

Cigna Dental Benefit Summary for Employees of Maricopa County Plan Year 2016-2017



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 WellnessPlusSM** 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, the benefit level for Class II and/or III services may **decrease** in the following 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.

Network	Total Cigna DPPO		Out- of- Network
	Cigna DPPO Advantage	Cigna DPPO	
Calendar Year Maximum (Class I, II and III expenses)	\$2,000	\$2,000	\$2,000
Annual Deductible Individual Family	\$50 per person \$100 per family	\$50 per person \$100 per family	\$50 per person \$100 per family
Reimbursement Levels**	Based on Reduced Contracted Fees	Based on Reduced Contracted Fees	90th percentile of Reasonable & Customary
Balance Billing by Dentist in excess of Coinsurance***	No	No	Yes

Choosing an in-network provider

This plan includes all providers in the Total Cigna DPPO network. When searching for a provider, all in-network dentists are labeled as "Participates in Total Cigna DPPO." These dentists have all agreed to offer services at lower negotiated rates. Within this network, there are two discount levels:

– **Cigna DPPO Advantage** – Seeing a DPPO Advantage dentist provides a better benefit level with greater savings. Choose a Cigna DPPO Advantage dentist for the greatest savings!

– **Cigna DPPO** – Seeing a DPPO dentist provides a lesser benefit level while still offering savings. You'll pay more coinsurance to see a Cigna DPPO dentist than a Cigna DPPO Advantage dentist, but they won't balance bill you for the difference between their usual fees and the negotiated rate.

Benefits	Plan Pays	You Pay	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 3 years) Bitewing X-rays (Two per year) Panoramic X-ray (One every 3 years) Fluoride Application (One per year for persons under 19) Sealants (Limited to posterior tooth/one treatment per tooth every 3 years) Space Maintainers (Limited to non-orthodontic treatment) Emergency Care to Relieve Pain Histopathologic Exams	100%	No Charge	80%	20%	80%	20%

	Total Cigna DPPO					
Network	Cigna DPPO Advantage		Cigna DPPO		Out- of- Network	
Class II - Basic Restorative Care Fillings – Amalgam Posterior Teeth Fillings – Resin Anterior Teeth Root Canal Therapy/Endodontics 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	Year1: 80%*	Year1: 20%*	Year1: 60%*	Year1: 40%*	Year1: 60%*	Year1: 40%*
	Year 2 , if preventive care received in previous plan year: 85%* Year 2 , if preventive care NOT received in previous plan year: 80%*	Year 2 , if preventive care received in previous plan year: 15%* Year 2 , if preventive care NOT received in previous plan year: 20%*	Year 2 , if preventive care received in previous plan year: 65%* Year 2 , if preventive care NOT received in previous plan year: 60%*	Year 2 , if preventive care received in previous plan year: 35%* Year 2 , if preventive care NOT received in previous plan year: 40%*	Year 2 , if preventive care received in previous plan year: 65%* Year 2 , if preventive care NOT received in previous plan year: 60%*	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 plan year: 90%* Year 3 , if preventive care NOT received in previous plan year: 80%*	Year 3 , if preventive care received in previous plan year: 10%* Year 3 , if preventive care NOT received in previous plan year: 20%*	Year 3 , if preventive care received in previous plan year: 70%* Year 3 , if preventive care NOT received in previous plan year: 60%*	Year 3 , if preventive care received in previous plan year: 30%* Year 3 , if preventive care NOT received in previous plan year: 40%*	Year 3 , if preventive care received in previous plan year: 70%* Year 3 , if preventive care NOT received in previous plan year: 60%*	Year 3 , if preventive care received in previous plan year: 30%* Year 3 , if preventive care NOT received in previous plan year: 40%*
Class III - Major Restorative Care Crowns Dentures Bridges Inlays/Onlays Prosthesis Over Implant Fillings-Resin Posterior Teeth	Year1: 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 2 , if preventive care received in previous plan year: 45%* Year 2 , if preventive care NOT received in previous plan year: 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 2 , if preventive care received in previous plan year: 45%* Year 2 , if preventive care NOT received in previous plan year: 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 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 plan year: 60%* Year 3 , if preventive care NOT received in previous plan year: 50%*	Year 3 , if preventive care received in previous plan year: 40%* Year 3 , if preventive care NOT received in previous plan year: 50%*	Year 3 , if preventive care received in previous plan year: 60%* Year 3 , if preventive care NOT received in previous plan year: 50%*	Year 3 , if preventive care received in previous plan year: 40%* Year 3 , if preventive care NOT received in previous plan year: 50%*	Year 3 , if preventive care received in previous plan year: 60%* Year 3 , if preventive care NOT received in previous plan year: 50%*	Year 3 , if preventive care received in previous plan year: 40%* Year 3 , if preventive care NOT received in previous plan year: 50%*
Class IV – Orthodontia	50%	50%	50%	50%	50%	50%
Lifetime Maximum	\$3,000 Covered for children and adults		\$3,000 Covered for children and adults		\$3,000 Covered for children and adults	

Important Notes

Missing Tooth Limitation – Coverage is limited to half of the payable Class III benefit, until you have been insured for 24 months. 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 PPO Advantage or Cigna DPPO 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.

***Balance billing applies only to services from an out-of-network dentist. These providers may bill you for the difference between their usual fees and the amount Cigna reimburses according to Reasonable and Customary Allowances. If an out-of-network dentist balance bills you for services, you will owe the balanced billed amount, plus the amount indicated above under the “You Pay” column for the applicable service. Neither Cigna nor Maricopa County are responsible for or will negotiate with out-of-network providers on balanced billed charges.

Cigna Dental WellnessPlusSM

- + If you receive preventive care every year, your benefit level will increase the following year until it reaches the level specified in your plan document.
- + If you receive prevented 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 PPO Exclusions and Limitations

Benefit Exclusions:

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

- Services performed primarily for cosmetic reasons;
- Replacement of a lost or stolen appliance;
- Replacement of a bridge, crown, or denture within five years following the date of its original installation;
- Replacement of a bridge, crown, or denture which can be made useable according to accepted dental standards;
- Procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of TMJ, stabilize periodontally involved teeth, or restore occlusion;
- Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars;
- Bite registrations; precision or semi-precision attachments; 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

General Limitations:

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

- Charges which the person is not legally required to pay;
- Charges made by a hospital which performs services for the U.S. Government if the charges are directly related to a condition connected to a military service;
- Experimental or investigational procedures and treatments;
- Any injury resulting from, or in the course of, any employment for wage or profit;
- Any sickness covered under any workers' compensation or similar law;
- Charges in excess of the reasonable and customary allowances;
- To the extent that payment is unlawful where the person resides when the expenses are incurred;
- For charges which would not have been made if the person had no insurance;
- 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;
- 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 HealthCare will take into account any adjustment option chosen under such part by you or any one of your Dependents.
- 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.

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. "Cigna HealthCare" refers to various operating subsidiaries of Cigna Corporation. Products and services are provided by these subsidiaries and not by Cigna Corporation. These subsidiaries include Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company, and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.

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