

COMPARISON OF DENTAL PLAN BENEFITS

Effective 1/1/2010

FEATURES / BENEFITS	ALCON DENTAL PPO PLAN* (CIGNA)		CIGNA Dental HMO** (Fort Worth only)
	IN-NETWORK BENEFIT	OUT-OF-NETWORK BENEFIT	
CHOICE OF DENTISTS:	Freedom to use any dentist but higher benefits paid when use dentists in CIGNA dental PPO network	Freedom to use non-network dentists for a lower benefit	<ul style="list-style-type: none"> Must use dentists in CIGNA DHMO network Must choose primary care dentist for care and referrals to specialists
ANNUAL DEDUCTIBLE: – Individual – Family	None	\$25 \$50	None
ANNUAL MAXIMUM BENEFIT PER PERSON:	\$2,000 per person (combined in and out of network)	\$2,000 per person (combined in and out of network)	No limit
OFFICE VISIT COPAY	N/A	N/A	\$5.00 per office visit <i>(in addition to any other copayments)</i>
PREVENTIVE AND DIAGNOSTIC CARE:			
Routine oral exam, teeth cleaning, bitewing x-rays	Plan pays 100% no deductible; <i>covered two times per calendar year</i>	Plan pays 80% no deductible; <i>covered two times per calendar year</i>	Plan pays 100% <i>Limit 4 oral evaluation procedures per 12 months; limit 2 teeth cleanings per calendar year</i>
BASIC RESTORATIVE CARE:			
Fillings	Plan pays 80%	Plan pays 80% after deductible	Amalgam fillings: Plan pays 100%; Resin fillings: \$0 to \$100 copay based on number of surfaces filled
Tooth Extraction	Plan pays 80%	Plan pays 80% after deductible	\$11 copay per tooth
Full-Mouth X-Rays	Plan pays 80%; covered once every 3 years	Plan pays 80% after deductible; covered once every 3 years	Plan pays 100%; covered once every 3 years
Root canals	Plan pays 80%	Plan pays 80% after deductible	\$195 copay (anterior tooth); \$230 (bicuspid); \$315 (molar)
Periodontal Scaling & Root Planing	Plan pays 80%	Plan pays 80% after deductible	\$39 - \$78 copayment per quadrant
Emergency dental treatment	Plan pays 80%	Plan pays 80% after deductible	Regular office hours: plan pays 100% After-hours office visit: \$50 copay
MAJOR RESTORATIVE CARE:			
Crowns / Bridges:	Plan pays 80%	Plan pays 80% after deductible	Fixed copayment based on type of crown**
Dentures:	Plan pays 80% 12 month waiting period for new dentures; replacements after 5 years	Plan pays 80% after deductible; 12 month waiting period for new dentures; replace after 5 years	\$590 copayment each for maxillary and mandibular denture; replacements after 5 years
ORTHODONTICS:			
Teeth-straightening services and supplies for adults and children	Plan pays 50% – new treatment only	Plan pays 50% after deductible – new treatment only	<ul style="list-style-type: none"> Children to age 19: \$1,872 copay Adults: \$2,184 copay Other charges may apply based on length and type of treatment ** (new treatment only)
Life time maximum orthodontic benefit:	\$1,500 per person (combined in and out of network)	\$1,500 per person (combined in and out of network)	Max benefit of 24 months of treatment
EMPLOYEE CONTRIBUTIONS FOR DENTAL PLAN COVERAGE			
Employee Only:	\$ 4.00 /month		\$ 2.00 /month
Family:	\$20.00 /month		\$15.00 /month
<i>Part-time employee contributions/month (employees working 20 – 35 hrs/wk): Alcon Dental Plan: Employee only – \$25.00; Family: \$46.00; CIGNA Dental HMO: Employee only - \$7.00; Family - \$16.00</i>			

*The Alcon Dental PPO Plan applies to employees living in an area where there is a CIGNA dental PPO network; an alternate Alcon Dental Indemnity Plan applies to participants from Huntington, W. Va and Sales employees living outside a CIGNA dental PPO network area.

**Refer to the CIGNA Dental Care DHMO Schedule of Benefits for further details.

This is only a summary of the Dental Plan. Please refer to the Alcon Summary Plan Description and the CIGNA Dental Care DHMO Certificate/Benefits Schedule for more detailed information.