

	Cigna Dental Preventive Plan	Cigna Dental 1000 Plan	Cigna Dental 1500 Plan
IN-NETWORK			
Cigna DPPPO Advantage Network – Offers the most savings, 37%¹ national average.			
DENTAL BENEFIT			
Individual Calendar Year Deductible	Not applicable	\$50 per person	\$50 per person
Family Calendar Year Deductible	Not applicable	\$150 per family	\$150 per family
Calendar Year Maximum (For Class I, II, and III services)	Not applicable	\$1,000 per person	\$1,500 per person
Lifetime Deductible (Separate per person for Orthodontia)	Not applicable	Not applicable	\$50 per person
Lifetime Maximum (Separate per person for Orthodontia)	Not applicable	Not applicable	\$1,000 per person
Payment levels	Based on the provider's contracted fees	Based on provider's contracted fees	Based on provider's contracted fees
CLASS I: PREVENTIVE/DIAGNOSTIC SERVICES			
Preventive/Diagnostic Services Waiting Period	Not applicable	Not applicable	Not applicable
Preventive/Diagnostic Services Oral Exams, Routine Cleanings, Routine X-Rays, Sealants, Fluoride Treatment, Space Maintainers (non-orthodontic)	You pay \$0	You pay \$0	You pay \$0
CLASS II: BASIC RESTORATIVE SERVICES			
Basic Restorative Services Waiting Period	Not applicable	6-month waiting period ²	6-month waiting period ²
Basic Restorative Services Nonroutine X-Rays, Fillings, Routine Tooth Extraction, Emergency Treatment	You pay 100% of the provider's standard fee	You pay 20% of the provider's contracted fee (after deductible)	You pay 20% of the provider's contracted fee (after deductible)
CLASS III: MAJOR RESTORATIVE SERVICES			
Major Restorative Services Waiting Period	Not applicable	12-month waiting period ²	12-month waiting period ²
Major Restorative Services Periodontal (Deep Cleaning), Periodontal Maintenance, Crowns, Root Canal Therapy, Wisdom Tooth Extraction, Dentures/Partials, Bridges	You pay 100% of the provider's standard fee	You pay 50% of the provider's contracted fee (after deductible)	You pay 50% of the provider's contracted fee (after deductible)
CLASS IV: ORTHODONTIA			
Orthodontia Waiting Period	Not applicable	Not applicable	12-month waiting period
Orthodontia	You pay 100% of the provider's standard fee	You pay 100% of the provider's standard fee	You pay 50% of the provider's contracted fee (after separate lifetime deductible)
Out-of-network & dental terms	For out-of-network benefits and dental terms, see the Summary of Benefits.	For out-of-network benefits and dental terms, see the Summary of Benefits.	For out-of-network benefits and dental terms, see the Summary of Benefits.

This summary contains highlights only.

If you choose to visit a dentist out-of-network, you will pay the out-of-network benefit and the difference in the amount that Cigna reimburses for such services and the amount charged by the dentist, except for emergency services as defined in your policy. This is known as balance billing.

1. Based upon 1/1/2016–12/31/2016 National Average Charges projected by Cigna Dental to 7/1/2017. Fees vary by region.

2. You may be eligible to waive the waiting period for Classes II & III if you have continuous 12 months of prior coverage from a valid dental insurance plan. Orthodontia waiting period cannot be waived. Refer to the policy for details.

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	Cigna DPPPO Advantage Network (in-network)		
PROCEDURE	FREQUENCY/LIMITATION		
CLASS I: PREVENTIVE/DIAGNOSTIC SERVICES			
Oral Exams	1 per consecutive 6-month period		
Routine Cleanings	1 routine prophylaxis or periodontal maintenance procedure per consecutive 6-month period (routine prophylaxis falls under Class I; periodontal maintenance procedure falls under Class III)		
Routine X-Rays	Bitewings: 1 set in any consecutive 12-month period. Limited to a maximum of 4 films per set		
Sealants	1 treatment per tooth per lifetime. Payable on unrestored permanent bicuspid or molar teeth for participants less than age 14		
Fluoride Treatment	1 per consecutive 12-month period for participants less than age 14		
Space Maintainers (non-orthodontic)	Limited to non-orthodontic treatment for prematurely removed or missing teeth for participants less than age 14		
CLASS II: BASIC RESTORATIVE SERVICES			
Nonroutine X-Rays	Not covered under this plan.	Full mouth or Panorex: 1 per consecutive 60-month period	
Fillings	Not covered under this plan.	1 per tooth per consecutive 12-month period (applies to replacement of identical surface fillings only). No white/tooth colored fillings on bicuspid or molar teeth	
Routine Tooth Extraction	Not covered under this plan.	Includes an allowance for local anesthesia and routine postoperative care	
Emergency Treatment	Paid as a separate benefit only if no other service, except x-rays, is rendered during the visit		
CLASS III: MAJOR RESTORATIVE SERVICES			
Periodontal (Deep Cleaning)	Not covered under this plan.	1 per quadrant per consecutive 36-month period	
Periodontal Maintenance	Not covered under this plan.	Payable only if a consecutive 6-month period has passed since the completion of active periodontal surgery. 1 periodontal maintenance or routine prophylaxis procedure per consecutive 6-month period (periodontal maintenance procedure is Class III; routine prophylaxis is Class I)	
Crowns	Not covered under this plan.	1 per tooth per consecutive 84-month period. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crown or bridges. Replacement must be indicated by major decay. For participants less than age 16, benefits limited to resin or stainless steel	
Root Canal Therapy	Not covered under this plan.	1 per tooth per lifetime	
Wisdom Tooth Extraction	Not covered under this plan.	Includes an allowance for local anesthesia and routine postoperative care	
Dentures and Partial	Not covered under this plan.	1 per arch per consecutive 84-month period	
Bridges	Not covered under this plan.	1 per consecutive 84-month period. Benefits will be considered for the initial replacement of a necessary functioning natural tooth extracted while the person was covered under this plan	
CLASS IV: ORTHODONTIA			
Orthodontia	Not covered under this plan.		The total amount payable for all expenses incurred for orthodontics during a person's lifetime will not be more than the orthodontia lifetime maximum

This summary contains highlights only.

With Cigna there is more to smile about.

You get flexible benefits and premium levels to meet your needs and budget, plus:

- Access to over 89,000⁵ in-network dental providers in our Cigna DPPO Advantage Network
- Nearly 200,000⁵ office locations across the nation
- No referral needed to see a specialist
- 15% discount on monthly premiums for any additional family members on the plan
- Available for all ages, including those 65 and older
- No application or processing fees
- No waiting period for Class I services. If you have had dental insurance for more than a year, you may be eligible to waive the waiting period for Class II and III services so you won't have to wait for benefits to begin⁶
- No need to submit claims when you use a Cigna DPPO Advantage Network provider
- 24/7 live customer service at **800.Cigna24**
- Online access with **myCigna.com**. You can view bills and claims online, anytime – and make a payment, too
- Mobile access on the go. Find a dentist, check coverage and show your ID card with the myCigna Mobile App.

You have freedom.

You are free to choose a provider from our large national network or one from outside the network. Keep in mind, you'll save the most if you visit a Cigna DPPO Advantage Network provider. Find providers in our network at **Cigna.com/ifp-providers**.

To see how your savings may be greater when visiting a **Cigna DPPO Advantage Network** provider, see the Summary of Benefits.

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5. Data as of July 2017.

6. Excludes orthodontia benefits. Eligibility for waiting period waiver is on a per person basis.

PLAN EXCLUSIONS AND LIMITATIONS

What is not covered by this plan

Excluded services

Covered Expenses do not include expenses incurred for:

- Procedures which are not included in the list of Covered Dental Expenses.
- Procedures which are not necessary and which do not have uniform professional endorsement.
- Procedures for which a charge would not have been made in the absence of coverage or for which the covered person is not legally required to pay.
- Any procedure, service, supply or appliance, the sole or primary purpose of which relates to the change or maintenance of vertical dimension.
- Procedures, appliances or restorations whose main purpose is to diagnose or treat jaw joint problems, including dysfunction of the temporomandibular joint and craniomandibular disorders, or other conditions of the joints linking the jawbone and skull, including the complex muscles, nerves and other tissues related to that joint.
- The alteration or restoration of occlusion.
- The restoration of teeth which have been damaged by erosion, attrition or abrasion.
- Bite registration or bite analysis.
- Any procedure, service, or supply provided primarily for cosmetic purposes. Facings, repairs to facings or replacement of facings on crowns or bridge units on molar teeth shall always be considered cosmetic.
- The surgical placement of an implant body or framework of any type; surgical procedures in anticipation of implant placement; any device, index or surgical template guide used for implant surgery; treatment or repair of an existing implant; prefabricated or custom implant abutments; removal of an existing implant.
- Crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth unless the tooth cannot be restored with an amalgam or composite resin filling due to major decay or fracture.
- Core build-ups.
- Replacement of a partial denture, full denture, or fixed bridge or the addition of teeth to a partial denture unless:
 - (a) Replacement occurs at least 84 consecutive months after the initial date of insertion of the current full or partial denture; or

- (b) The partial denture is less than 84 consecutive months old, and the replacement is needed due to a necessary extraction of an additional functioning natural tooth while the person is covered under this plan (alternate benefits of adding a tooth to an existing appliance may be applied); or
- (c) Replacement occurs at least 84 consecutive months after the initial date of insertion of an existing fixed bridge (if the prior bridge is less than 84 consecutive months old, and replacement is needed due to an additional Necessary extraction of a functioning natural tooth while the person is covered under this plan. Benefits will be considered only for the pontic replacing the additionally extracted tooth).
- The removal of only a permanent third molar will not qualify an initial or replacement partial denture, full denture or fixed bridge for benefits.
- The replacement of crowns, cast restoration, inlay, onlay or other laboratory prepared restorations within 84 consecutive months of the date of insertion.
- The replacement of a bridge, crown, cast restoration, inlay, onlay or other laboratory prepared restoration regardless of age unless necessitated by major decay or fracture of the underlying Natural Tooth.
- Any replacement of a bridge, crown or denture which is or can be made useable according to common dental standards;
- Replacement of a partial denture or full denture which can be made serviceable or is replaceable.
- Replacement of lost or stolen appliances.
- Replacement of teeth beyond the normal complement of 32.
- Prescription drugs.
- Any procedure, service, supply or appliance used primarily for the purpose of splinting.
- Athletic mouth guards.
- Myofunctional therapy.
- Precision or semiprecision attachments.
- Denture duplication.
- Separate charges for acid etch.
- Labial veneers (laminare).
- Porcelain or acrylic veneers of crowns or pontics on, or replacing the upper and lower first, second and third molars;

PLAN EXCLUSIONS AND LIMITATIONS

- Precious or semi-precious metals for crowns, bridges, pontics and abutments; crowns and bridges other than stainless steel or resin for participants under 16 years old;
- Treatment of jaw fractures and orthognathic surgery.
- Charges for sterilization of equipment, disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies and infection control.
- Charges for travel time; transportation costs; or professional advice given on the phone.
- Temporary, transitional or interim dental services.
- Any procedure, service or supply not reasonably expected to correct the patient's dental condition for a period of at least 3 years.
- Diagnostic casts, diagnostic models, or study models.
- Any charge for any treatment performed outside of the United States other than for Emergency Treatment (any benefits for Emergency Treatment which is performed outside of the United States will be limited to a maximum of \$100 per consecutive 12-month period);
- Oral hygiene and diet instruction; broken appointments; completion of claim forms; personal supplies (e.g., water pick, toothbrush, floss holder, etc.); duplication of x-rays and exams required by a third party;
- Any charges, including ancillary charges, made by a hospital, ambulatory surgical center or similar facility;
- Services that are deemed to be medical services;
- Services for which benefits are not payable according to the "General Limitations" section.
- For Professional services or supplies received or purchased directly or on Your behalf by anyone, including a Dentist, from any of the following:
 - Yourself or Your employer;
 - A person who lives in the Insured Person's home, or that person's employer;
 - A person who is related to the Insured Person by blood, marriage or adoption, or that person's employer.
- For or in connection with an Injury arising out of, or in the course of, any employment for wage or profit;
- For or in connection with a Sickness which is covered under any workers' compensation or similar law;
- For charges made by a Hospital owned or operated by or which provides care or performs services for, the United States Government, if such charges are directly related to a military-service-connected condition;
- Services or supplies received as a result of dental disease, defect or injury due to an act of war, declared or undeclared;
- To the extent that payment is unlawful where the person resides when the expenses are incurred;
- For charges which the person is not legally required to pay;
- For charges which would not have been made if the person had no insurance;
- To the extent that billed charges exceed the rate of reimbursement as described in the Schedule;
- For charges for unnecessary care, treatment or surgery;
- Charges for or in connection with experimental procedures or treatment methods. In determining whether services are experimental, Cigna in consultation with a dental consultant, will consider if such services: (a) are approved by the American Dental Association or the appropriate dental specialty society; (b) are in general use in the medical/dental field in the state of Washington; (c) are under continued scientific testing and research; (d) have shown a demonstrable benefit for a particular dental condition or disease; and (e) are proven to be safe and effective.
- Procedures that are a covered expense under any other dental plan which provides dental benefits
- 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 will take into account any adjustment option chosen under such part by you or any one of your Dependents.

General Limitations

No payment will be made for expenses incurred for you or any one of your Dependents:

- For services not specifically listed as Covered Services in this Policy.
- For services or supplies that are not Dentally Necessary.
- For services received before the Effective Date of coverage.
- For services received after coverage under this Policy ends.
- For services for which You have no legal obligation to pay or for which no charge would be made if You did not have dental insurance coverage.

PLAN IMPORTANT DISCLOSURES

Cigna Dental insurance coverage shall be only for the classes of service referred to in The Schedule of a purchased plan.

Dental Plans are insured by Cigna Health and Life Insurance Company with network management services provided by Cigna Dental Health, Inc. Rates may vary based on age, family size, geographic location (residential zip code) and plan design.

In WA, dental rates are subject to change upon 30 days' prior notice. **Dental plans apply waiting periods to covered basic (6-months), major (12-months) and orthodontic (12-months) dental care services.** Some covered services are determined by age: topical application of fluoride or sealant, space maintainers, and materials for crowns and bridges. If the plan covers replacement of teeth, there is no payment for replacement of teeth that are missing prior to coverage.

Notice to Buyer: This policy provides dental coverage only. Review your policy carefully.

Dental preferred provider insurance policies (WA: INDDENTPOLWA0317) have exclusions, limitations, reduction of benefits and terms under which a policy may be continued in force or discontinued.

The policy may be cancelled by Cigna due to failure to pay premium, fraud, ineligibility, when the insured no longer lives in the service area, or if we cease to offer policies of this type or any individual dental plans in this state, in accordance with applicable law. You may cancel the policy, on the first of the month following our receipt of your written notice. We reserve the right to modify this policy, including policy provisions, benefits and coverages, consistent with state or federal law. This individual plan is renewable monthly or quarterly.

For costs, and additional details about coverage, contact Cigna Health and Life Insurance Company at 900 Cottage Grove Rd, Hartford, CT 06152 or call **866.GET.Cigna (866.438.2446)**.

Please contact your insurance carrier, agent/producer, or the Health Insurance Marketplace if you wish to purchase PPACA compliant pediatric dental coverage.