CIGNA Dental Benefit Summary for Employees of Maricopa County

CIGNA Dental

Receiving regular dental care may not only catch minor problems before they become major and expensive to treat - it may even help improve your overall health. Gum disease is increasingly being linked to complications for pre-term birth, heart disease, stroke, diabetes, osteoporosis, and other health issues. That's why this dental plan includes ***CIGNA Dental WellnessPlus***[SM] *features. When you or your family members receive any preventive (Class I) care, the benefit level will* increase *in the following plan year for services in Class II and/or Class III. Each year you or your family members remain enrolled in this plan and continue to receive annual preventive care, the benefit level will* ***increase*** *in the following plan year, until it reaches the level outlined below. For each plan year that you* ***do not*** *receive preventive care, your benefit level for Class II and/or III services may* ***decrease*** *in the following plan year. However, it will not fall below the initial plan year level. Please refer to your plan materials for additional information on this plan feature.*

Benefits	***CIGNA Dental PPO***			
	In-Network		***Out-of-Network***	
Calendar Year Maximum (Class I, II and III expenses)	$2,000		$2,000	
Annual Deductible Individual Family	$50 per person $100 per family		$50 per person $100 per family	
Reimbursement Levels**	Based on Reduced Contracted Fees		90th percentile of Reasonable and Customary Allowances	
	Plan Pays	**You Pay**	**Plan Pays**	**You Pay**
Class I - Preventive & Diagnostic Care Oral Exams (Two per year) Routine Cleanings (Two per year) Full Mouth X-rays (One complete set every three years) Bitewing X-rays (Two per year) Panoramic X-ray (One every three years) Fluoride Application (One per year for persons under 19) Sealants (Limited to posterior tooth/One treatment per tooth every three years) Space Maintainers (Limited to non-orthodontic treatment) Emergency Care to Relieve Pain Histopathologic Exams	100%	No Charge	80%	20%
Class II - Basic Restorative Care Fillings-Amalgam Posterior Teeth Fillings-Resin Anterior Teeth Root Canal Therapy Osseous Surgery Periodontal Scaling and Root Planing Denture Adjustments and Repairs Oral Surgery – Simple Extractions Oral Surgery – all except simple extractions Anesthetics Surgical Extractions of Impacted Teeth Repairs to Bridges, Crowns and Inlays	Year 1: 80%* Year 2, if preventive care received in previous plan year: 85%* Year 2, if preventive care NOT received in previous plan year: 80* Year 3, if preventive care received in previous two plan years: 90%* Year 3, if preventive care NOT received in previous two plan years: 80%*	Year 1: 20%* Year 2, if preventive care received in previous plan year: 15%* Year 2, if preventive care NOT received in previous plan year: 20%* Year 3, if preventive care received in previous two plan years: 10%* Year 3, if preventive care NOT received in previous two plan years: 20%*	Year 1: 60%* Year 2, if preventive care received in previous plan year: 65%* Year 2, if preventive care NOT received in previous plan year: 60%* Year 3, if preventive care received in previous two plan years: 70%* Year 3, if preventive care NOT received in previous two plan years: 60%*	Year 1: 40%* Year 2, if preventive care received in previous plan year: 35%* Year 2, if preventive care NOT received in previous plan year: 40%* Year 3, if preventive care received in previous two plan years: 30%* Year 3, if preventive care NOT received in previous two plan years: 40%*

CIGNA Dental PPO

	In-Network		*Out-of-Network*	
Benefits	***Plan Pays***	***You Pay***	***Plan Pays***	***You Pay***
Class III - Major Restorative Care Fillings-Resin Posterior Teeth Crowns Dentures Bridges	Year 1: 50%* Year 2, if preventive care received in previous plan year: 55%* Year 2, if preventive care NOT received in previous plan year: 50%* Year 3, if preventive care received in previous two plan years: 60%* Year 3, if preventive care NOT received in previous two plan years: 50%*	Year 1: 50%* Year 2, if preventive care received in previous plan year: 45%* Year 2, if preventive care NOT received in previous plan year: 50%* Year 3, if preventive care received in previous two plan years: 40%* Year 3, if preventive care NOT received in previous two plan years: 50%*	Year 1: 50%* Year 2, if preventive care received in previous plan year: 55%* Year 2, if preventive care NOT received in previous plan year: 50%* Year 3, if preventive care received in previous two plan years: 60%* Year 3, if preventive care NOT received in previous two plan years: 50%*	Year 1: 50%* Year 2, if preventive care received in previous plan year: 45%* Year 2, if preventive care NOT received in previous plan year: 50%* Year 3, if preventive care received in previous two plan years: 40%* Year 3, if preventive care NOT received in previous two plan years: 50%*
Class IV - Orthodontia Lifetime Maximum	50%* $3,000 Covered for Children & Adults	50%*	50%* $3,000 Covered for Children & Adults	50%*

Important Notes

Missing Tooth Limitation – The amount payable is 50% of the amount otherwise payable until insured for 24 months; thereafter, considered a Class III expense.
Pretreatment review is available on a voluntary basis when extensive dental work in excess of $200 is proposed.
* Subject to annual deductible
**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 Reasonable and Customary Allowances but the dentist may balance bill up to their usual fees.

+If you **receive preventive care every year**, your benefit level will increase the following year until it reaches the level specified in your plan documents.

+If you **receive preventive care** in year 1, your benefit level will increase in year 2. If you **do not receive preventive care** in year 2, your benefit level in year 3 will return to year 1 benefit level.

+If you **never receive preventive care**, your benefit level will remain the same and never decrease below your original benefit level.

CIGNA Dental/CIGNA Dental PPO Exclusions and Limitations

Exclusions

Covered expenses will not include, and no payment will be made for, expenses incurred for:

- Services performed solely for cosmetic reasons;
- Replacement of a lost or stolen appliance;
- Replacement of a bridge, crown or denture within five years after the date it was originally installed 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;
- Any replacement of a bridge, crown or denture which is or can be made useable according to common dental standards;
- Procedures, appliances or restorations (except full dentures) whose main purpose is to (a) change vertical dimension; (b) diagnose or treat conditions or dysfunction of the temporomandibular joint; (c) stabilize periodontally involved teeth; or (d) restore occlusion;
- Porcelain or acrylic veneers of crowns or pontics on or replacing the upper and lower first, second or third molars;
- Bite registrations; precision or semi-precision attachments; or splinting;
- A 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;
- Services for which benefits are not payable according to the "General Limitations" section.

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.

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 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;
- 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, applicable Reasonable or Customary Charges or applicable Scheduled Amount;
- 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.

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.

CIGNA Dental refers to the following operating subsidiaries of CIGNA Corporation: Connecticut General Life Insurance Company, and CIGNA Dental Health, Inc., and its operating subsidiaries and affiliates. The CIGNA Dental Care plan is provided by CIGNA Dental Health Plan of Arizona, Inc., CIGNA Dental Health of California, Inc., CIGNA Dental Health of Colorado, Inc., CIGNA Dental Health of Delaware, Inc., CIGNA Dental Health of Florida, Inc., a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes, CIGNA Dental Health of Kansas, Inc. (Kansas and Nebraska), CIGNA Dental Health of Kentucky, Inc., CIGNA Dental Health of Maryland, Inc., CIGNA Dental Health of Missouri, Inc., CIGNA Dental Health of New Jersey, Inc., CIGNA Dental Health of North Carolina, Inc., CIGNA Dental Health of Ohio, Inc., CIGNA Dental Health of Pennsylvania, Inc., CIGNA Dental Health of Texas, Inc., and CIGNA Dental Health of Virginia, Inc. In other states, the CIGNA Dental Care plan is underwritten by Connecticut General Life Insurance Company or CIGNA HealthCare of Connecticut, Inc. and administered by CIGNA Dental Health, Inc. The CIGNA Dental PPO is underwritten or administered by Connecticut General Life Insurance Company with network management services provided by CIGNA Dental Health, Inc. The CIGNA Dental EPO is underwritten or administered by Connecticut General Life Insurance Company with network management services provided by CIGNA Dental Health, Inc."DHMO" is used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care plans, and plans with open access features. The CIGNA Dental PPO is underwritten or administered by Connecticut General Life Insurance Company with network management services provided by CIGNA Dental Health, Inc., and certain of its operating subsidiaries. For Arizona/Louisiana residents the dental PPO product is known as the CG Dental PPO. For Texas residents the dental PPO product is known as CIGNA Dental Choice Plan.

This Fee Overview highlights some of the benefits available under your plan. A complete description regarding the terms of coverage, exclusions and limitations, including benefits will be provided in your insurance certificate or plan description. In case of discrepancy between this Fee Overview and your plan documents, the plan documents will prevail.

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