

# Cigna Dental Benefit Summary

## HBC – Cigna Dental Core Plan for the Residents of Texas



**Plan Renewal Date: 01/01/2019**

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.

| <b>Cigna Dental Choice Plan</b>  |   |                         |  |                         |
|--|---|-------------------------|--|-------------------------|
| <b>Network Options</b>   | <b>In-Network:<br/>Total Cigna DPPO Network</b> |                         | <b>Out-of-Network:<br/>See Non-Network Reimbursement</b> |                         |
| <b>Reimbursement Levels</b>  | Based on Contracted Fees                        |                         | Maximum Reimbursable Charges                             |                         |
| <b>Calendar Year Benefits Maximum</b><br>Applies to: Class I, II, III expenses   | \$1,500   |                         | \$1,500  |                         |
| <b>Calendar Year Deductible</b><br>Individual<br>Family  | \$50<br>\$150                                   |                         | \$50<br>\$150  |                         |
| <b>Benefit Highlights</b>  | <b>Plan Pays</b>                                | <b>You Pay</b>          | <b>Plan Pays</b>   | <b>You Pay</b>          |
| <b>Class I: Diagnostic &amp; Preventive</b><br>Oral Evaluations<br>Prophylaxis: routine cleanings<br>X-rays: routine<br>X-rays: non-routine<br>Fluoride Application<br>Sealants: per tooth<br>Space Maintainers: non-orthodontic<br>Emergency Care to Relieve Pain   | 100%<br>No Deductible                           | No Charge               | 100%<br>No Deductible                                    | No Charge               |
| <b>Class II: Basic Restorative</b><br>Restorative: fillings<br>Endodontics: minor and major<br>Periodontics: minor and major<br>Oral Surgery: minor and major<br>Anesthesia: general and IV sedation<br>Repairs: Bridges, Crowns and Inlays<br>Repairs: Dentures<br>Denture Relines, Rebases and Adjustments | 80%<br>After Deductible                         | 20%<br>After Deductible | 80%<br>After Deductible                                  | 20%<br>After Deductible |
| <b>Class III: Major Restorative</b><br>Inlays and Onlays<br>Prosthesis Over Implant<br>Crowns: prefabricated stainless steel / resin<br>Crowns: permanent cast and porcelain<br>Bridges and Dentures   | 80%<br>After Deductible                         | 20%<br>After Deductible | 80%<br>After Deductible                                  | 20%<br>After Deductible |

| <b>Benefit Plan Provisions:</b>                      |   |
|--|---|
| <b><i>In-Network Reimbursement</i></b>               | For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.  |
| <b><i>Non-Network Reimbursement</i></b>              | 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 charges in the geographic area.  |
| <b><i>Cross Accumulation</i></b>                     | 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.  |
| <b><i>Calendar Year Benefits Maximum</i></b>         | The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.  |
| <b><i>Calendar Year Deductible</i></b>               | This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.  |
| <b><i>Pretreatment Review</i></b>                    | Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.  |
| <b><i>Alternate Benefit Provision</i></b>            | 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.  |
| <b><i>Oral Health Integration Program (OHIP)</i></b> | 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 plan 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 <a href="http://www.mycigna.com">www.mycigna.com</a> or call customer service 24/7 at 1.800.CIGNA24. |
| <b><i>Timely Filing</i></b>                          | Out of network claims submitted to Cigna after 365 days from date of service will be denied.  |
| <b>Benefit Limitations:</b>                          |   |
| Oral Evaluations                                     | 2 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 every 3 years  |
| Cleanings  | 2 per calendar year, including periodontal maintenance procedures following active therapy  |
| Fluoride Application                                 | 1 per calendar year for children under age 19   |
| Sealants (per tooth)                                 | Limited to posterior tooth. 1 treatment per tooth every 3 years for children under age 14   |
| Space Maintainers                                    | Limited to non-orthodontic treatment for children under age 19  |
| Inlays, Crowns, Bridges, Dentures and Partial        | Replacement every 5 years 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 Adjustments, Rebases and Relines             | Covered if more than 6 months after installation  |
| Prosthesis Over Implant                              | 1 every 3 years 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:

Procedures and services not listed under Benefit Highlights;

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

Restorative: Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and/or third molars;

Periodontic: bite registrations; splinting; Prosthodontic: precision or semi-precision attachments;

Implants: implants or implant related services; Orthodontics: orthodontic treatment;

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; Replacement of a lost or stolen appliance; Services performed primarily for cosmetic reasons; Personalization;

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.

Contracted providers are not obligated to provide discounts on non-covered services and may charge their usual fees.

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.

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## Medical coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualifi sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualifi interpreters
  - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com) or by writing to the following address:

Cigna  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com). You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
1.800.368.1019, 800.537.7697 (TDD)  
Complaint forms are available at  
<http://www.hhs.gov/ocr/office/> x.html.



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## Proficiency of Language Assistance Services

**English** – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

**Spanish** – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

**Chinese** – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

**Vietnamese** – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

**Korean** – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시고. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시고.

**Tagalog** – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

**Russian** – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

**Arabic** – الشخصيات ببطاقة تكم ظهر على المدون بالرقم الاتصال برجا ل حال يين Cigna طعمال. لكم متاحة المجانية الى ترجمة خدمات الى نذ باه برجا. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

**French Creole** – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

**French** – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

**Portuguese** – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

**Polish** – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

**Japanese** – 注意事項: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224( TTY: 711 ) まで、お電話にてご連絡ください。

**Italian** – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

**German** – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

**(Farsi) Persian** – در که شماره بی باط فا، Cigna ف علی مشد تریان بر ای. می شود ارائه شما به رای. گان صورت به، زبانی که مک خدمات: توجه  
را 711 شماره: بنادش نوابان ویزه تل فن شماره (ب گ ی ری دت ماس 1.800.244.6224 شماره بالی صورت غیر در. ب گ ی ری دت ماس شماست شناسایی کارت پ اشت  
(ک نذ شماره گیری)