

AAQHC - Standard Incentive Plan (New 2008)

CIGNA Dental PPO Benefit Summary Effective 10/1/2008



This is a summary of benefits for your PPO plan. All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.

Benefits	CIGNA Dental PPO	
	In-Network	Out-of-Network
Calendar Year Maximum		
(Class I, II, and III Expenses)	\$1,500	\$1,000
Calendar Year Deductible		
Per Individual	\$50	\$75
Per Family	No Limit	No Limit
Class I Expenses - Preventive & Diagnostic Care		
Oral Exams	100%, No Deductible	100%, No Deductible
Full Mouth X-rays		
Cleanings		
Panoramic X-Rays		
Bitewing X-rays		
Emergency Care to Relieve Pain		
Fluoride Application		
Sealants		
Space Maintainers (limited to non-orthodontic treatment)		
Histopathologic Exams		
Class II Expenses - Basic Restorative Care		
Fillings	80%, After Deductible	70%, After Deductible
Oral Surgery, Simple Extractions		
Minor Periodontics		
Root Canal / Therapy		
Major Periodontics		
Anesthetics		
Oral Surgery, All Except Simple Extractions		
Surgical Extraction of Impacted Teeth		
Relines, Rebases, and Adjustments		
Repairs - Bridges Crowns, and Inlays		
Repairs - Dentures		
Class III Expenses - Major Restorative Care		
Crowns	50%, After Deductible	40%, After Deductible
Dentures		
Bridges		
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Class IV Expenses - Orthodontia		
Coverage for eligible children and adults	50%, No Separate Deductible	50%, No Separate Deductible
Lifetime Maximum	\$1,000	\$1,000
Missing Tooth Provision	The amount payable is 50% of the amount otherwise payable until insured for 24 months; thereafter, considered a Class III expense.	
Pretreatment Review	Available on a voluntary basis when extensive work in excess of \$200 is proposed.	
Out-of-Network Reimbursement	80th Percentile	
Student Age	23	

CIGNA Dental PPO / Indemnity Exclusions and Limitations:

Procedure	Exclusions & Limitations
Late Entrants Limit	50% coverage on Class III and IV for 12 or 24 months
Exams	Two per Calendar year
Prophylaxis (cleanings)	Two per Calendar year
Fluoride	1 per calendar year for people under 19
Histopathologic Exams	Various limits per calendar year depending on specific test
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
Model	Payable only when in conjunction with Ortho workup and extensive Perio treatment
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 Partial	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
Alternate Benefit	When more than one covered Dental Service could provide suitable treatment based on common dental standards, CG will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.

Benefit Exclusions:

- * Services performed primarily for cosmetic reasons
- * 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
- * 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. Connecticut General Life Insurance Company 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.