The Episcopal Church Medical Trust: Preventive Dental Plan

Coverage Period: 01/01/2017 – 12/31/2017
Plan Type: Dental PPO

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.cpg.org or by calling 1-800-480-9967.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	$0	See the chart starting on page 2 for your costs for services this plan covers.
Are there other deductibles for specific services?	No	You don't have to meet **deductibles** for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out–of–pocket limit on my expenses?	No	There's no limit on how much you could pay during a coverage period for your share of the cost of covered services.
What is not included in the out–of–pocket limit?	This plan has no out-of-pocket limit.	Not applicable because **there's no out-of-pocket limit** on your expenses.
Is there an overall annual limit on what the plan pays?	Yes, $1,500	This plan will pay for covered services only up to this limit during each coverage period, even if your own need is greater. You're responsible for all expenses above this limit. The chart starting on page 2 describes *specific* coverage limits, such as limits on the number of office visits.
Does this plan use a network of providers?	Yes. For a list of network providers, see www.cigna.com or call 1-800-244-6224.	If you use a DPPO Advantage dentist or other healthcare **provider**, this plan will pay some or all of the costs of covered services. Be aware, your network dentist or facility may use an out-of-network **provider** for some services. See the chart starting on page 2 for how this plan pays for different services.

Questions: Call 1-800-244-6224 or visit us at **www.cigna.com.** If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.cpg.org or call 1-800-480-9967 to request a copy.

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Common Medical Event	Services You May Need	Your cost if you use an DPPO Advantage Provider	Your cost if you use an DPPO & Out-of-network Provider	Limitations & Exceptions
Preventive and Diagnostic Services	Oral exam and cleaning	No charge	No charge	Limited to 3 exams per year. Not subject to the annual benefit maximum.
	X-rays	No charge	No charge	Not subject to the annual benefit maximum.
	Emergency care to relieve pain	No charge	No charge	Not subject to the annual benefit maximum.
	Sealants (only to age 14)	No charge	No charge	Not subject to the annual benefit maximum.
Basic Restorative Services	Includes fillings, root canal therapy, denture adjustments and repairs	20% coinsurance	20% coinsurance	Subject to the annual benefit maximum.
Major Restorative Services	Includes crowns, dentures, oral surgery, osseous surgery, and bridges	99% coinsurance	99% coinsurance	Subject to the annual benefit maximum.
Orthodontia	Orthodontia	99% coinsurance	99% coinsurance	Subject to the annual benefit maximum.

Please see your dental plan handbook for additional plan provisions, limitations and exclusions that may affect your benefits.

When services are delivered by an out-of-network provider, you are responsible for paying your coinsurance, as specified in the chart above, plus the balance of the provider's actual charge.

A predetermination of benefits is available on a voluntary basis when extensive dental work in excess of $200 is proposed.

Benefits paid for both network and out-of-network provider services apply to your annual benefit maximum.

This benefit summary is provided for informational purposes, is not all-inclusive, and does not constitute an agreement. Additional limitations and explanations, including specific benefit maximums will be provided to eligible, enrolled members in the Plan Document Handbook. In the event of a conflict between this document and the official plan documents, the official plan documents will govern. The Episcopal Church Medical Trust retains the right to amend, terminate, or modify the terms of the plan at any time, for any reason, and unless required by law, without notice.

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