

Cigna Dental Benefit Summary
Wespath Benefits and Investments- TXPAS
Effective Date; January 1, 2017



Insured by: Cigna Health and Life Insurance Company

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.

<i>Cigna Dental Choice Plan</i>				
<i>Network Options</i>	<i>In-Network:</i> Cigna DPPO Advantage Network		<i>Out-of-Network:</i> No Network	
<i>Reimbursement Levels</i>	Based on Contracted Fees		Maximum Reimbursable Charge	
<i>Progressive Maximum Benefit:</i> Progressive Benefit Year 2: Increase contingent upon receiving Preventive Services in Plan Year 1. Progressive Benefit Year 3: Increase contingent upon receiving Preventive Services in Plan Years 1 and 2. Progressive Benefit Year 4: Increase contingent upon receiving Preventive Services in Plan Years 2 and 3.				
<i>Calendar Year Benefits Maximum</i> Applies to: Class I, II & III expenses	Year 1: \$1,000; Year 2: \$1,150 Year 3: \$1,300; Year 4: \$1,450		Year 1: \$1,000; Year 2: \$1,150 Year 3: \$1,300; Year 4: \$1,450	
<i>Annual Deductible</i> Individual Family	\$50 \$150		\$50 \$150	
<i>Benefit Highlights</i>	Plan Pays	You Pay	Plan Pays	You Pay
<i>Class I: Diagnostic & Preventive</i> Oral Exams 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
<i>Class II: Basic Restorative</i> Restorative: fillings Endodontics: minor and major Periodontics: minor and major Oral Surgery: minor and major Anesthesia: general and IV sedation Repairs: Bridges, Crowns and Inlays Repairs: Dentures Denture Relines Rebases and Adjustments	80% After Deductible	20% After Deductible	80% After Deductible	20% After Deductible
<i>Class III: Major Restorative</i> Inlays and Onlays Prosthesis Over Implant Dental Implant Crowns, Bridges and Dentures	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
<i>Class IV: Orthodontia</i> Coverage for Dependent Children to age 19 Orthodontia Lifetime Maximum: \$1,000	50% After Plan Deductible	50% After Plan Deductible	50% After Plan Deductible	50% After Plan Deductible
<i>Benefit Plan Provisions:</i>				
<i>In-Network Reimbursement</i>	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.			
<i>Out-of-Network Reimbursement</i>	For services provided by an out of 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.. The dentist may balance bill up to their usual fees.			
<i>Cross Accumulation</i>	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.
Annual 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	50% coverage on Class III and IV for 24 months.
Pretreatment Review	Pretreatment review is available on a voluntary basis when extensive 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.
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 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 www.mycigna.com or call customer service 24/7 at 1.800.CIGNA24.
Benefit Limitations:	
Missing Tooth Limitation	For teeth missing prior to coverage with Cigna, the amount payable is 50% of the amount otherwise payable until covered for 24 months; thereafter, considered a Class III expense.
Oral Exams	2 per year
X-rays (routine)	Bitewings: 2 per year
X-rays (non-routine)	Full mouth or panoramic: 1 every 3 years
Diagnostic Casts	Payable only in conjunction with orthodontic workup
Cleanings	2 per year, including periodontal maintenance procedures following active therapy
Fluoride Application	2 per year for children under age 19
Sealants (per tooth)	Limited to posterior tooth. 2 treatments per tooth every year for children under age 14
Space Maintainers	Limited to non-orthodontic treatment for children under age 19
Periodontal Treatment	Various limitations depending on the service
Inlays, Crowns and Bridges	Replacement every 5 years if unserviceable and cannot be repaired
Dentures and Partials	Replacement every 5 years if unserviceable and cannot be repaired
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 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.
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: Porcelain or acrylic veneers of crowns or pontics on, or replacing the upper and lower first, second and third molars;	
Periodontic: bite registrations; splinting; Prosthodontic: precision or semi-precision attachments;	
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; 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.	

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