



Below are examples of the MAC allowances based on the Retiree Voluntary plan design if services are received from an out-of-network provider:

Adult Teeth Cleaning:

- Average billed amount for in-network and out-of-network dentists: \$136.00
- Average contracted fee for *in-network* dentists: \$72.00
 - Dentist writes off \$64.00 as discount
 - Plan pays \$72.00
 - You pay \$0.00
- Average maximum allowable charge for *out-of-network* dentists: \$59.00
 - Plan pays \$47.20
 - You pay \$88.80

Crowns:

- Average billed amount for in-network and out-of-network dentists: \$1,460.00
- Average contracted fee for *in-network* dentists: \$878.00
 - Dentist writes off \$582.00 as discount
 - If deductible was not previously met:
 - Plan pays \$414.00
 - You pay \$464.00
 - If deductible was previously met:
 - Plan pays \$439.00
 - You pay \$439.00
- Average maximum allowable charge for *out-of-network* dentists: \$590.00
 - If deductible was not previously met:
 - Plan pays \$270.00
 - You pay \$1190.00
 - If deductible was previously met:
 - Plan pays \$295.00
 - You pay \$1165.00

The above examples are based on averages. The actual contracted fee for *in-network* dentists will be based on that dentist's contract with Cigna and may vary from the above example. The actual maximum allowable charge for *out-of-network* dentists will be based on the dentist's zip code and may vary from the above example.

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