Cigna Dental Benefit Summary Episcopal Church Medical Trust 01/01/2019 (DDPV: Preventive Dental) Administered by: Cigna Health and Life Insurance Company



This material is for informational purposes only and is designed to highlight some of the benefits available under this plan. Consult the plan documents to determine specific terms of coverage relating to your plan. Terms include covered procedures, applicable waiting periods, exclusions and limitations.

to determine specific terms of coverage relating	•	Dental PPO	medote waiting periods, ex	crusions and innations.
Network Options	In-Network: Total Cigna DPPO Network		Non-Network: See Non-Network Reimbursement	
Reimbursement Levels	Based on Contracted Fees		Maximum Reimbursable Charge	
Calendar Year Benefits Maximum Applies to: Class II, III, and IV expenses	\$1,500		\$1,500	
Calendar Year Deductible Individual Family	\$0 \$0		\$0 \$0	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
Class I: Diagnostic & Preventive Oral Evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Fluoride Application Sealants: per tooth Space Maintainers: non-orthodontic Emergency Care to Relieve Pain	100% No Deductible	No Charge	100% No Deductible	No Charge
Class II: Basic Restorative Restorative: fillings Endodontics: minor and major Periodontics: minor and major Oral Surgery: minor Anesthesia: general and IV sedation Repairs: Bridges, Crowns and Inlays Repairs: Dentures Denture Relines, Rebases and Adjustments	80% No Deductible	20% No Deductible	80% No Deductible	80% No Deductible
Class III: Major Restorative Inlays and Onlays Prosthesis Over Implant Crowns: prefabricated stainless steel / resin Crowns: permanent cast and porcelain Bridges and Dentures Oral Surgery: major	1% No Deductible	99% No Deductible	1% No Deductible	99% No Deductible

Benefit Plan Provisions:	Class IV: Orthodontia	1%	99%	1%	99%			
Renefit Plan Provisions:	Covered to for Employee and All Dependents	No Deductible	No Deductible	No Deductible	No Deductible			
For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedulio or Discount Schedule.	Coverage for Employee and All Dependents							
For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedulio or Discount Schedule.								
For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedula or Discount Schedula.								
For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedula or Discount Schedula.								
For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedula or Discount Schedula.								
For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedula or Discount Schedula.								
For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedula or Discount Schedula.								
For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedula or Discount Schedula.	Benefit Plan Provisions:							
according to a Fee Schedule or Discount Schedule.		For services provided by a Cigna Dantal DDO network dentist. Cigna Dantal will reimburge the dentist						
For services provided by a non-network denist, Cigna Dental will reimburse according to the Maximum Rembursable Charge. The MRC is calculated at the 80th percentile of all provider charges in the geographic area. The denist may balance bill up to their usual fees. All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Calendar Year Benefits Maximum The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefits specific Maximums may also apply. Calendar Year Deductible This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefits specific deductibles are validated on a voluntary basis when dental work in excess of \$200 is proposed. Alternate Benefit Provision When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses. Cigna Dental Oral Health Integration Program (OHIP) Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with the work on qualify get reimbursed 100% of coinsurance for certain related procuders. Elliphic customers can also receive guidance on behavioral issues related to oral health and discounts on prescription and non-prescription dental products. Reimbursements under program are not subject to the annual deductible, but will be applied to and are subject to the annual deductible, but will be applied to and are subject to the program and one of the program of the formation including how to enroll in this program and a complete its of program are most ablight medical conditions, glo to www.mycigna.com or call customer service 247 at 1.800 CIGNA24. Timely Filing Out of network claims submitted to Cigna after 365 days from date of service will be denied. Benefit Ibmitations: Oral Evaluations 3 per calendar year,	In Network Remoursement							
Maximum Reimbursable Charge. The MRC is calculated at the 80th percentile of all provider charges in the geographic area. The dentist may balance bill up to their usual fees. Cross Accumulation All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency, limitations are based on the date of service and cross accumulate between in and out of network. The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply. Calendar Year Deductible This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply. Pretreatment Review Priceatment review is available on a voluntary basis when dental work in excess of \$200 is proposed. When more than one covered Dental Service could provide suitable treatment based on common dental standards. Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses. Oral Health Integration Program (OHIP) Oral Health Integration Program (OHIP) Company of the program dental products are defined to evaluate the program, those who qualify get reimbursed 100% of coinsurance for certain related dental procuctures. Eligible customers can also neceive guidance on behavioral issues related to oral health and discounts on prescription and non-prescription dental products. Reimbursements under this program and non-prescription dental products. Reimbursements under this program and complete its of program tension on certain prescription and non-prescription dental products. Reimbursements under this program and on the program of the control of the program of the control of the program of the control of the program of the pro	Non-Network Reimbursement	For services provided by a non-network dentist Cigna Dental will reimburse according to the						
All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network. Benefit specific Maximum are based on the date of service and cross accumulate between in and out of network. Calendar Year Benefits Maximum The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit specific Maximums may also apply. Pretreatment Review Pretreatment Review Pretreatment Review Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed. Alternate Benefit Provision When more than one covered Dental Service could provide suitable treatment based on common dental standards, Gigan HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses. Cigan Dental Oral Health Integration Program (OHIP) Cigan Dental Oral Health Integration Program offers enhanced dental coverage for customers with the following medical conditions: diabetes, heart disease, stroke, materity, head and neck cancer radiation, organ transplants and chronic kidney disease. There's no additional charge for the program, those who quality get reimbursed 100% of coinsurance for certain related dental products. Reimbursements under this program or or software information including how to enroll in this program and a complete larded dental products. Reimbursements under this program and a complete larded dental products are available through Cigan Home Delivery Planracy only, and you are required to pay the entire discounted charge. For more information including how to enroll in this program and a complete larded dental products are available through Cigan Home Delivery Planracy only, and you are required to pay the entire discounted charge. For more information including how to enotal in this program and a complete large discounted charge. For								
of network. Beneitit frequency limitations are based on the date of service and cross accumulate between in and out of network. Calendar Year Benefits Maximum The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply. Pretreatment Review Pretreatment Review Pretreatment Review is available on a voluntary basis when dental work in excess of \$200 is proposed. Alternate Benefit Provision When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expense. Oral Health Integration Program (OHIP) Cigna Dental Oral Health Integration Program in fires enhanced dental coverage for customers with the based and the expenses that will be included as Covered Expense. Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with the following medical conditions: diabetes, heart disease, stroke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease. There's no additional charge for the program, those who qualify get reinhursed 100% of coinsuarance for certain related dental procedures. Fligible customers can also reserve guidance on behavioral sissue related to a Health and discounts on prescription and non-prescription dental products are available through Cigna Home Delivery Pharmacy only, and you are required to pay the entire learn and eligible medical conditions; age to available through Cigna Home Delivery Pharmacy only, and you are required to pay the entire learn prescription and non-prescription dental products are available through Cigna Home Delivery Pharmacy only, and you are required to gast explect to the plan annual maximum. Discounts on certain prescription in the program and a complete lette of program error information including how to enroll in this program and a compl								
of network. Beneitit frequency limitations are based on the date of service and cross accumulate between in and out of network. Calendar Year Benefits Maximum The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply. Pretreatment Review Pretreatment Review Pretreatment Review is available on a voluntary basis when dental work in excess of \$200 is proposed. Alternate Benefit Provision When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expense. Oral Health Integration Program (OHIP) Cigna Dental Oral Health Integration Program in fires enhanced dental coverage for customers with the based and the expenses that will be included as Covered Expense. Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with the following medical conditions: diabetes, heart disease, stroke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease. There's no additional charge for the program, those who qualify get reinhursed 100% of coinsuarance for certain related dental procedures. Fligible customers can also reserve guidance on behavioral sissue related to a Health and discounts on prescription and non-prescription dental products are available through Cigna Home Delivery Pharmacy only, and you are required to pay the entire learn and eligible medical conditions; age to available through Cigna Home Delivery Pharmacy only, and you are required to pay the entire learn prescription and non-prescription dental products are available through Cigna Home Delivery Pharmacy only, and you are required to gast explect to the plan annual maximum. Discounts on certain prescription in the program and a complete lette of program error information including how to enroll in this program and a compl	Cross Accumulation	All deductibles, plan maximums, and service specific maximums cross accumulate between in and out						
The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable Benefits Maximums may also apply. This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply. Pretreatment Review Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.		of network. Benefit frequency limitations are based on the date of service and cross accumulate						
Benefit-specific Maximums may also apply. Calendar Year Deductible	C. L. J. V. V. B. C. M. V.							
This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply. Pretreatment Review Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.	Calendar Year Benefus Maximum							
Pretreatment Review Alternate Benefit Provision When more than one covered Dental Service could provide suitable treatment based on common dental standards. Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses. Oral Health Integration Program (OHIP) Cigna Dental Oral Health Integration Program (OHIP) Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with the following medical conditions: diabetes, heart disease, strong materinity, head and neck cancer radiation, organ transplants and chronic kidney disease. There's no additional charge for the program, those who qualify get reimbursed 100% of coinsurance for certain related dental procedures. Eligible customers can also receive guidance on behavioral issues related to oral health and discounts on prescription and non-prescription dental products. Reimbursements under this program are not subject to the annual deductible, but will be applied to and are subject to the plan annual maximum. Discounts on certain prescription and non-prescription dental products are available through Cigna Home medical conditions, go to www.mycigna.com or call customer service 247 at 1.800.CIGNA24. Timely Filing Out of network claims submitted to Cigna after 365 days from date of service will be denied. Benefit Limitations: Oral Evaluations 3 per calendar year X-rays (routine) Bitewings: 2 per calendar year Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months Diagnostic Casts Payable only in conjunction with orthodontic workup Cleanings 3 per calendar year, including periodontal maintenance procedures following active therapy Fluoride Application 2 per calendar year for children under age 19 Limited to non-orthodonic treatment for children under age 19 Elimited to non-orthodonic treatment for children under age 19 Elimited to non-orthodonic from months. No porcelain or	Calendar Year Deductible	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses. Cigna Dental Oral Health Integration Program (OHIP) Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with the following medical conditions: diabetes, heart disease, stroke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease. There's no additional charge for the program, those who qualify get reimbursed 100% of coinsurance for certain related dental procedures. Eligible customers can also receive guidance on behavioral issues related to oral health and discounts on prescription and non-prescription and non-prescription dental products are available through Cigna Home Delivery Pharmacy only, and you are required to pay the entire discounted charge. For more information including how to enroll in this program and a complet list of program terms and eligible medical conditions, go to www.mycigna.com or call customer service 24/7 at 1.800.CIGNA24. Timely Filing Out of network claims submitted to Cigna after 365 days from date of service will be denied. Benefit Limitations: Oral Evaluations 3 per calendar year X-rays (non-routine) Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months Diagnostic Casts Payable only in conjunction with orthodontic workup Cleanings 3 per calendar year, including periodontal maintenance procedures following active therapy Fluoride Application 2 per calendar year for children under age 19 Sealants (per tooth) Limited to posterior tooth. I treatment per tooth every 36 months for children under age 14 Limited to non-orthodontic treatment for children under age 19 Sealants (per tooth) Limited to non-orthodontic treatment for children under age 19 Sealants (per tooth) Limite								
dental standards, Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses. Cigna Dental Oral Health Integration Program (OHIP) Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with the following medical conditions: diabetes, heart disease, stroke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease. There's no additional charge for the program, those who qualify get reimbursed 100% of coinsurance for certain related dental procedures. Eligible customers can also receive guidance on behavioral issues related to oral health and discounts on prescription and non-prescription dental products. Reimbursements under this program are not subject to the annual deductible, but will be applied to and are subject to the plan annual maximum. Discounts on certain prescription and non-prescription dental products are available through Cigna Home Delivery Pharmacy only, and you are required to pay the entire discounted charge. For most on certain related to pay the entire discounted charge. For most information including how to enroll in this program and a roughet list of program terms and eligible medical conditions, go to www.mycigna.com or call customer service 24/7 at 1.800.CIGNA24. Timely Filing Out of network claims submitted to Cigna after 365 days from date of service will be denied. Benefit Limitations: Oral Evaluations 3 per calendar year X-rays (non-routine) Bitewings: 2 per calendar year X-rays (non-routine) Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months Diagnostic Casts Payable only in conjunction with orthodontic workup Cleanings 3 per calendar year, including periodontal maintenance procedures following active therapy Fluoride Application 2 per calendar year, including periodontal maintenance procedures following active therapy Elagonic Application 2 pe		Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.						
be based and the expenses that will be included as Covered Expenses. Cigna Dental Oral Health Integration Program (OHIP) Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with the following medical conditions: diabetes, heart disease, stroke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease. There's no additional charge for the program, those who qualify get reimbursed 100% of coinsurance for extein related dental procedures. Eligible customers can also receive guidance on behavioral issues related to oral health and discounts on prescription and non-prescription dental products. Reimbursements under this program are not subject to the annual addeutible, but will be applied to and are subject to the plan annual maximum. Discounts on certain prescription and non-prescription dental products are available through Cigna Home Delivery Pharmacy only, and you are required to pay the entire discounted charge. For more information including how to enroll in this program and a complete list of program terms and eligible medical conditions, go to www.mycigna.com or call customer service 247 at 1.800.CIGNA24. Timely Filing Out of network claims submitted to Cigna after 365 days from date of service will be denied. Benefit Limitations: Oral Evaluations 3 per calendar year Oral Evaluations 3 per calendar year Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months Tignal products are available to a combined total of 1 per 36 months Oral Evaluation 3 per calendar year, including periodontal maintenance procedures following active therapy Fluoride Application 2 per calendar year for children under age 19 Realacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Denture and Bridge Repairs Reviewed if more than once Den	Alternate Benefit Provision							
Cigna Dental Oral Health Integration Program (OHIP) Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with the following medical conditions: diabetes, heart disease, stroke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease, troke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease, troke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease, stroke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease, stroke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease, stroke, maternity, head and neck cancer radiation (organ transplants) and the products. Revision of the program that the procedures are validated to the plan annual maximum. Discounts on certain prescription and non-prescription dental products are available through Cigna Home Delivery Pharmacy only, and you are required to pay the entire discounted charge. For more information including how to enroll in this program and a complete list of program terms and eligible medical conditions, go to www.mycigna.com or call customer service 24/7 at 1.800.CIGNA24. Timely Filing Out of network claims submitted to Cigna after 365 days from date of service will be denied. Benefit Limitations: Oral Evaluations 3 per calendar year X-rays (non-routine) Bitewings: 2 per calendar year Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months Diagnostic Casts Payable only in conjunction with orthodontic workup Cleanings 3 per calendar year, including periodontal maintenance procedures following active therapy Elioride Application 2 per calendar year, including periodontal maintenance procedures following active therapy Elioride Application 2 per calendar year for children under age 19 Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on								
following medical conditions: diabetes, heart disease, stroke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease. There's no additional charge for the program, those who qualify get reimbursed 100% of coinsurance for certain related dental procedures. Eligible customers can also receive guidance on behavioral issues related to oral health and discounts on prescription and non-prescription dental products. Reimbursements under this program are not subject to the annual deductible, but will be applied to and are subject to the plan annual maximum. Discounts on certain prescription and non-prescription dental products are available through Cigna Home Delivery Pharmacy only, and you are required to pay the entire discounted charge. For more information including how to enroll in this program and a complete list of program terms and eligible medical conditions, go to www.mycignac.com or call customer service 24/7 at 1.800.CIGNA24. Timely Filing Out of network claims submitted to Cigna after 365 days from date of service will be denied. Benefit Limitations: Oral Evaluations 3 per calendar year X-rays (non-routine) Bitewings: 2 per calendar year Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months Diagnostic Casts Payable only in conjunction with orthodontic workup Cleanings 3 per calendar year, including periodontal maintenance procedures following active therapy Fluoride Application 2 per calendar year for children under age 19 Sealants (per tooth) Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14 Space Maintainers Limited to non-orthodontic treatment for children under age 19 Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Benefit Exclusions: Covered Expenses will not include, and no payment	Oral Health Integration Program							
radiation, organ transplants and chronic kidney disease. There's no additional charge for the program, those who qualify get reimbursed 100% of coinsurance for certain related dental procedures. Eligible customers can also receive guidance on behavioral issues related to oral health and discounts on prescription and non-prescription dental products. Reimbursements under this program are not subject to the annual adductible, but will be applied to and are subject to the plan annual maximum. Discounts on certain prescription and non-prescription dental products are available through Cigna Home Delivery Pharmacy only, and you are required to pay the entire discounted charge. For more medical conditions, go to www.mycigna.com or call customer service 24/7 at 1.800.CIGNA24. Timely Filing Out of network claims submitted to Cigna after 365 days from date of service will be denied. Benefit Limitations: Oral Evaluations 3 per calendar year X-rays (routine) Bitewings: 2 per calendar year Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months Diagnostic Casts Payable only in conjunction with orthodontic workup Cleanings 3 per calendar year, including periodontal maintenance procedures following active therapy Fluoride Application 2 per calendar year for children under age 19 Sealants (per tooth) Limited to posterior tooth. I treatment per tooth every 36 months for children under age 14 Space Maintainers Limited to non-orthodontic treatment for children under age 19 Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Benefit Exclusions: Covered if more than 6 months after installation Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bri								
customers can also receive guidance on behavioral issues related to oral health and discounts on prescription and non-prescription dental products. Reimbursements under this program are not subject to the annual deductible, but will be applied to and are subject to the plan annual maximum. Discounts on certain prescription and non-prescription dental products are available through Cigna Home Delivery Pharmacy only, and you are required to pay the entire discounted charge. For more information including how to enroll in this program and a complete list of program terms and eligible medical conditions, go to www.mycigna.com or call customer service 24/7 at 1.800.CIGNA24. Timely Filing Out of network claims submitted to Cigna after 365 days from date of service will be denied. Benefit Limitations: Oral Evaluations 3 per calendar year X-rays (routine) Bitewings: 2 per calendar year Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months Diagnostic Casts Payable only in conjunction with orthodontic workup Cleanings 3 per calendar year, including periodontal maintenance procedures following active therapy Fluoride Application 2 per calendar year for children under age 19 Sealants (per tooth) Limited to posterior tooth. I treatment per tooth every 36 months for children under age 14 Space Maintainers Limited to non-orthodontic treatment for children under age 19 Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Benefit Exclusions: Covered if more than once Covered if more than 6 months after installation Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Benefit Exclusions: Covered Expenses will not include, and no payme		radiation, organ transplants and chronic kidney disease. There's no additional charge for the program,						
prescription and non-prescription dental products. Reimbursements under this program are not subject to the annual deductible, but will be applied to and are subject to the plan annual maximum. Discounts on certain prescription and non-prescription dental products are available through Cigna Home Delivery Pharmacy only, and you are required to pay the entire discounted charge. For more information including how to enroll in this program and a complete list of program terms and eligible medical conditions, go to www.mycigna.com or call customer service 24/7 at 1.800.CIGNA24. Timely Filing Out of network claims submitted to Cigna after 365 days from date of service will be denied. Benefit Limitations: Oral Evaluations 3 per calendar year X-rays (non-routine) Bitewings: 2 per calendar year Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months Diagnostic Casts Payable only in conjunction with orthodontic workup Cleanings 3 per calendar year, including periodontal maintenance procedures following active therapy Fluoride Application 2 per calendar year for children under age 19 Sealants (per tooth) Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14 Space Maintainers Limited to posterior tooth. 1 treatment for children under age 19 Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Denture and Bridge Repairs Denture Relines, Rebases and Adjustments Covered if more than once Denture Relines, Rebases and Adjustments Covered if more than 6 months after installation Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Benefit Exclusions: Covered Expenses will not include, and no paym								
on certain prescription and non-prescription dental products are available through Cigna Home Delivery Pharmacy only, and you are required to pay the entire discounted charge. For more information including how to enroll in this program and a complete list of program terms and eligible medical conditions, go to www.mycigna.com or call customer service 24.7 at 1.800.CIGNA24. Timely Filing Out of network claims submitted to Cigna after 365 days from date of service will be denied. Benefit Limitations: Oral Evaluations 3 per calendar year X-rays (routine) Bitewings: 2 per calendar year Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months Diagnostic Casts Payable only in conjunction with orthodontic workup Cleanings 3 per calendar year, including periodontal maintenance procedures following active therapy Fluoride Application 2 per calendar year for children under age 19 Sealants (per tooth) Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14 Space Maintainers Limited to non-orthodontic treatment for children under age 19 Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Denture Relines, Rebases and Adjustments Covered if more than of months after installation Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Benefit Exclusions: Covered Expenses will not include, and no payment will be made for the following:								
Delivery Pharmacy only, and you are required to pay the entire discounted charge. For more information including how to enroll in this program and a complete list of program terms and eligible medical conditions, go to www.mycigna.com or call customer service 24/7 at 1.800.CIGNA24. Timely Filing Out of network claims submitted to Cigna after 365 days from date of service will be denied. Benefit Limitations: Oral Evaluations 3 per calendar year X-rays (routine) Bitewings: 2 per calendar year Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months Diagnostic Casts Payable only in conjunction with orthodontic workup Cleanings 3 per calendar year, including periodontal maintenance procedures following active therapy Fluoride Application 2 per calendar year for children under age 19 Sealants (per tooth) Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14 Limited to posterior tooth. 1 treatment for children under age 19 Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Benefit Exclusions: Covered Expenses will not include, and no payment will be made for the following: Covered Expenses will not include, and no payment will be made for the following:		to the annual deductible, but will be applied to and are subject to the plan annual maximum. Discounts						
information including how to enroll in this program and a complete list of program terms and eligible medical conditions, go to www.mycigna.com or call customer service 24/7 at 1.800.CIGNA24. Timely Filing Out of network claims submitted to Cigna after 365 days from date of service will be denied. Benefit Limitations: Oral Evaluations 3 per calendar year X-rays (routine) Bitewings: 2 per calendar year Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months Diagnostic Casts Payable only in conjunction with orthodontic workup Cleanings 3 per calendar year, including periodontal maintenance procedures following active therapy Fluoride Application 2 per calendar year for children under age 19 Sealants (per tooth) Limited to posterior tooth. I treatment per tooth every 36 months for children under age 14 Space Maintainers Limited to non-orthodontic treatment for children under age 19 Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Denture and Bridge Repairs Reviewed if more than 6 months after installation Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Benefit Exclusions: Covered Expenses will not include, and no payment will be made for the following:								
Timely Filing Out of network claims submitted to Cigna after 365 days from date of service will be denied. Benefit Limitations: Oral Evaluations 3 per calendar year X-rays (routine) Bitewings: 2 per calendar year X-rays (non-routine) Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months Diagnostic Casts Payable only in conjunction with orthodontic workup Cleanings 3 per calendar year, including periodontal maintenance procedures following active therapy Fluoride Application 2 per calendar year for children under age 19 Sealants (per tooth) Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14 Space Maintainers Limited to non-orthodontic treatment for children under age 19 Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Denture Relines, Rebases and Adjustments Covered if more than 6 months after installation Prosthesis Over Implant Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Benefit Exclusions: Covered Expenses will not include,								
Benefit Limitations: Oral Evaluations 3 per calendar year X-rays (routine) Bitewings: 2 per calendar year X-rays (non-routine) Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months Diagnostic Casts Payable only in conjunction with orthodontic workup Cleanings 3 per calendar year, including periodontal maintenance procedures following active therapy Fluoride Application 2 per calendar year for children under age 19 Sealants (per tooth) Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14 Space Maintainers Limited to non-orthodontic treatment for children under age 19 Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Denture and Bridge Repairs Reviewed if more than once Denture Relines, Rebases and Adjustments Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Benefit Exclusions: Covered Expenses will not include, and no payment will be made for the following:		medical conditions, go to www.mycigna.com or call customer service 24/7 at 1.800.CIGNA24.						
Oral Evaluations 3 per calendar year X-rays (routine) Bitewings: 2 per calendar year Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months Diagnostic Casts Payable only in conjunction with orthodontic workup Cleanings 3 per calendar year, including periodontal maintenance procedures following active therapy Fluoride Application 2 per calendar year for children under age 19 Sealants (per tooth) Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14 Limited to non-orthodontic treatment for children under age 19 Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Denture and Bridge Repairs Reviewed if more than 0 months after installation Prosthesis Over Implant Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Reviewed if more than 6 months after installation Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Benefit Exclusions: Covered Expenses will not include, and no payment will be made for the following:		Out of network claims su	ibmitted to Cigna after 36	55 days from date of service	will be denied.			
X-rays (routine) X-rays (non-routine) Bitewings: 2 per calendar year Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months Diagnostic Casts Payable only in conjunction with orthodontic workup Cleanings 3 per calendar year, including periodontal maintenance procedures following active therapy Fluoride Application 2 per calendar year for children under age 19 Sealants (per tooth) Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14 Space Maintainers Limited to non-orthodontic treatment for children under age 19 Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Denture Relines, Rebases and Adjustments Covered if more than 6 months after installation Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Reviewed if more than 6 months after installation Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Benefit Exclusions: Covered Expenses will not include, and no payment will be made for the following:		2 man aalandan yaan						
X-rays (non-routine) Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months Diagnostic Casts Payable only in conjunction with orthodontic workup Cleanings 3 per calendar year, including periodontal maintenance procedures following active therapy Fluoride Application 2 per calendar year for children under age 19 Sealants (per tooth) Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14 Space Maintainers Limited to non-orthodontic treatment for children under age 19 Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Denture Relines, Rebases and Adjustments Covered if more than once Covered if more than 6 months after installation Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Benefit Exclusions: Covered Expenses will not include, and no payment will be made for the following:			rvoor					
Diagnostic Casts Payable only in conjunction with orthodontic workup Cleanings 3 per calendar year, including periodontal maintenance procedures following active therapy Fluoride Application 2 per calendar year for children under age 19 Sealants (per tooth) Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14 Space Maintainers Limited to non-orthodontic treatment for children under age 19 Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Denture and Bridge Repairs Reviewed if more than once Denture Relines, Rebases and Adjustments Covered if more than 6 months after installation Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Benefit Exclusions: Covered Expenses will not include, and no payment will be made for the following:	, , , , , , , , , , , , , , , , , , ,							
Cleanings 3 per calendar year, including periodontal maintenance procedures following active therapy Fluoride Application 2 per calendar year for children under age 19 Sealants (per tooth) Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14 Space Maintainers Limited to non-orthodontic treatment for children under age 19 Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Denture and Bridge Repairs Reviewed if more than once Denture Relines, Rebases and Adjustments Covered if more than 6 months after installation Prosthesis Over Implant Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Benefit Exclusions: Covered Expenses will not include, and no payment will be made for the following:	X-rays (non-routine)							
Fluoride Application 2 per calendar year for children under age 19 Sealants (per tooth) Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14 Space Maintainers Limited to non-orthodontic treatment for children under age 19 Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Denture and Bridge Repairs Reviewed if more than once Denture Relines, Rebases and Adjustments Covered if more than 6 months after installation Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Benefit Exclusions: Covered Expenses will not include, and no payment will be made for the following:	Diagnostic Casts	Payable only in conjunction with orthodontic workup						
Fluoride Application 2 per calendar year for children under age 19 Sealants (per tooth) Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14 Space Maintainers Limited to non-orthodontic treatment for children under age 19 Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Denture and Bridge Repairs Reviewed if more than once Denture Relines, Rebases and Adjustments Covered if more than 6 months after installation Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Benefit Exclusions: Covered Expenses will not include, and no payment will be made for the following:	Cleanings	3 per calendar year, including periodontal maintenance procedures following active therapy						
Sealants (per tooth) Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14 Space Maintainers Limited to non-orthodontic treatment for children under age 19 Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Denture and Bridge Repairs Reviewed if more than once Denture Relines, Rebases and Adjustments Covered if more than 6 months after installation Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Benefit Exclusions: Covered Expenses will not include, and no payment will be made for the following:	Fluoride Application							
Space Maintainers Limited to non-orthodontic treatment for children under age 19 Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Denture and Bridge Repairs Reviewed if more than once Denture Relines, Rebases and Adjustments Covered if more than 6 months after installation Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Benefit Exclusions: Covered Expenses will not include, and no payment will be made for the following:								
Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Denture and Bridge Repairs Reviewed if more than once Denture Relines, Rebases and Adjustments Covered if more than 6 months after installation Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Benefit Exclusions: Covered Expenses will not include, and no payment will be made for the following:	Space Maintainers							
crowns or bridges. Denture and Bridge Repairs Reviewed if more than once Denture Relines, Rebases and Adjustments Covered if more than 6 months after installation Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Benefit Exclusions: Covered Expenses will not include, and no payment will be made for the following:		Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar						
Denture and Bridge Repairs Reviewed if more than once Covered if more than 6 months after installation Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Reviewed if more than once Covered if more than once	Inlays, Crowns, Bridges, Dentures and Partials							
Denture Relines, Rebases and Adjustments Covered if more than 6 months after installation Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Benefit Exclusions: Covered Expenses will not include, and no payment will be made for the following:	Denture and Bridge Repairs							
Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. **Benefit Exclusions:** Covered Expenses will not include, and no payment will be made for the following:**								
Covered Expenses will not include, and no payment will be made for the following:		Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on t						
Benefit Exclusions: Covered Expenses will not include, and no payment will be made for the following:	Prosthesis Over Implant		n-precious metals. No p	orcelain or white/tooth-co	lored material on molar			
Covered Expenses will not include, and no payment will be made for the following:	Parafit Evalue	crowns or bridges.						
Procedures and services not included in the list of covered dental expenses;								
	Procedures and services not included in the list	of covered dental expense	es;					

Diagnostic: cone beam imaging; Preventive Services: instruction for plaque control, oral hygiene and diet;

Restorative: veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars; Periodontics: bite registrations; splinting;

Prosthodontic: precision or semi-precision attachments; initial placement of a complete or partial denture per plan guidelines;

Implants: implants or implant related services

Procedures, appliances or restorations, except full dentures, whose main purpose is to: change vertical dimension; diagnose or treat conditions or dysfunction of the temporomandibular joint (TMJ); stabilize periodontally involved teeth; or restore occlusion;

Athletic mouth guards; services performed primarily for cosmetic reasons; personalization; replacement of an appliance per benefit guidelines;

Services that are deemed to be medical in nature; services and supplies received from a hospital; Drugs: prescription drugs

Charges in excess of the Maximum Reimbursable Charge

This document provides a summary only. It is not a contract. If there are any differences between this summary and the official plan documents, the terms of the official plan documents will prevail.

Cigna Dental PPO plans are insured and/or administered by Cigna Health and Life Insurance Company (CHLIC) or Connecticut General Life Insurance Company (CGLIC), with network management services provided by Cigna Dental Health, Inc. and certain of its subsidiaries. In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation "Cigna Home Delivery Pharmacy" refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C. Policy forms (for insured dental plans) in OK: HP-POL99 (CHLIC), GM6000 ELI288 et al (CGLIC); OR: HP-POL68; TN: HP-POL69/HC-CER2V1 et al (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

BSD

© 2017 Cigna / version 06192017