

**Cigna Dental Benefit Summary**  
**Bloomfield Board of Education**  
**Plan Effective Date: 07/01/2022**



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. **Your DPPO plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.**

**Cigna Dental PPO**

<i>Network Options</i>	<i>In-Network: State of Connecticut Network</i>		<i>Non-Network: See Non-Network Reimbursement</i>	
<b>Reimbursement Levels</b>	Based on Contracted Fees		Maximum Reimbursable Charge	
<b>Policy Year Benefits Maximum</b>	Unlimited		Unlimited	
<b>Policy Year Deductible</b>				
Individual	\$0		\$0	
Family	\$0		\$0	
<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> Oral Evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Fluoride Application Emergency Care to Relieve Pain	100% No Deductible	No Charge	100% No Deductible	No Charge
<b>Class II: Basic Restorative</b> Restorative: fillings Endodontics: minor and major Oral Surgery: simple extractions Oral Surgery: extractions of impacted teeth Repairs: Bridges, Crowns and Inlays Repairs: Dentures Denture Relines, Rebases and Adjustments Crowns: prefabricated stainless steel / resin	100% No Deductible	No Charge	100% No Deductible	No Charge
<b>Class III: Major Restorative</b> Space Maintainers: non-orthodontic Oral Surgery: oral surgical procedures Inlays and Onlays Prosthesis Over Implant Crowns: permanent cast and porcelain Bridges and Dentures	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible
<b>Class IV: Orthodontia</b> Coverage for Dependent Children to age 19 Lifetime Benefits Maximum: \$600	60% No Deductible	40% No Deductible	60% No Deductible	40% No Deductible
<b>Class VI: Periodontics</b> Periodontics: minor and major Policy Year Maximum: \$500	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible
<b>Benefit Plan Provisions:</b>				
<b>In-Network Reimbursement</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>Non-Network Reimbursement</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 85 <sup>th</sup> percentile of all provider submitted amounts in the geographic area. The dentist may balance bill up to their usual fees.			
<b>Cross Accumulation</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>Policy Year Benefits Maximum</b>	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.			

<b>Policy Year Deductible</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>Late Entrant Limitation Provision</b>	No coverage until next open enrollment. This provision does not apply to new hires.
<b>Pretreatment Review</b>	Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.
<b>Oral Health Integration Program (OHIP)</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, and those who qualify are eligible to receive reimbursement of their coinsurance for certain related dental procedures. 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 and are subject to the plan annual maximum. 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>Timely Filing</b>	Out of network claims submitted to Cigna after 365 days from date of service will be denied.
<b>Benefit Limitations:</b>	
Oral Evaluations/Exams	2 per policy year.
X-rays (routine)	Bitewings: 2 per policy 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	2 per policy year, including periodontal maintenance procedures following active therapy.
Fluoride Application	2 per policy year for children under age 19.
Space Maintainers	Limited to non-orthodontic treatment for children under age 19.
Inlays, Crowns, Bridges, Dentures and Partial	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. 1 per 36 months.
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.
Restorative: fillings	Includes composite fillings on molars
<b>Benefit Exclusions:</b>	
Covered Expenses will not include, and no payment will be made for the following:	
<ul style="list-style-type: none"> <li>• Procedures and services not included in the list of covered dental expenses;</li> <li>• Diagnostic: cone beam imaging;</li> <li>• Preventive Services: instruction for plaque control, oral hygiene and diet;</li> <li>• Restorative: ceramic, resin, or acrylic materials on crowns or bridges on or replacing the upper and or lower first, second and/or third molars;</li> <li>• Periodontics: bite registrations; splinting;</li> <li>• Sealants: per tooth;</li> <li>• Anesthesia: general and IV sedation;</li> <li>• Prosthodontic: precision or semi-precision attachments;</li> <li>• Implants: implants or implant related services;</li> <li>• Procedures, appliances or restorations, except full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of dysfunction of the temporomandibular joint (TMJ), stabilize periodontally involved teeth or restore occlusion;</li> <li>• Athletic mouth guards;</li> <li>• Services performed primarily for cosmetic reasons;</li> <li>• Personalization or decoration of any dental device or dental work;</li> <li>• Replacement of an appliance per benefit guidelines;</li> <li>• Services that are deemed to be medical in nature;</li> <li>• Services and supplies received from a hospital;</li> <li>• Drugs: prescription drugs;</li> <li>• Charges in excess of the Maximum Reimbursable Charge.</li> </ul>	

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.

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