WELCOME TO CIGNA DENTAL

Valuable information regarding your dental options.

Cigna wants to give you all the information to make the best decision for you and your family. You have a choice between the Cigna Dental Care® (DHMO[1]) plan and a Dental PPO (DPPO) plan. This guide can give you valuable information regarding these options.

Plan comparison

Below is a summary of benefits for your dental plan options. These are only the highlights and coverage is subject to all plan terms and conditions.

PLAN DETAILS*	CIGNA DENTAL CARE (DHMO) ACCESS PLUS	DENTAL PPO ADVANTAGE NETWORK
	In-network only[2]	In-network
Annual deductible	Deductible not applicable	$50 individual/150 family
Preventive and diagnostic care (e.g., annual exams, cleaning, x-rays)	Covered at 100%	Covered at 100%
Basic restorative care (e.g., fillings, root canal, extractions, oral surgery)	Covered at 100%	Covered at 80%
Major restorative care (e.g., bridges, crowns, implants)	Covered at 50%	Covered at 50%
Orthodontia – children and adults (braces, retainers)	Covered at 50%	Covered at 50%
Calendar year maximum per covered person (excluding orthodontia; accumulates across in and out-of-network)	No maximum	$2,000
Lifetime orthodontia maximum (per covered person)	No lifetime maximum**	$2,000

*See limitations and exclusions beginning on page 2 of this document.
**Cases beyond 24 months require additional payment that may vary based on your individual situation and dental needs. Please call customer service at 1.800.Cigna24 with questions.

Together, all the way.®

Cigna®

Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

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Which dental plan option is right for me?

Here are some questions to answer that will give you a better understanding of what plan is right for you and your family.

For each question below, check either "Yes" or "No."		
Do you prefer a dental plan that has no calendar year maximums, so you don't have to worry about your benefits running out if you reach a certain amount?	☐ Yes	☐ No
Do you prefer a dental plan with no deductibles, so your benefits kick in right away, rather than waiting to reach a certain level of out-of-pocket expenses first?	☐ Yes	☐ No
Would you change dentists if it meant spending less out-of-pocket for your dental care costs?	☐ Yes	☐ No

If you answered more questions with YES, then check out our Cigna Dental Care (DHMO) plan.

- There are no calendar year maximums.
- There are no deductibles.
- Your benefits start right away: no deductible to meet.
- There are no claim forms to file when using network dentists.
- You select a Cigna Dental Care Access Plus network general dentist to manage all your dental health care needs and he/she will refer you to any network specialist.
- Your dentist may already participate in the Cigna Dental Care Access Plus network; visit our online directory to verify.

If you answered more questions with NO, then check out the DPPO plan:

- You have the freedom to visit any licensed dentist or specialist.
- You do not need a referral to visit a specialist.
- Your dental plan will cover eligible dental expenses after you meet any applicable deductible.
- Your plan is based on coinsurance levels that determine the percentage of costs covered by the plan for different types of services.

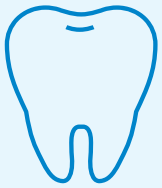
We're here to help you 24/7

Remember that Cigna is here when you need us. So, give us a call 24/7 at **800.Cigna24 (800.244.6224)** and a customer service representative will be able to assist you.

Finding a dentist is easy!

Check to see if your current dentist is a participating network dentist. Go to **Cigna.com**.

- Click on "Find a Doctor, Dentist or Facility" at the top of the page
- Choose "Plans through your employer or school"
- Choose Cigna Dental Care Access Plus for DHMO or Cigna Dental PPO for the PPO
- Enter your search criteria



Cigna Dental Care (DHMO) Exclusions:

- Services for or in connection with an injury arising out of, or in the course of, any employment for wage or profit.
- Charges which would not have been made in any facility, other than a hospital or a correctional institution owned or operated by the United States government or by a state or municipal government if the person had no insurance
- Services received to the extent that payment is unlawful where the person resides when the expenses are incurred or the services are received
- Services for the charges which the person is not legally required to pay
- Charges which would not have been made if the person had no insurance
- Services received due to injuries which are intentionally self-inflicted
- Services not listed on the PCS
- Services provided by a non-network dentist without Cigna Dental's prior approval (except emergencies, as described in your plan documents)[2]

Cigna Dental Care (DHMO) Exclusions (Continued):

- Services related to an injury or illness paid under workers' compensation, occupational disease or similar laws
- Services provided or paid by or through a federal or state governmental agency or authority, political subdivision or a public program, other than Medicaid
- Services required while serving in the armed forces of any country or international authority or relating to a declared or undeclared war or acts of war
- Services performed primarily for cosmetic reasons unless specifically listed on your PCS
- General anesthesia, sedation and nitrous oxide, unless specifically listed on your PCS
- General anesthesia or IV sedation when used for the purpose of anxiety control or patient management
- Prescription medications
- Procedures, appliances or restorations if the main purpose is to: a. change vertical dimension (degree of separation of the jaw when teeth are in contact); b. restore teeth which have been damaged by attrition, abrasion, erosion and/or abfraction
- Replacement of fixed and/or removable appliances (including fixed and removable orthodontic appliances) that have been lost, stolen, or damaged due to patient abuse, misuse or neglect
- Surgical implant of any type unless specifically listed on your PCS
- Services considered unnecessary or experimental in nature or do not meet commonly accepted dental standards
- Procedures or appliances for minor tooth guidance or to control harmful habits
- Services and supplies received from a hospital
- The completion of crowns, bridges, dentures, or root canal treatment already in progress on the effective date of your Cigna Dental coverage[3]
- The completion of implant supported prosthesis (including crowns, bridges and dentures) already in progress on the effective date of your Cigna Dental coverage, unless specifically listed on your PCS[3]
- Consultations and/or evaluations associated with services that are not covered
- Endodontic treatment and/or periodontal (gum tissue and supporting bone) surgery of teeth exhibiting a poor or hopeless periodontal prognosis
- Bone grafting and/or guided tissue regeneration when performed at the site of a tooth extraction unless specifically listed on your PCS
- Bone grafting and/or guided tissue regeneration when performed in conjunction with an apicoectomy or periradicular surgery
- Intentional root canal treatment in the absence of injury or disease to solely facilitate a restorative procedure
- Services performed by a prosthodontist
- Localized delivery of antimicrobial agents when performed alone or in the absence of traditional periodontal therapy
- Any localized delivery of antimicrobial agent procedures when more than eight of these procedures are reported on the same date of service
- Infection control and/or sterilization
- The recementation of any inlay, onlay, crown, post and core or fixed bridge within 180 days of initial placement
- The recementation of any implant supported prosthesis (including crowns, bridges and dentures) within 180 days of initial placement
- Services to correct congenital malformations, including the replacement of congenitally missing teeth
- The replacement of an occlusal guard (night guard) beyond one per any 24 consecutive month period, when this limitation is noted on the PCS
- Crowns, bridges and/or implant supported prosthesis used solely for splinting
- Resin bonded retainers and associated pontics
- As to orthodontic treatment: Incremental costs associated with optional/elective materials; orthognathic surgery appliances to guide minor tooth movement or correct harmful habits; and any services which are not typically included in orthodontic treatment

Cigna Dental Care (DHMO) Limitations

PROCEDURE	LIMIT
Prophylaxis (cleanings)	Two per calendar year (Additional cleanings covered with a copay of $40 (adult) and $30 (child)
Fluoride	Two per calendar year (Additional fluoride applications covered with a $15 copay)
Exams	Oral evaluations are limited to a combined total of 4 of the following evaluations during a 12 consecutive month period: Periodic oral evaluations (D0120), comprehensive oral evaluations (D0150), comprehensive periodontal evaluations (D0180), and oral evaluations for patients under 3 years of age (D0145)
X-rays (routine)	Bitewings: 2 per calendar year
X-rays (non-routine)	Full mouth: 1 every 3 calendar years Panorex: 1 every 3 calendar years
Periodontal root planing and scaling	Limit 4 quadrants per consecutive 12 months
Periodontal maintenance	Limited to 4 per year and (Only covered after active periodontal therapy)
Crowns and inlays	Replacement 1 every 5 years
Bridges	Replacement 1 every 5 years
Dentures and partials	Replacement 1 every 5 years
Orthodontic treatment	Maximum benefit of 24 months of interceptive and/or comprehensive treatment. Atypical cases or cases beyond 24 months require an additional payment by the patient
Relines, rebases	One every 36 months
Denture adjustments	Four within the first 6 months after installation
Prosthesis over implant	Replacement 1 every 5 years if unserviceable and cannot be repaired
Surgical placement of implant	Surgical Placement of Implants (D6010, D6012, D6040, and D6050) have a limit of 1 implant per calendar year with a replacement of 1 per 10 years
TMJ treatment	One occlusal orthotic device per 24 months
Athletic mouth guard	One per 12 months
General anesthesia/IV sedation	General anesthesia is covered when performed by an oral surgeon when medically necessary for covered procedures listed on the PCS. IV sedation is covered when performed by a periodontist or oral surgeon when medically necessary for covered procedures listed on the PCS. Plan limitation for this benefit is 1 hour per appointment.

DPPO Limitations and Exclusions

BENEFIT LIMITATIONS: Benefit frequency limitations are based on date of service.	
Missing tooth limitation	None
Oral evaluations	2 per calendar year
X-rays (routine)	Bitewings: 2 per calendar year
X-rays (non-routine)	Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months
Diagnostic casts	Payable only in conjunction with orthodontic workup
Cleanings	4 per calendar year, including up to 2 periodontal maintenance procedures following active therapy
Fluoride application	1 per calendar year for children under age 19
Sealants (per tooth)	Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14
Space maintainers	Limited to non-orthodontic treatment for children under age 19
Inlays, crowns, bridges, dentures and partials	Replacement every 60 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 bridges.
Denture and bridge repairs	Reviewed if more than once
Denture relines, rebases and adjustments	Covered if more than 6 months after installation
Prosthesis over implant	1 every 60 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 bridges.

BENEFIT EXCLUSIONS: Covered expenses will not include, and no payment will be made for the following:
Procedures and services not included in the list of covered dental expenses;
Diagnostic: Cone beam imaging; Preventive services: Instruction for plaque control, oral hygiene and diet;
Restorative:Veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars; Periodontics: bite registrations; splinting;
Prosthodontics: Precision or semi-precision attachments; initial placement of a complete or partial denture per plan guidelines;
Procedures, appliances or restorations, except full dentures, whose main purpose is to: Change vertical dimension; stabilize periodontally involved teeth; or restore occlusion;
Athletic mouth guards; services performed primarily for cosmetic reasons; personalization; replacement of an appliance per benefit guidelines;
Services that are deemed to be medical in nature; services and supplies received from a hospital; Drugs: prescription drugs
Charges in excess of the maximum reimbursable charge.

This guide provides highlights of coverage only. It is not a contract. For complete details of coverage, see your plan documents. If there are any differences between the information in this document and the official plan documents, the terms of the plan documents will control.

1. The term DHMO ("Dental HMO") is used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care plans, and plans with open access features. The Cigna Dental Care Plan is not available in all states.
2. Except for emergencies or where required by state law. **Minnesota residents:** You must visit your selected network dentist in order for the charges on the Patient Charge Schedule to apply. You may also visit other dentists that participate in our network or you may visit dentists outside the Cigna Dental Care network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist's usual fee. We will pay 50% of the value of your network benefit for those services. Of course, you'll pay less if you visit your selected Cigna Dental Care network dentist. Call Customer Services for more information. **Oklahoma residents:** The Cigna Dental Care plan is an Employer Group Pre-Paid Dental Plan. You may also visit dentists outside the Cigna Dental Care network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist's usual fee. We pay non-network dentists the same amount we'd pay network dentists for covered services. Of course, you'll pay less if you visit a network dentist in the Cigna Dental Care network. Call Customer Services for more information.
3. **California and Texas residents:** Treatment for conditions already in progress on the effective date of your coverage are not excluded if otherwise covered under your Patient Charge Schedule.

The dentists who participate in the Cigna network are independent contractors solely responsible for the treatment provided to their patients. They are not agents of Cigna.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. The DPPO plan is self-insured by UBS and administered by Cigna Health and Life Insurance Company, with network management services provided by Cigna Dental Health, Inc. and certain of its subsidiaries. Cigna Dental Care (DHMO) plans are insured 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. (KS & NE), Cigna Dental Health of Kentucky, Inc. (KY & IL), 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 insured by Cigna Health and Life Insurance Company (Bloomfield, CT) or Cigna HealthCare of Connecticut, Inc., and administered by Cigna Dental Health, Inc. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.