

# SUMMARY OF BENEFITS

## Your 2015 plan information

DENTAL BENEFIT	myCigna Dental Preventive		myCigna Dental 1000		myCigna Dental 1500	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>Individual Annual Deductible</b>	Not Applicable		\$50 per person		\$50 per person	
<b>Family Annual Deductible</b>	Not Applicable		\$150 per family		\$150 per family	
<b>Annual Benefit Maximum</b>	Not Applicable		\$1,000 per person		\$1,500 per person	
<b>Separate Lifetime Individual Orthodontia Deductible</b>	Not Applicable		Not Applicable		\$50 per person	
<b>CLASS I: PREVENTIVE/DIAGNOSTIC SERVICES</b>						
<b>Preventive/Diagnostic Services Waiting Period</b>	Not Applicable		Not Applicable		Not Applicable	
<b>Preventive/Diagnostic Services</b> Oral Exams, Routine Cleanings, Routine X-Rays, Sealants, Fluoride Treatment, Non-routine X-Rays, Periodontal Maintenance, Emergency Treatment, Space Maintainers (non-orthodontic)	You pay 0%		You pay 0%		You pay 0%	
<b>CLASS II: BASIC RESTORATIVE SERVICES</b>						
<b>Basic Restorative Services Waiting Period</b>	Not Applicable		6 month waiting period*		6 month waiting period*	
<b>Basic Restorative Services</b> Fillings, Periodontal (Deep Cleaning), Routine Tooth Extraction, Root Canal Therapy, Wisdom Tooth Extraction	You pay 100%	You pay 100%	You pay 20% (after deductible)		You pay 20% (after deductible)	
<b>CLASS III: MAJOR RESTORATIVE SERVICES</b>						
<b>Major Restorative Services Waiting Period</b>	Not Applicable		12 month waiting period*		12 month waiting period*	
<b>Major Restorative Services</b> Crowns, Bridges, Dentures and Partial	You pay 100%	You pay 100%	You pay 50% (after deductible)		You pay 50% (after deductible)	
<b>CLASS IV: ORTHODONTIA</b>						
<b>Orthodontia Waiting Period</b>	Not Applicable		Not Applicable		12 month waiting period	
<b>Orthodontia</b>	You pay 100%	You pay 100%	You pay 100%	You pay 100%	You pay 50% (after separate lifetime orthodontia deductible)	
<b>Orthodontia Individual Lifetime Maximum</b>	Not Applicable		Not Applicable		\$1,000 per person	

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. This is known as balance billing.

\* You may be eligible to waive the waiting period if you have 12 months of continuous prior coverage **from a valid dental insurance plan**, not applicable to orthodontia.

# Individual & Family Plans

Insured by Cigna Health and Life Insurance Company

## myCigna Dental Plans



PROCEDURE	FREQUENCY/LIMITATION
<b>CLASS I: PREVENTIVE/DIAGNOSTIC SERVICES</b>	
Oral Exams	1 per calendar year
Routine Cleanings	1 routine prophylaxis or periodontal maintenance procedure per calendar year (routine prophylaxis and periodontal maintenance are Class I procedures)
Routine X-Rays	Bitewings: 2 sets per calendar year
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 calendar year for participants less than age 14
Non-routine X-Rays	Full mouth or Panorex: 1 in any 5 year period
Periodontal Maintenance	1 periodontal maintenance or routine prophylaxis procedure per calendar year (periodontal maintenance and routine prophylaxis are Class I procedures)
Emergency Treatment	Paid as a separate benefit only if no other service, except X-rays, is rendered during the visit
Space Maintainers (non-orthodontic)	Limited to non-orthodontic treatment for prematurely removed or missing teeth for participants less than age 14
<b>CLASS II: BASIC RESTORATIVE SERVICES</b>	
Fillings	No limitation
Periodontal (Deep Cleaning)	1 per person per lifetime
Routine Tooth Extraction	Includes an allowance for local anesthesia and routine postoperative care
Root Canal Therapy	1 per tooth per lifetime
Wisdom Tooth Extraction	Includes an allowance for local anesthesia and routine postoperative care
<b>CLASS III: MAJOR RESTORATIVE SERVICES</b>	
Crowns	1 per tooth in any 5 year period. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Replacement must be indicated by major decay. For participants less than age 16, benefits limited to resin or stainless steel
Bridges	1 in any 5 year period. Benefits will be considered for the initial replacement of a Necessary Functioning Natural Tooth extracted while the person was covered under this plan
Dentures and Partial	1 per arch in any 5 year period
<b>CLASS IV: ORTHODONTIA</b>	
Orthodontia	The total amount payable for all expenses incurred for orthodontics during a person's lifetime will not be more than the orthodontia lifetime maximum

This summary contains highlights only.

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### 2015 PLAN EXCLUSIONS AND LIMITATIONS

#### Excluded Services

Covered expenses do not include expenses incurred for:

- Services performed solely for cosmetic reasons.
- Replacement of a lost or stolen appliance;
- Replacement of a bridge, crown or denture within 5 years after the date it was originally installed unless: (a) the 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 and third molars;
- Bite registrations; precision or semiprecision attachments; or splinting;
- 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;
- Orthodontic treatment. Exclusion does not apply if the plan otherwise covers services for orthodontic treatment;
- For healthcare services determined to be furnished as a result of a referral prohibited by Maryland statutes;

- 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 this 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, subject to the Dental Benefits Extension provision.
- 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. This exclusion will not apply to the treatment of any illness covered under this policy if it is received in a hospital or other institution of the State or of a county or municipal corporation of the State, whether or not the hospital or other institution is deemed charitable.
- 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 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;
- 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 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.

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### 2015 PLAN 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.

Rates are subject to change upon 40 days prior notice. Dental plans apply waiting periods to covered basic (6 months), major (12 months) and orthodontic (12 months) dental care services. Some covered services are determined by age: topical application of fluoride or sealant, space maintainers, and materials for crowns and bridges. If the plan covers replacement of teeth, there is no payment for replacement of teeth that are missing prior to coverage. This limitation no longer applies after 12 months of continuous coverage.

This dental insurance policy has exclusions, limitations, reduction of benefits and terms under which the policy may be continued in force or discontinued. This policy may be cancelled by Cigna due to failure to pay premium, 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. 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 1.866.GET.Cigna (1.866.438.2446).

The dental plans do not include pediatric dental services as required under the federal Patient Protection and Affordable Care Act (PPACA). This coverage is available in the insurance market. Please contact your insurance carrier, agent/producer, or the Health Insurance Marketplace if you wish to purchase PPACA compliant pediatric dental coverage.



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