

SUMMARY OF BENEFITS PLAN INFORMATION

Cigna Dental Preventive Plan

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 93,000¹ in-network dental providers in our Cigna DPPO Advantage Network
- › 297,000+ convenient locations across Cigna's large nationwide network¹
- › 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
- › 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.

1. Cigna internal data as of March 2020. Subject to change.

Cigna Dental Plans

Dental Terms

Below you will find easy-to-understand definitions for commonly used words.

Actual Billed Charges: The fee that a provider charges to a patient for a service who does not have dental insurance. If a patient has dental insurance and visits a Cigna DPPO Advantage Network provider, the provider charges the negotiated rate/contracted fee.

Balance Billing: When an out-of-network provider bills you for the difference between the charges for a service, and what Cigna will pay for that service and Contracted Fee (CF) or Maximum Reimbursable Charge (MRC) in AK and MA, have been applied. The actual billed charge of a Non-Participating Provider may exceed Cigna's CF (or MRC in AK and MA) and you must pay the difference. For example, an out-of-network provider may charge \$100 for a cleaning. If the CF/MRC is \$50 for that service Cigna will pay \$50. Because you are visiting an out-of-network provider, the provider may bill you the remaining \$50.

Cigna DPPO Advantage Network: Dentists that have contracted with Cigna and agreed to accept a predetermined contracted fee for the services provided to Cigna customers. Visiting a provider in this network means you'll save the most money, because the fee is discounted.

Contracted Fee (CF): The most Cigna will pay a dentist for a covered service or procedure for out-of-network dental care that is based on a basic Cigna DPPO Advantage fee schedule within a specified area. See example provided under Balance Billing.

Maximum Reimbursable Charge (MRC) - *applies in AK and MA only:* Also referred to as U&C, R&C and UCR); The most Cigna will pay a dentist for a covered service or procedure for out-of-network dental care. Normally applies as a percentile, based on the published prevailing HealthCare charges designated by zip code data. See example provided under Balance Billing.

Non-Participating Providers (Out-of-Network): Providers who have not contracted with Cigna to offer you savings. They charge their own fees. Covered expenses for Non-Participating Providers are based on the Contracted Fee which may be less than Actual Billed Charges. Non-Participating Providers can bill you for amounts exceeding covered expenses.

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DENTAL BENEFIT	Cigna Dental Preventive Plan	
	CIGNA DPPO ADVANTAGE NETWORK Offers the most savings, 39% ¹ national average.	OUT-OF-NETWORK Your out-of-pocket expenses will be higher; these providers have not agreed to offer Cigna customers our contracted or discounted fees.
Individual Calendar Year Deductible	None	
Family Calendar Year Deductible	None	
Calendar Year Maximum (For Class I, II, and III services)	None	
Payment levels	Based on the provider's contracted fees for covered services	Based on the provider's actual billed charges and the CF²
CLASS I: PREVENTIVE/DIAGNOSTIC SERVICES		
Preventive/Diagnostic Services Waiting Period	None	
Preventive/Diagnostic Services Oral Exams, Routine Cleanings, Routine X-Rays, Sealants, Fluoride Treatment, Space Maintainers (non-orthodontic)	You pay \$0 (No Charge)	You pay the difference between the provider's actual billed charges and 100%/in NC 95%, of the CF²
CLASS II: BASIC RESTORATIVE SERVICES		
Basic Restorative Services Nonroutine X-Rays, Fillings, Routine Tooth Extraction, Emergency Treatment	Not covered	
CLASS III: MAJOR RESTORATIVE SERVICES		
Major Restorative Services Periodontal (Deep Cleaning), Periodontal Maintenance, Crowns, Root Canal Therapy, Wisdom Tooth Extraction, Dentures/Partials, Bridges	Not covered	
CLASS IV: ORTHODONTIA		
Orthodontia	Not covered	

1. Based upon 1/1/2018–12/31/2018 National Average. Charges projected by Cigna Dental to 7/1/2019. Fees vary by region.

2. If you choose to visit a dentist out-of-network, you will pay the out-of-network benefit and the difference between the amount that Cigna reimburses for such services (CF), or MRC in AK and MA and the amount charged by the dentist, except for emergency services as defined in the policy. This is known as balance billing. See the definitions for Contracted Fee (CF), Maximum Reimbursable Charge (MRC applies in AK and MA only) and Balance Billing on the previous page. Refer to the policy for more details.

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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.
Fillings	Not covered under this plan.
Routine Tooth Extraction	Not covered under this plan.
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.
Periodontal Maintenance	Not covered under this plan.
Crowns	Not covered under this plan.
Root Canal Therapy	Not covered under this plan.
Wisdom Tooth Extraction	Not covered under this plan.
Dentures and Partial s	Not covered under this plan.
Bridges	Not covered under this plan.
CLASS IV: ORTHODONTIA	
Orthodontia	Not covered under this plan.

This summary contains highlights only. Please refer to the Covered Expenses section of the Policy for details.

Cigna Dental Plans

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 policy.
- 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 dysfunction of the temporomandibular joint (Services are covered in AR, MN, NM, NV and VT).
- 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:
 - Replacement occurs at least 84 consecutive months after the initial date of insertion of the current full or partial denture; or
 - 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
 - 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 semi-precision 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.
- 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.
- Orthodontic treatment. Exclusion does not apply if the plan otherwise covers services for orthodontic treatment.
- 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 three years, as determined by Cigna.
- Diagnostic casts, diagnostic models or study models.

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PLAN EXCLUSIONS AND LIMITATIONS

- 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 (water pick, toothbrush, floss holder); 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.
- 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 the 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.
 - 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.
 - To the extent that you or any of your dependents are in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid.
 - 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 (WA residents only); (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.

Cigna Dental Plans

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.

Rates are subject to change upon 30 days' prior notice in AK, AL, AR, AZ, CO, CT, DC, DE, HI, IA, ID, IL, IN, KS, KY, MA, ME, MI, MN, MO, MT, ND, NE, NH, NJ, NM, OH, OK, OR, PA, RI, SD, TN, UT, VT, WI and WY, 31 days' prior notice in SC, 45 days' prior notice in FL and 60 days' prior notice in CA, GA, MS, NV, TX, VA and WV. In LA rates are guaranteed for the initial 12-months of coverage, except if due to addition of a newly covered person, a change in age or geographic location, or a change in policy coverage. Thereafter, rates are subject to change upon 45 days' prior notice. In NC, dental rates are guaranteed for a 12-month period. Some covered services are determined by age: topical application of fluoride or sealant and space maintainers.

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

Dental preferred provider insurance policies (AL, CO, CT, DE, HI, IA, IL, MI, ND, PA, WV and WY: HC-NOT11 et al., AK: HC-NOT53, et al., AR: HC-NOT36 et al., AZ: INDDENTPOLAZ032017, CA: INDDENTPOLCA0713 et al., DC: HC-NOT42, et al., FL: HC-NOT15 et al., GA: INDDENPOLGA0317, ID: HC-NOT51 et al., IN: HC-NOT23, et al., KS: HC-NOT49 et al., KY: HC-NOT44, et al., LA: INDDENTPOLLA0713, HC-NOT32 et al., MA: HC-NOT11 et al., ME: HC-NOT58, et al., MO: INDDENTPOLMO0713, MN: INDDENTPOLMN0713, MS: HC-NOT48 et al., MT: INDDENTPOLMT0713, NC: HC-NOT18, et al., NE HC-NOT47 et al., NH INDDENPOLNH0713, NJ: HC-NOT46, et al., NM: INDDENPOLNM0317, NV: HC-NOT39 et al., OH: INDDENTPOLOH0317, OK: HC-NOT26 et al., OR: INDDENTPOLOR0713, RI HC-NOT35 et al., SC: HC-NOT19 et al., SD HC-NOT59 et al., TN: HC-NOT20 et al., TX: HC-NOT21 et al., UT: HC-NOT50 et al., VA: INDDENTPOLVA0317, VT HC-NOT56 et al., WA: INDDENTPOLWA0317, WI HC-NOT54 et al.) 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 (in VA, any act, practice or omission that constitutes 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. In VA, you may cancel the policy on the date of our receipt of your written cancellation notice, unless otherwise stated. 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.

