

# Dental Plan Designs

Cigna Dental PPO  
Effective January 1, 2015

## BENEFITS

## COMPREHENSIVE PLAN

CLASS I – PREVENTIVE AND DIAGNOSTIC SERVICES	In-network	Out-of-network*
<ul style="list-style-type: none"> <li>Oral Exams (2 per calendar year)</li> <li>Cleanings (2 per calendar year)</li> <li>Full mouth X-rays (1 complete set every 3 calendar years)</li> <li>Bitewing X-ray (2 per calendar year)</li> <li>Panoramic X-ray (1 every 3 calendar years)</li> <li>Fluoride application (1 per calendar year for participants under 19 years old)</li> <li>Sealants (limited to posterior teeth for participants under 14 years old; 1 treatment per tooth every three calendar years)</li> <li>Space maintainers (limited to non-orthodontic treatment)</li> <li>Emergency care to relieve pain</li> </ul>	100% no deductible	100%** no deductible Emergency services are paid at in-network levels
CLASS II – BASIC RESTORATIVE SERVICES		
<ul style="list-style-type: none"> <li>Fillings, root canal therapy, osseous surgery, periodontal scaling and root planning, denture adjustments and repairs, extractions, anesthetics, oral surgery</li> </ul>	80% after deductible	80%** after deductible
CLASS III – MAJOR RESTORATIVE SERVICES		
<ul style="list-style-type: none"> <li>Crowns, dentures, bridges</li> </ul>	50% after deductible	50%** after deductible
OPTIONAL SERVICES*		
<ul style="list-style-type: none"> <li><b>Class IV – Orthodontia (for children under 19)</b> <ul style="list-style-type: none"> <li>Deductible</li> <li>Lifetime maximum</li> </ul> </li> </ul>	50% after deductible	50%** after deductible
<ul style="list-style-type: none"> <li><b>Calendar year maximum*</b> (Class II, III expenses)</li> </ul>		\$1,500 Lifetime Max
<ul style="list-style-type: none"> <li><b>Calendar year deductible*</b> <ul style="list-style-type: none"> <li>Individual</li> <li>Aggregate family maximum</li> </ul> </li> </ul>		\$50 per Individual \$150 per Family

## BASIC PLAN

CLASS I – PREVENTIVE AND DIAGNOSTIC SERVICES	In-network	Out-of-network
<ul style="list-style-type: none"> <li>Oral Exams (2 per calendar year)</li> <li>Cleanings (2 per calendar year)</li> <li>Full mouth X-rays (1 complete set every 3 calendar years)</li> <li>Bitewing X-ray (2 per calendar year)</li> <li>Panoramic X-ray (1 every 3 calendar years)</li> <li>Fluoride application (1 per calendar year for participants under 19 years old)</li> <li>Sealants (limited to posterior teeth for participants under 14 years old; 1 treatment per tooth every three calendar years)</li> <li>Space maintainers (limited to non-orthodontic treatment)</li> <li>Emergency care to relieve pain</li> </ul>	100% no deductible	100%** no deductible
<ul style="list-style-type: none"> <li><b>Calendar year maximum*</b> (Class I expenses)</li> </ul>	Unlimited	Unlimited

\*All deductibles, plan maximums and service specific maximums (dollar and occurrence) cross accumulate in- and out-of-network.

\*\* Out-of-network providers will be paid at the reasonable and customary rate. If an out-of-network provider bills, Cigna pays applicable percent of bill after the participant files the balance bill claim form with Cigna.

### Benefit Exclusions (by way of example, but not limited to):

- Replacement performed solely for cosmetic reasons
- Replacement of a lost or stolen appliance
- Replacement of a bridge or denture within five years following the date of its original installation
- Replacement of a bridge or denture which can be made usable according to accepted dental standards
- Procedures, appliances or restoration, other than full dentures, whose main purpose is to change vertical dimensions, stabilize periodontally involved teeth, or restore occlusion
- Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second, and third molars
- Bite registrations; precision or semi-precision attachments; splinting
- Surgical implant of any type including prosthetic device attached to it
- Instruction for plaque control, oral hygiene and diet
- Dental services that do not meet common dental standards
- Treatment of Temporomandibular Joint (TMJ) disorder

- Services that are deemed to be medical
- Services and supplies received from a hospital
- Charges that the person is not legally required to pay
- Charges made by a hospital that performs U.S. government if the charges are directly related to a condition connected to a military service
- Experimental or investigational procedures and treatments
- Any injury resulting from, or in the course of, any employment for wage or profit
- Any sickness covered under any workers' compensation or similar law

**This benefit summary highlights some of the benefits available under the proposed plan. A complete description regarding the term of coverage, exclusions and limitations, including legislated benefits, will be provided in your summary plan description. Benefits are insured and/or administered by Connecticut General Live Insurance Company.**

For more information, please contact 1-800-Cigna24 (1-800-244-6224)

