

myCigna Dental Plan SUMMARY OF BENEFITS

The Dental Pediatric plan covers dependent children up to age 19 and is included as part of the Cigna Medical Plan.

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.

BENEFIT	myCigna Dental Pediatric Under age 19	
	In-network	Out-of-network
Individual Annual Deductible	You pay \$0	
Family Annual Deductible	You pay \$0	
Annual Out of Pocket Maximum	Combined with medical	

CLASS I: PREVENTIVE/DIAGNOSTIC SERVICES

Preventive/Diagnostic Services Waiting Period	No waiting period	
Preventive/Diagnostic Services (Oral exams, routine cleanings, x-rays, fluoride treatment sealants, non-orthodontic space maintainers)	You pay 0%	

CLASS II: BASIC RESTORATIVE SERVICES

Basic Restorative Services Waiting Period	No waiting period	
Basic Restorative Services (Fillings)	You pay 0%	

CLASS III: MAJOR RESTORATIVE SERVICES

Major Restorative Services Waiting Period	No waiting period	
Major Restorative Services (Root canal therapy/endodontics)	You pay 0%	

CLASS IV: ORTHODONTIA

Orthodontia Waiting Period	No waiting period	
Orthodontia (Medically necessary)	You pay 50%	



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Procedure	Under age 19
Frequency/Limitation	
CLASS I: PREVENTIVE/DIAGNOSTIC SERVICES	
Oral Exams	No limitation
Routine Cleanings	2 per calendar year
Routine X-rays	1 set per 6 consecutive month period
Non-routine X-rays	1 per 3 year period
Fluoride Treatment	2 per calendar year
Sealants	1 treatment per tooth per 5 year period
Space Maintainers (non-orthodontic)	Non-orthodontic treatment for premature loss of deciduous posterior teeth
CLASS II: BASIC RESTORATIVE SERVICES	
Fillings	Tooth colored restoration required
CLASS III: MAJOR RESTORATIVE SERVICES	
Crowns and Inlays	Replacement must be indicated by inability to restore by an amalgam or composite filled due to major decay or a fracture. Requires Pre-Authorization
Root Canal Therapy/Endodontics	Requires Pre-Authorization
Major Periodontics	Not covered
Minor Periodontics	No limitation
Relines, Rebases	Not covered
Adjustments	Not covered
Repairs – Bridges and Dentures	Not covered
Dentures and Partials	Requires Pre-Authorization
Bridges	Not covered
CLASS IV: ORTHODONTIA	
Orthodontia (Medically necessary)	Requires Pre-Authorization

This summary contains highlights only.

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Exclusions and Limitations

What Is Not Covered By This Plan

Excluded Services

Covered Expenses do not include expenses incurred for:

- Procedures and services which are not included in the list of "Covered Dental Expenses."
- Procedures and services for persons over the age of 19.
- 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 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 initial placement of an implant unless it includes the replacement of a functioning natural tooth extracted while the person is covered under this plan. The removal of only a permanent third molar will not qualify an implant for benefit under this provision. Except in cases where it is dentally necessary.
- 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. Except in cases where it is dentally necessary.
- 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.
- Orthodontic treatment. Except in cases where it is medically/dentally necessary.

- 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, as determined by Cigna.
- Any charge for any treatment performed outside of the United States other than for emergency treatment.
- Oral hygiene and diet instruction, broken appointments, completion of claim forms, personal supplies (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.
- 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.

General Limitations

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

- 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.
- 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;
- 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.
- For or in connection with experimental procedures or treatment methods not approved by the American Dental Association or the appropriate dental specialty society.
- 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.

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Important Disclosures

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. All rates are subject to change upon 30 days prior notice.

This dental insurance policy (CTINDCH052013) has exclusions, limitations, reduction of benefits and terms under which the policy may be continued in force or discontinued. For costs, and additional details about coverage, contact Cigna Health and Life Insurance Company at 900 Cottage Grove Rd, Hartford, CT 06152 or call 1-866-GET-Cigna. (1-866-438-2446).

This Dental plan offers the full range of Essential Health Benefit Pediatric Oral Care and satisfies the requirements under the Affordable Care Act.



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