	31196	31197	31198	31199

Together, all the way.™

FOR BROKER AND INTERNAL USE ONLY



866180 c 07/16 © 2016 Cigna

Individual & Family Plans

Insured by Cigna Health and Life Insurance Company

GEORGIA

CIGNA DENTAL PLAN RATE SHEET

AREA 2 Augusta	AREA 3 Chattanooga Outer	31903	31030	31082	AREA 6 NE Georgia	30553	30629
30802	30707	31904	31031	31083	30501	30554	30630
30803	30725	31905	31032	31084	30502	30555	30631
30805	30726	31906	31033	31085	30503	30557	30633
30806	30728	31907	31034	31086	30504	30558	30634
30807	30736	31908	31035	31087	30505	30559	30635
30808	30738	31909	31036	31088	30506	30560	30636
30809	30739	31914	31037	31089	30507	30562	30638
30810	30741	31917	31038	31090	30510	30563	30639
30811	30742	31993	31039	31091	30511	30564	30641
30812	30742	31994	31040	31092	30512	30565	30642
30812	30750	31995	31041	31093	30513	30566	30643
30813	30752	31997	31042	31094	30514	30567	30645
30814	30757	31998	31044	31095	30515	30568	30646
30815		31999	31045	31096	30516	30571	30647
30816	AREA 4 Columbus	AREA 5 Macon	31046	31097	30517	30572	30648
30817	31801	31001	31047	31098	30518	30573	30650
30818	31803	31002	31049	31099	30519	30575	30655
30819	31804	31003	31050	31201	30520	30576	30656
30820	31805	31004	31051	31202	30521	30577	30660
30821	31806	31005	31052	31203	30522	30580	30662
30822	31807	31006	31054	31204	30523	30581	30663
30823	31808	31007	31055	31205	30525	30582	30664
30824	31810	31008	31057	31206	30527	30596	30665
30828	31811	31009	31058	31207	30528	30597	30666
30830	31812	31010	31059	31208	30529	30598	30667
30833	31814	31011	31060	31209	30530	30599	30668
30900	31815	31012	31061	31210	30531	30601	30669
30901	31816	31013	31062	31211	30533	30602	30671
30903	31820	31014	31063	31212	30534	30603	30673
30904	31821	31015	31064	31213	30535	30604	30677
30905	31822	31016	31065	31216	30536	30605	30678
30906	31823	31017	31066	31217	30537	30606	30680
30907	31824	31018	31067	31220	30538	30607	30683
30909	31825	31019	31068	31221	30539	30608	30705
30910	31826	31020	31069	31294	30540	30609	30708
30911	31827	31021	31070	31295	30541	30612	30710
30912	31829	31022	31071	31296	30542	30619	30711
30913	31830	31023	31072	31297	30543	30620	30719
30914	31831	31024	31075	31298	30544	30621	30720
30916	31832	31025	31076	31299	30545	30622	30721
30917	31833	31026	31077		30546	30623	30722
30919	31836		31078			30624	30724

30999	31901	31027	31079	30547	30625	30740
	31902	31028	31081	30548	30627	30751
		31029		30549	30628	30755
				30552		30756

Together, all the way.™

FOR BROKER AND INTERNAL USE ONLY



866180 c 07/16 © 2016 Cigna

Individual & Family Plans
Insured by Cigna Health and Life Insurance Company

GEORGIA

CIGNA DENTAL PLAN RATE SHEET

AREA 7

Rome	30178	30439	31313
	30179	30441	31314
30103	30180	30442	31315
30104	30182	30445	31316
30105	30184	30446	31318
30108	30185	30447	31319
30109	30701	30448	31320
30110	30703	30449	31321
30112	30730	30450	31322
30113	30731	30451	31323
30116	30732	30452	31324
30117	30733	30453	31326
30118	30734	30454	31327
30119	30735	30455	31328
30120	30746	30456	31329
30121	30747	30457	31331
30123	30753	30458	31333

AREA 8

Savannah	30401	30461	31402
	30410	30464	31403
30129	30411	30467	31404
30137	30412	30470	31405
30138	30413	30471	31406
30139	30414	30473	31407
30140	30415	30474	31408
30145	30417	30475	31409
30147	30420	30477	31410
30149	30421	30499	31411
30150	30423	31301	31412
30153	30424	31302	31414
30155	30425	31303	31415
30161	30426	31304	31416
30162	30427	31305	31418
30163	30428	31307	31419
30164	30429	31308	31420

AREA 9

SE Georgia	31557	31641	31734
	31558	31642	31735
31501	31560	31643	31737
31502	31561	31645	31738
31503	31562	31647	31739
31510	31563	31648	31740
31512	31564	31649	31742
31513	31565	31650	31743
31515	31566	31698	31744
31516	31567	31699	31745
31518	31568	31701	31747
31519	31569	31702	31749
31520	31598	31703	31750
31521	31599	31704	31751
31522	31646	31705	31753
31523		31706	31754
31524		31707	31756

AREA 10

South Georgia	31601	31708	31757
	31602	31709	31758
31532	31603	31710	31759
31533	31604	31711	31760
31534	31605	31712	31762
31535	31606	31713	31763
31537	31620	31714	31764
31539	31622	31716	31765
31542	31623	31717	31768
31543	31624	31718	31769
31544	31625	31719	31771
31545	31626	31720	31772
31546	31627	31721	31773
31547	31629	31722	31774
31548	31630	31723	31775
31549	31631	31725	31776
31550	31632	31726	31778
31551	31634	31727	31779
31552	31635	31728	31780

30172	30434	31309	31421	31553	31636	31729	31781
30173	30436	31310	31422	31554	31637	31730	31782
30176	30438	31312	31498	31555	31638	31733	31783
			31499	31556	31639		

Together, all the way.™

FOR BROKER AND INTERNAL USE ONLY



866180 c 07/16 © 2016 Cigna

Individual & Family Plans
Insured by Cigna Health and Life Insurance Company

GEORGIA

CIGNA DENTAL PLAN RATE SHEET

AREA 10

South Georgia

31784	39851
31785	39852
31786	39854
31787	39859
31788	39861
31789	39862
31790	39866
31791	39867
31792	39870
31793	39877
31794	39885
31795	39886
31796	39897
31797	
31798	
31799	
39813	
39815	
39817	
39818	
39819	
39823	
39824	
39825	
39826	
39827	
39828	
39829	
39832	
39834	
39836	
39837	
39840	
39841	
39842	

39845
39846

Together, all the way.SM

FOR BROKER AND INTERNAL USE ONLY



866180 c 07/16 © 2016 Cigna

Individual & Family Plans
Insured by Cigna Health and Life Insurance Company

GEORGIA

CIGNA DENTAL PLAN
RATE SHEET

Cigna Health and Life Insurance Company and Cigna Dental Health, Inc. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

Together, all the way.SM

FOR BROKER AND INTERNAL USE ONLY



866180 c 07/16 © 2016 Cigna