

Cigna Dental Benefit Summary

Riveron Consulting – High Plan

Plan Renewal Date: 01/01/2024



Insured 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.

Receiving regular dental care can 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 care service in one plan year, the annual dollar maximum will increase in the following plan year. When you or your family members remain enrolled in the plan and continue to receive preventive care, the annual dollar maximum will increase in the following plan year, until it reaches the level specified below. Please refer to your plan materials for additional information on this plan feature. **Your plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.**

Cigna Dental Choice Plan				
Network	In-Network: Total Cigna DPPO Network		Non-Network: See Non-Network Reimbursement	
Reimbursement Levels	Based on Contracted Fees		Maximum Reimbursable Charge	
WellnessPlusSM Progressive Maximum Benefit: When you or your family members receive any preventive care service during one plan year, the annual dollar maximum will increase in the following plan year; until it reaches the highest level specified below. Please refer to your plan materials for additional information on this plan feature.				
Calendar Year Benefits Maximum <i>Applies to: Class I, II and III expenses</i>	Year 1: \$2,000 Year 2: \$2,100 Year 3: \$2,200 Year 4 & Beyond: \$2,300		Year 1: \$2,000 Year 2: \$2,100 Year 3: \$2,200 Year 4 & Beyond: \$2,300	
Calendar Year Deductible Individual Family	\$25 \$75		\$25 \$75	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
Class I: Diagnostic & Preventive Oral Evaluations Prophylaxis: routine cleanings X-rays: bitewing 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 X-rays: full mouth X-rays: panoramic X-rays: periapical Restorative: fillings Oral Surgery: simple extractions Repairs: bridges, crowns and inlays Repairs: dentures Denture Relines, Rebases and Adjustments	100% After Deductible	0% After Deductible	100% After Deductible	0% After Deductible
Class III: Major Restorative Periodontal Maintenance Anesthesia: general and IV sedation Endodontics: root canal therapy Periodontics: scaling and root planing Periodontics: osseous surgery Oral Surgery: oral surgical procedures Oral Surgery: extractions of impacted teeth Inlays and Onlays Stainless Steel and Resin Crowns Crowns, Bridges and Dentures Prosthesis Over Implant	60% After Deductible	40% After Deductible	60% After Deductible	40% After Deductible
Class IV: Orthodontia Coverage for Employee and All Dependents Lifetime Benefits Maximum: \$2,000	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible

Class V: TMJ Occlusal orthotic device and adjustment Lifetime Benefits Maximum: \$2,000	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Benefit Plan Provisions:				
In-Network Reimbursement	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.			
Non-Network Reimbursement	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 90th percentile of all provider submitted amounts 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.			
Calendar Year Benefits Maximum	The plan will only pay for covered charges up to the plan 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.			
Late Entrant Limitation Provision	No coverage except for Class 1 services for 12 months. This provision does not apply to new hires.			
Pretreatment Review	Pretreatment review is available on a voluntary basis when dental work in excess of \$500 is proposed.			
Alternate Benefit Provision	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna 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*	The Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with certain medical conditions. There is no additional charge to participate in the program. Those who qualify can receive reimbursement of their coinsurance for eligible dental services. Eligible customers can also receive guidance on behavioral issues related to oral health. Reimbursements under this program are not subject to the annual deductible, but will be applied to the plan annual maximum. For more information on how to enroll in this program and a complete list of terms and eligible 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:				
Missing Tooth Limitation Provision	For teeth missing prior to coverage with Cigna, the amount payable is 50% of the amount otherwise payable until covered for 12 months; thereafter, considered a Class III expense.			
Oral Evaluations/Exams	1 per 6 consecutive months.			
X-rays: bitewing	1 set per 12 consecutive months, limited to 4 films per set.			
X-rays: full mouth or panorex	1 per 60 consecutive months.			
X-rays: periapical	4 per 12 consecutive months if not in conjunction with an operative procedure.			
X-rays: intraoral occlusal	2 per 12 consecutive months.			
Cleanings	1 prophylaxis (Class I) or periodontal maintenance (Class III) per 6 consecutive months.			
Fluoride Application	1 per 12 consecutive months for children under age 14.			
Sealants: per tooth	1 treatment per lifetime for children under age 14; payable on unrestored permanent bicuspid or molar teeth only.			
Space Maintainers	Limited to non-orthodontic treatment for children under age 14.			
Restoration: fillings	1 per 12 consecutive months; applies to replacement of identical surface fillings only, no composite, white/tooth colored fillings on bicuspid or molar teeth.			
Crowns	Replacement limited to 1 per 84 consecutive months. 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 people under age 16, benefits for crowns are limited to resin or stainless steel.			
Stainless Steel and Resin Crowns	1 per 36 consecutive months for children under age 16.			
Endodontic Treatment	Root canal retreatment 1 per 24 consecutive months, based on necessity.			
Periodontal Scaling and Root Planning	1 per quadrant per 36 consecutive months.			
Dentures and Partials	Replacement limited to 1 per 84 consecutive months, if unserviceable and cannot be repaired.			
Denture Adjustments	Covered if more than 12 months after installation; 1 per 12 consecutive months.			
Denture Repairs	Covered if more than 12 months after installation.			
Denture Rebases and Relines	Covered if more than 12 months after installation; 1 per 36 consecutive months.			
Prosthesis Over Implant	1 per 84 consecutive 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.			

Bridges	Replacement limited to 1 per 84 consecutive 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.
Diagnostic Casts	Payable only in conjunction with orthodontic workup.
Benefit Exclusions:	
Covered Expenses will not include, and no payment will be made for the following:	
<ul style="list-style-type: none"> • Procedures and services not included in the list of covered dental expenses; • Diagnostic: cone beam imaging; • Preventive Services: instruction for plaque control, oral hygiene and diet; • Restorative: core buildup; veneers; precious or semi-precious metals for crowns, bridges and abutments; restoration of teeth which have been damaged by erosion, attrition or abrasion; • Periodontics: bite registrations; splinting; • Prosthodontics: precision or semi-precision attachments; • Implants: implants or implant related services; • Anesthesia: general anesthesia or intravenous sedation, when used for the purposes of anxiety control or patient management is not covered; may be considered only when medically or dentally necessary and when in conjunction with covered complex oral surgery; • Procedures, appliances or restorations, whose main purpose is to change vertical dimension, stabilize periodontally involved teeth, or restore occlusion; • Athletic mouth guards; • Services performed primarily for cosmetic reasons; • Personalization or decoration of any dental device or dental work; • 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.

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

A copy of the NH Dental Outline of Coverage is available and can be downloaded at [Health Insurance & Medical Forms for Customers | Cigna under Dental Forms](#).

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, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, and Cigna Dental Health, Inc.