**Nationwide 2017**

**Dental Preferred Provider Organization Benefit Summary**

*All deductibles, plan maximums and service specific maximums (dollar and occurrence) cross accumulate between in and out-of-network.*

<table>
<thead>
<tr>
<th>Benefits</th>
<th>CIGNA HealthCare Preferred Provider Organization Dental Plan Cigna Dental PPO Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Calendar Year Maximum (Class II, III &amp; V Expenses)</strong></td>
<td>In-Network</td>
</tr>
<tr>
<td>Calendar Year Deductible</td>
<td>$1,500 per Person</td>
</tr>
<tr>
<td>Individual</td>
<td>$200</td>
</tr>
<tr>
<td>Aggregate Family Maximum</td>
<td>$400</td>
</tr>
</tbody>
</table>

*Deductibles Cross Accumulate in and out of network*

Incentive applies to the family unit as a whole. If all members of the family had at least one cleaning, or preventive care service (per the listing of preventive service codes attached) then the entire family's deductible will be waived for the following plan year. (Children age 6 and younger are excluded from the incentive determination process.)

<table>
<thead>
<tr>
<th>Reimbursement Levels</th>
<th>Based on reduced contracted fees</th>
<th>MAC: Based on Maximum Allowable Charge (In-network fee level)*</th>
</tr>
</thead>
</table>

**Class I Expenses - Preventive & Diagnostic Care**

- Oral Exams (Two per Calendar Year)
- Cleanings (Two per Calendar Year)
- Full Mouth X-rays
  (One complete set per every three Calendar Years)
- Bitewing X-rays (One Set per Calendar Year)
- Panoramic X-ray
  (One per every three Calendar Years)
- Fluoride Application
  (One per Calendar Year to age 19)
- Sealants (Limited to 1st and 2nd permanent molars. One per tooth per Lifetime)
- Spaces Maintainers (Limited to non-orthodontic treatment)
- Emergency Care to relieve pain

**Class II Expenses - Basic Restorative Care**

- Fillings
- Root Canal Therapy
- Denture Adjustments and Repairs
  - Denture Reline is limited to once in any 12 consecutive months
  - Denture Rebase is limited to once in any 36 month period
- Osseous Surgery
- Periodontal Scaling and Root Planing
- Extractions

- 100% after plan deductible
- 80% after plan deductible
<table>
<thead>
<tr>
<th>Benefits</th>
<th>CIGNA HealthCare Preferred Provider Organization Dental Plan</th>
<th>Total Cigna Dental PPO Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class III Expenses - Major Restorative Care</td>
<td>In-Network: 50% after plan deductible</td>
<td>Out-of-Network: 50% after plan deductible</td>
</tr>
<tr>
<td>Crowns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Complete replacement of denture base material is limited to twice in any 7 year period per appliance)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bridges</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Fixed Bridges and removable cast partials are not payable for individuals less than 16 years in age)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Replacement limited to 5 years from initial installation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class IV Expenses - Orthodontia</td>
<td>In-Network: 50%</td>
<td>Out-of-Network: 50%</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>$1,500 Limited to dependent children under age 19.</td>
<td></td>
</tr>
<tr>
<td>Class V Expenses - TMJ</td>
<td>In-Network: 100% after plan deductible</td>
<td>Out-of-Network: 100% after plan deductible</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>$150</td>
<td></td>
</tr>
<tr>
<td>Pretreatment Review</td>
<td>Available on a voluntary basis.</td>
<td></td>
</tr>
</tbody>
</table>

MAC REIMBURSEMENT ONLY: *For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Contracted Fee Schedule. For services provided by an out-of-network dentist, Cigna Dental will reimburse according to the Contracted Fee Schedule but the dentist may balance bill up to their usual fees.

**General Limitations**

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

- For or in connection with an injury arising out of, or in the course of, any employment for wage or profit;
- 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;
- 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;
- To the extent that they are more than either the applicable Contracted Fee or Maximum Allowable Cost;
- 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; or
- For or in connection with experimental procedures or treatment methods not approved by the American Dental Association or the appropriate dental specialty society.
- While attempting to commit or committing a felony.

No payment will be made for expenses incurred by you or any one of your Dependents 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.
Exclusions

This Plan does not apply to any charge incurred in connection with:

1. A service furnished to a participant for
   (a) cosmetic purposes, except for cosmetic bonding of the incisors, cuspids, and bicuspids if required because of significant decay or fractures, or
   (b) dental care of a congenital or developmental malformation (except for orthodontic treatment);
2. Appliances, restoration, or procedures for the purpose of increasing vertical dimension, restoring occlusion, splinting, or replacing tooth structure lost as a result of erosion, abrasion, or attrition (except for orthodontic treatment);
3. A service not furnished by a Dentist, unless the service is performed by a Dental Hygienist under the supervision of a Dentist or is an x-ray ordered by a Dentist;
4. The replacement of any denture, crown, gold restoration, or fixed bridge more than twice in any seven-year period unless:
   (a) such replacement is made necessary by the placement of an original opposing full denture or the necessary extraction of natural teeth, or
   (b) the bridge, crown or denture, while in the mouth, has been damaged beyond repair as a result of an injury received while a person is insured for these benefits;
5. Replacement of a Surgical Implant within 5 years following the date of its original installation.
6. Prescription drugs, premedications, and relative analgesia, other than injectable antibiotics (may be covered under your medical/prescription drug benefit);
7. General anesthesia and/or intravenous sedation for restorative dentistry or for surgical procedures or where local anesthesia is medically inappropriate (e.g., Associate is allergic to local anesthesia);
8. Dental care that is not customarily performed, for which no valid dental need can be demonstrated, that is a specialized technique or that is experimental in nature;
9. Charges for orthodontic treatment if the appliance was installed before the Dependent Child became eligible for benefits or before the Dependent Child became a Plan participant;
10. Charges for orthodontic treatment except where:
    (a) treatment is completed for a Dependent Child prior to her attainment of age 19; or
    (b) treatment began prior to January 1, 1988, while the participant was enrolled in dental assistance benefits under:
        (i) the group policy for dental coverage under the Plan; or
        (ii) a Participating Company sponsored Managed Care Organization;
11. Charges for orthodontic treatment that would result in benefits in excess of the maximum, including any benefits paid as a result of treatment which began prior to January 1, 1988, while the participant was enrolled in dental coverage under:
    (a) the group policy for dental coverage under the Plan;
    (b) the Plan; or
    (c) a Participating Company-sponsored Managed Care Organization
12. Dental charges covered under a new benefit or under an improved benefit if the dental procedures were done or started before the benefit went into effect. This includes procedures of a Dental Treatment Plan that was or should have been submitted before the new or improved benefit’s effective date;
13. Services or appliances started before an individual became covered under the Plan;
14. Preventative control programs including home care items;
15. Charges for failure to keep a scheduled visit with the Dentist.
16. Charges for completion of forms;
17. Lost, missing, or stolen appliances of any type;
18. Separate charges or expenses for replacement or repair of orthodontic appliances;
19. Labial veneers per tooth are payable once in any five-year period and occlusal guards are payable once in a lifetime;
20. Porcelain, porcelain substate, and cast restorations are not payable for children less than 12 years of age;
21. Optional Treatments: If an Associate or eligible Dependent selects a more expensive service than is customarily provided or for which the Plan does not determine that a valid dental need is shown, the Plan may make an allowance based on the fee for the customarily provided service. The Associate is responsible for the difference in the cost;
22. Benefits for root planning are payable once in any two-year period. Periodontal surgery, including sub-gingival curettage, is payable once in any 3-year period; or
23. Preventive fluoride treatments are payable for Dependent Children until their 19th birthday once per calendar year.
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.

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