

# Cigna Dental Benefit Summary

Arlington ISD #3215836

High Plan Renewal Date: 09/01/2017

EE Only  
EE + Spouse  
EE + Children  
EE + Family

\$32.93  
\$66.56  
\$75.34  
\$106.04



Insured by: Cigna Health and Life Insurance Company

This material is for informational purposes only and is designed to highlight some of the benefits available under this plan. Consult the plan documents to determine specific terms of coverage relating to your plan. Terms include covered procedures, applicable waiting periods, exclusions and limitations.

<b>Cigna Dental Choice Plan</b>				
<b>Network Options</b>	<b>In-Network: Total Cigna DPPO Network</b>		<b>Out-of-Network: See Non-Network Reimbursement</b>	
<b>Reimbursement Levels</b>	Based on Contracted Fees		Maximum Reimbursable Charge	
<b>Policy Year Benefits Maximum</b> Applies to: Class I, II, & III expenses	\$1,500		\$1,500	
<b>Policy Year Deductible</b>				
Individual	\$50		\$50	
Family	\$150		\$150	
<b>Benefit Highlights</b>	<b>Plan Pays</b>	<b>You Pay</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Class I: Diagnostic &amp; Preventive</b> Oral Evaluations Prophylaxis: routine cleanings X-rays: bitewing X-rays: full mouth X-rays: panoramic X-rays: periapical Emergency Care to Relieve Pain Fluoride Application Sealants: per tooth Space Maintainers: non-orthodontic	100% No Deductible	No Charge	100% No Deductible	No Charge
<b>Class II: Basic Restorative</b> Restorative: fillings Oral Surgery: simple extractions Oral Surgery: oral surgical procedures Periodontics: periodontal scaling and root planing Periodontics: osseous surgery Periodontal Maintenance	80% After Deductible	20% After Deductible	80% After Deductible	20% After Deductible
<b>Class III: Major Restorative</b> Anesthesia: general and IV sedation Endodontics: root canal therapy Repairs: Bridges, Crowns and Inlays Repairs: Dentures Denture Relines, Rebases and Adjustments Inlays and Onlays Stainless Steel and Resin Crowns Crowns, Bridges and Dentures Prosthesis Over Implant Oral Surgery: extractions of impacted teeth	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
<b>Class IV: Orthodontia</b> Coverage for Dependent Children to age 19  Lifetime Benefits Maximum: \$1,000	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
<b>Benefit Plan Provisions:</b>				
<b>In-Network Reimbursement</b>	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.			
<b>Non-Network Reimbursement</b>	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 80th percentile of all provider charges in the geographic area. The dentist may balance bill up to their usual fees.			
<b>Cross Accumulation</b>	All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network.			
<b>Policy Year Benefits Maximum</b>	The plan will only pay for covered charges up to the plan maximum, when applicable. Benefit-specific maximums may also apply.			

<b>Policy Year Deductible</b>	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.
<b>Late Entrant Limitation Provision</b>	No coverage except for Class I (as defined in these plans) 12 months. This provision does not apply to new hires.
<b>Pretreatment Review</b>	Pretreatment review is available on a voluntary basis when dental work in excess of \$500 is proposed.
<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>Oral Health Integration Program (OHIP)</b>	Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with the following medical conditions: diabetes, heart disease, stroke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease. There's no additional charge for the program, those who qualify get reimbursed 100% of coinsurance for certain related dental procedures. Eligible customers can also receive guidance on behavioral issues related to oral health and discounts on prescription and non-prescription dental products. Reimbursements under this program are not subject to the plan deductible, but will be applied to and are subject to the plan annual maximum. Discounts on certain prescription and non-prescription dental products are available through Cigna Home Delivery Pharmacy only, and you are required to pay the entire discounted charge. For more information including how to enroll in this program and a complete list of program terms and eligible medical conditions, go to <a href="http://www.mycigna.com">www.mycigna.com</a> or call customer service 24/7 at 1.800.CIGNA24.
<b>Timely Filing</b>	Out of network claims submitted to Cigna after 365 days from date of service will be denied.
<b>Benefit Limitations:</b>	
Missing Tooth Limitation Provision	Teeth missing prior to coverage effective date are not covered.
Oral Exams	1 per 6 consecutive months
X-rays: bitewing	1 set per 12 consecutive months, limited to 4 films per set
X-rays: full mouth or panoramic	1 per 60 consecutive months
X-rays: periapical	4 per 12 consecutive months if not in conjunction with an operative procedure
X-rays: Intraoral occlusal	2 per 12 consecutive months
Cleanings	1 prophylaxis (Class I) or periodontal maintenance (Class III) per 6 consecutive months
Fluoride Application	1 per 12 consecutive months for children under age 14
Sealants: per tooth	1 treatment per lifetime for children under age 14; payable on unrestored permanent bicuspid or molar teeth only
Space Maintainers	Limited to non-orthodontic treatment for children under age 14
Restoration: fillings	1 per 12 consecutive months; applies to replacement of identical surface fillings only, no composite, white/tooth colored fillings on bicuspid or molar teeth
Inlays and Crowns	Replacement limited to 1 per 84 consecutive months. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges. Replacement must be indicated by major decay. For people under age 16, benefits for crowns and inlays are limited to resin or stainless steel.
Stainless Steel and Resin Crowns	1 per 36 consecutive months for children under age 16
Endodontic Treatment	Root canal retreatment 1 per 24 consecutive months, based on necessity
Dentures and Partial	Replacement limited to 1 per 84 consecutive months, if unserviceable and cannot be repaired
Denture Adjustments	Covered if more than 12 months after installation; 1 per 12 consecutive months
Denture Repairs	Covered if more than 12 months after installation
Denture Rebases and Relines	Covered if more than 12 months after installation; 1 per 36 consecutive months
Prosthesis Over Implant	1 per 84 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
Bridges	Replacement limited to 1 per 84 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
Diagnostic Casts	Payable only in conjunction with orthodontic workup
<b>Benefit Exclusions:</b>	
Covered Expenses will not include, and no payment will be made for the following:	
Procedures and services not listed under Benefit Highlights;	
Diagnostic: cone beam imaging; Preventive Services: instruction for plaque control, oral hygiene and diet;	
Restorative: core buildup; labial veneers; precious or semi-precious metals for crowns, bridges, pontics and abutments; restoration of teeth which have been damaged by erosion, attrition or abrasion;	
Periodontics: bite registrations; splinting; Prosthodontics: overdentures; precision or semi-precision attachments;	
Implants: Implants or implant related services;	
Anesthesia: IV sedation or general anesthesia, except when medically or dentally necessary and when in conjunction with covered complex oral surgery; Drugs: prescription drugs;	

Procedures, appliances or restorations, whose main purpose is to change vertical dimension, diagnose or treat conditions of TMJ, stabilize periodontally involved teeth, or restore occlusion;
Athletic mouth guards; Replacement of a lost or stolen appliance; Services performed primarily for cosmetic reasons; Personalization;
Services that are deemed to be medical in nature; Services and supplies received from a hospital;
Charges in excess of the Maximum Reimbursable Charge.
Contracted providers are not obligated to provide discounts on non-covered services and may charge their usual fees.

This document provides a summary only. It is not a contract. If there are any differences between this summary and the official plan documents, the terms of the official plan documents will prevail.

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