

# Cigna Dental Benefit Summary (Middle)

## Orange County Board of County Commissioners

Effective January 01, 2017



Receiving regular dental care can not only catch minor problems before they become major and expensive to treat - it may even help improve your overall health. Gum disease is increasingly being linked to complications for pre-term birth, heart disease, stroke, diabetes, osteoporosis and other health issues. That's why this dental plan includes **Cigna Dental WellnessPlus<sup>SM</sup>** features. When you or your family members receive any preventive care service in one plan year, the annual dollar maximum will increase in the following plan year. When you or your family members remain enrolled in the plan and continue to receive preventive care, the annual dollar maximum will increase in the following plan year, until it reaches the level specified below. Please refer to your plan materials for additional information on this plan feature.

<b>Cigna Dental PPO</b>				
<b>Network</b>	<b>In-Network Cigna DPPO - Radius</b>		<b>Out-of-Network Cigna Savings - Radius</b>	
<b>Calendar Year Maximum</b> (Class I, II & III expenses)	Year 1: \$1,000 Year 2: \$1,250# Year 3: \$1,500+ Year 4 and beyond: \$1,750++		Year 1: \$750 Year 2: \$1,000# Year 3: \$1,250+ Year 4 and beyond: \$1,500++	
<b>Annual Deductible</b> Individual Family	\$50 per person \$150 per family		\$50 per person \$150 per family	
<b>Reimbursement Levels**</b>	Based on Reduced Contracted Fees		Based on Contracted Fees dentist may balance bill up to usual fees. Class I only.	
<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> Oral Exams Routine Cleanings Bitewing X-rays Fluoride Application Space Maintainers (limited to non- orthodontic treatment) Full Mouth X-Rays Panoramic X-ray Periapical X-rays	100%	No Charge	100%	No Charge
<b>Class II: Basic Restorative</b> Sealants Fillings Emergency Care to Relieve Pain Oral Surgery: Simple Extractions Oral Surgery: All Except Simple Extractions Surgical Extractions of Impacted Teeth Anesthesia: General and IV Sedation Brush Biopsies Root Canal Therapy/Endodontics Repairs to Bridges, Crowns and Inlays	70% After Annual Deductible	30%** After Annual Deductible	70% After Annual Deductible	30%** After Annual Deductible
<b>Class III: Major Restorative</b> Osseous Surgery Crowns, Dentures, Bridges Denture Repairs Denture Relines, Rebases, and Adjustments Inlays/Onlays Prosthesis Over Implant Periodontal Scaling and Root Planing	40% After Annual Deductible	60%** After Annual Deductible	40% After Annual Deductible	60%** After Annual Deductible
<b>Class IV: Orthodontia</b>  Orthodontia Lifetime Maximum	40%	60%	40%	60%
	\$1000 Dependent Children to Age 19		\$1000 Dependent Children to Age 19	

<b>Missing Tooth Limitation</b> (waived for initial group)	Teeth missing prior to coverage under the Cigna Dental plan effective date are not covered.
<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 Expenses.
<b>Pretreatment Review</b>	Pretreatment review is available on a voluntary basis when extensive dental work in excess of \$200 is proposed.

### **Important Notes**

**\*\*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.**

**Dental Network Savings Program (DNSP):** Using an out-of-network dental health care professional will cost you more than using in-network care. You may be able to save some money on out-of-pocket expenses if you use a dental health care professional that participates in Cigna's Dental Network Savings Program.

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
- 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.

# Increase contingent upon receiving Preventive Services in Plan Year 1

+ Increase contingent upon receiving Preventive Services in Plan Years 1 and 2

++ Increase contingent upon receiving Preventive Services in Plan Years 1, 2, and 3

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

<b>Procedure</b>	<b>Limitations</b>
Late Entrants Limitation	No limitation
Oral Exams	2 per calendar year
Prophylaxis (Cleanings)	2 per calendar year
Fluoride Application	1 per calendar year for children under 19 years of age
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 and extensive Perio treatment
Minor Perio (non-surgical)	Various limitations depending on the service
Perio Surgery	Various limitations depending on the service
Bridges, Crowns and Inlays	Replacement every 60 consecutive months if unserviceable and cannot be repaired
Dentures and Partials	Replacement every 60 consecutive months if unserviceable and cannot be repaired
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 tooth. 1 treatment per tooth every 36 consecutive months 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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