

Cigna Dental Benefit Summary
Meriden City & Board of Education-DPPO4
Effective Date: 07-01-2016



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

Benefits

Cigna Dental PPO

| Network | In-Network | | Out-of-Network | |
|--|--|----------------|--|----------------|
| | Total Cigna DPPO | | | |
| Calendar Year Maximum (Class I, II and III expenses) | Unlimited | | Unlimited | |
| Annual Deductible Individual Family | None None | | None None | |
| Reimbursement Levels** | Based on Reduced Contracted Fees | | Pay charges as Billed | |
| | Plan Pays | You Pay | Plan Pays | You Pay |
| Class I - Preventive & Diagnostic Care Oral Exams Routine Cleanings Bitewing X-rays Full Mouth X-rays Panoramic X-ray Emergency Care to Relieve Pain Fluoride Application Sealants | 100% | No Charge | 100% | No Charge |
| Class II - Basic Restorative Care Fillings Root Canal Therapy/Endodontics Osseous Surgery Surgical Extractions of Impacted Teeth Brush Biopsy Denture Repairs Denture Relines, Rebases and Adjustments Repairs to Bridges, Crowns and Inlays Oral Surgery – Simple Extractions | 100% | 0% | 100% | 0% |
| Class III - Major Restorative Care Crowns Oral Surgery - all except simple extractions Dentures Bridges Inlays/Onlays Prosthesis Over Implant Space Maintainers (limited to non-orthodontic treatment) | 50% | 50% | 50% | 50% |
| Class IV - Orthodontia Lifetime Maximum | 60% \$600 Dependent children to age 19 | 40% | 60% \$600 Dependent children to age 19 | 40% |
| Class VI- Periodontics Major/Minor Periodontics Calendar Year Maximum | 50% \$500 | 50% | 50% \$500 | 50% |

Pretreatment review is available on a voluntary basis when extensive dental work in excess of \$200 is proposed.

Dental Oral Health Integration Program (OHIP) - All dental customers = Clinical research shows an association between oral health and overall health. The Cigna Dental Oral Health Integration Program (OHIP)® 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
- 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 or call customer service 24/7 at 1.800.CIGNA24.

**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.

Cigna Dental PPO Exclusions and Limitations

| Procedure | Exclusions and Limitations |
|----------------------------|--|
| Exams | Two per Calendar year |
| Prophylaxis (Cleanings) | Two per Calendar year |
| Fluoride | 2 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 |
| Model | Payable only when in conjunction with Ortho workup |
| Minor Perio (non-surgical) | Various limitations depending on the service |
| Perio Surgery | Various limitations depending on the service |
| Crowns and Inlays | Replacement every 5 years |
| Bridges | Replacement every 5 years |
| Dentures and Partials | Replacement every 5 years |
| Relines, Rebases | Covered if more than 6 months after installation |
| Adjustments | Covered if more than 6 months after installation |
| Repairs - Bridges | Reviewed if more than once |
| Repairs - Dentures | Reviewed if more than once |
| Sealants | Limited to posterior tooth. One treatment per tooth every three years |
| Space Maintainers | Limited to non-Orthodontic treatment up to age 19, two per lifetime |
| 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:

- Services performed primarily for cosmetic reasons
- Anesthesia (General anesthesia or IV Sedation)
- Pins, Core build-ups and/ or post and cores which are placed under crowns or bridge abutments
- Fixed or removable appliances to control harmful habits (i.e. thumb sucking and tongue thrusting)
- 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
- 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
- A surgical implant of any type
- Instruction for plaque control, oral hygiene and diet
- Dental services that do not meet common dental standards
- Services that are deemed to be medical services
- Services and supplies received from a hospital
- Charges which the person is not legally required to pay
- 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
- 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
- Charges in excess of the reasonable and customary allowances
- To the extent that payment is unlawful where the person resides when the expenses are incurred;
- 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);
- For charges which would not have been made if the person had no insurance;
- For charges for unnecessary care, treatment or surgery;
- 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.

“Cigna,” the “Tree of Life” logo and “Cigna Dental Care” are registered service marks of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), Cigna Health and Life Insurance Company (CHLIC), Cigna HealthCare of Connecticut, Inc., and Cigna Dental Health, Inc. and its subsidiaries. Cigna Dental PPO plans are underwritten or administered by CGLIC or CHLIC, with network management services provided by Cigna Dental Health, Inc. and certain of its subsidiaries. In Arizona and Louisiana, the insured Dental PPO plan offered by CGLIC is known as the “CG Dental PPO”. In Texas, the insured dental product offered by CGLIC and CHLIC is referred to as the Cigna Dental Choice Plan, and this plan utilizes the national Cigna Dental PPO network. Cigna Dental Care (DHMO) plans are underwritten or administered by Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna Dental Health of Delaware, Inc., Cigna Dental Health of Florida, Inc., **a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes**, Cigna Dental Health of Kansas, Inc. (Kansas and Nebraska), Cigna Dental Health of Kentucky, Inc. (Kentucky and Illinois), Cigna Dental Health of Maryland, Inc., Cigna Dental Health of Missouri, Inc., Cigna Dental Health of New Jersey, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc., and Cigna Dental Health of Virginia, Inc. In other states, Cigna Dental Care plans are underwritten by CGLIC, CHLIC, or Cigna HealthCare of Connecticut, Inc. and administered by Cigna Dental Health, Inc.