

# Cigna Dental Benefit Summary

## City of Texas City DPPO 2016



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

| <b>Cigna Dental Choice</b>   |  |                  |  |                  |
|--|--|------------------|--|------------------|
| <b>Network</b>   | <b>Total Cigna DPPO</b>  |                  | <b>Out-of-Network</b>                                |                  |
| <b>Calendar Year Maximum</b><br>(Class I, II & III expenses)   | \$1,000  |                  | \$1,000  |                  |
| <b>Annual Deductible</b>   |  |                  |  |                  |
| Individual   | \$50   |                  | \$50   |                  |
| Family   | \$150  |                  | \$150  |                  |
| <b>Reimbursement Levels</b>  | Based on Reduced Contracted Fees   |                  | 85th percentile of Reasonable & Customary Allowances |                  |
| <b>Benefits</b>  | <b>Plan Pays</b>   | <b>You Pay</b>   | <b>Plan Pays</b>                                     | <b>You Pay</b>   |
| <b>Class I: Preventive &amp; Diagnostic</b>  | 100%   | No Charge        | 100%   | No Charge        |
| Oral Exams<br>Cleanings<br>Routine X-rays<br>Fluoride Application<br>Sealants<br>Space Maintainers<br>Non-Routine X-Rays   | No Deductible  |                  | No Deductible  |                  |
| <b>Class II: Basic Restorative</b>   | 80%  | 20%              | 80%  | 20%              |
| Emergency Care to Relieve Pain<br>Fillings<br>Root Canal Therapy / Endodontics<br>Oral Surgery – Simple Extractions<br>Oral Surgery – All Except Simple Extractions<br>Anesthetics<br>Surgical Extractions of Impacted Teeth<br>Major Periodontics<br>Minor Periodontics | After Deductible   | After Deductible | After Deductible                                     | After Deductible |
| <b>Class III: Major Restorative</b>  | 50%  | 50%              | 50%  | 50%              |
| Relines, Rebases and Adjustments<br>Repairs - Bridges, Crowns and Inlays<br>Repairs – Dentures<br>Crowns/Inlays/Onlays<br>Dentures<br>Bridges<br>Brush Biopsy<br>Stainless Steel/Resin Crowns  | After Deductible   | After Deductible | After Deductible                                     | After Deductible |
| <b>Class IV: Orthodontia</b>   | 50%  | 50%              | 50%  | 50%              |
| Coverage for Dependent Children to age 19  |  |                  |  |                  |
| Lifetime Maximum   | \$750  |                  | \$750  |                  |
| <b>Missing Tooth Limitation Provision</b>  | For teeth missing prior to coverage with Cigna, the amount payable is 50% of the amount otherwise payable until insured for 12 months; thereafter, considered a Class III expense.   |                  |  |                  |
| <b>Late Entrant Limit Provision</b>  | 50% coverage on Class III and IV for 12 months.  |                  |  |                  |
| <b>Alternate Benefit Provision</b>   | When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered |                  |  |                  |
| <b>Pretreatment Review</b>   | Pretreatment review is available on a voluntary basis when extensive dental work in excess of \$200 is proposed.   |                  |  |                  |

\*For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Contracted Fee Schedule. For services provided by an out-of-network dentist, Cigna Dental will reimburse according to Reasonable and Customary Allowances but the dentist may balance bill up to their usual fees.

The Cigna Dental Oral Health Integration Program (OHIP)<sup>®</sup> is designed to provide enhanced dental coverage for customers with certain eligible medical conditions. Eligible conditions for the program include cardiovascular disease, cerebrovascular disease (stroke), diabetes, maternity, chronic kidney disease, organ transplants, and head and neck cancer radiation. The program provides 100% coverage for certain dental procedures,

guidance on behavioral issues related to oral health and discounts on prescription and non-prescription dental products. For more information and to see the complete list of eligible conditions, go to [www.mycigna.com](http://www.mycigna.com) or call customer service 24/7 at 1.800.CIGNA24.

### **Cigna Dental PPO Exclusions and Limitations**

| <b>Procedure</b>                 | <b>Limitations</b>   |
|----------------------------------|--|
| Oral Exams                       | 2 per calendar year  |
| Prophylaxis (Cleanings)          | 2 per calendar year  |
| Fluoride Application             | 1 per calendar year for people under 19  |
| X-Rays (routine)                 | Bitewings: 2 per calendar year   |
| X-Rays (non-routine)             | Full mouth: 1 every 36 consecutive months; Panorex: 1 every 36 consecutive months  |
| Study Models or Diagnostic Casts | Payable only when in conjunction with orthodontic workup   |
| Periodontal Treatment            | Various limitations depending on the service   |
| Bridges, Crowns and Inlays       | Replacement every 5 years  |
| Dentures and Partials            | Replacement every 5 years  |
| Relines, Rebases and Adjustments | Covered if more than 6 months after installation   |
| Bridge and Denture Repairs       | Reviewed if more than once   |
| Sealants                         | Limited to posterior teeth. 1 treatment per tooth every 3 years up to age 14.  |
| Space Maintainers                | Limited to non-orthodontic treatment   |
| Prosthesis Over Implant          | 1 per 60 consecutive months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges |

### **Benefit Exclusions**

Listed below are the services or expenses which are NOT covered under your Dental Plan and which are your responsibility at the dentist's Usual

Fees. There is no coverage for:

- Services performed primarily for cosmetic reasons; veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars.
- Instruction for plaque control, oral hygiene and diet; experimental or investigational procedures and treatments; dental services that do not meet common dental standards.
- 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 useable according to accepted dental standards.
- Procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of TMJ, stabilize periodontally involved teeth, or restore occlusion.
- Surgical implant of any type; bite registrations; precision or semi-precision attachments; splinting; services that are deemed to be medical services; services and supplies received from a hospital.
- For charges which would not have been made if the person had no insurance; for charges for unnecessary care, treatment or surgery.
- Charges which the person is not legally required to pay; charges in excess of the reasonable and customary allowances; charges made by a hospital which performs services for the U.S. Government if the charges are directly related to a condition connected to a military service.
- Procedures performed by a dentist who is a member of the covered person's family (covered person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents); to the extent that payment is unlawful where the person resides when the expenses are incurred; 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.
- To the extent that you or any of your dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid; 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 HealthCare will take into account any adjustment option chosen under such part by you or any one of your dependents.
- In addition, these benefits will be reduced so that the total payment will not be more than 100% of the charge made for the Dental Service if benefits are provided for that service under this plan and any medical expense plan or prepaid treatment program sponsored or made available by your Employer.

This benefit summary highlights some of the benefits available under the proposed plan. A complete description regarding the terms of coverage, exclusions and limitations, including legislated benefits, will be provided in your insurance certificate or plan description. Benefits are insured and/or administered by Connecticut General Life Insurance Company. "Cigna HealthCare" refers to various operating subsidiaries of Cigna Corporation. Products and services are provided by these subsidiaries and not by Cigna Corporation. These subsidiaries include Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company, and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.

DPPO insurance coverage is set forth on the following policy form numbers: AR: HP-POL77; CA: HP-POL57; CO: HP-POL78; CT: HP-POL58; DE: HP-POL79; FL: HP-POL60; ID: HP-POL82; IL: HP-POL62; KS: HP-POL84; LA: HP-POL86; MA: HP-POL 63; MI: HP-POL88; MO: HP-POL65; MS: HP-POL90; NC: HP-POL96; NE: HP-POL92; NH: HP-POL94; NM: HP-POL95; NV: HP-POL93; NY: HP-POL67; OH: HP-POL98; OK: HP-POL99; OR: HP-POL68; PA: HP-POL100; RI: HP-POL101; SC: HP-POL102; SD: HP-POL103; TN: HP-POL69; TX: HP-POL70; UT: HP-POL104; VA: HP-POL72; VT: HP-POL71; WA: POL-07/08; WI: HP-POL107; WV: HP-POL106; and WY: HP-POL108.

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