



Below are examples of the MAC allowances based on the Yr 1 Represented Core 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 \$43.20
  - You pay \$28.80
- Average maximum allowable charge for *out-of-network* dentists: \$59.00
  - Plan pays \$35.40
  - You pay \$100.60

**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 \$466.80
    - You pay \$411.20
  - If deductible was previously met:
    - Plan pays \$526.80
    - You pay 351.20
- Average maximum allowable charge for *out-of-network* dentists: \$590.00
  - If deductible was not previously met:
    - Plan pays \$294.00
    - You pay \$1166.00
  - If deductible was previously met:
    - Plan pays \$354.00
    - You pay \$1106.00

**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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