

***Cigna Dental Benefit Summary  
Pasadena Independent School District  
Renewal Date: 1/1/2018***



**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.

	<b>Cigna Dental Choice Plan – Enhanced</b> Employee Only \$35.57 Employee + Spouse \$74.14 Employee + Child(ren) \$83.74 Employee + Family \$117.39				<b>Cigna Dental Choice Plan – Basic</b> Employee Only \$25.79 Employee + Spouse \$53.28 Employee + Child(ren) \$50.30 Employee + Family \$71.01			
<b>Network Options</b>	<b>In-Network: Total Cigna DPPO Network</b>		<b>Out-of-Network: See Non-Network Reimbursement</b>		<b>In-Network: Total Cigna DPPO Network</b>		<b>Out-of-Network: See Non-Network Reimbursement</b>	
<b>Reimbursement Levels</b>	Based on Contracted Fees		Maximum Reimbursable Charge		Based on Contracted Fees		Maximum Reimbursable Charge	
<b>Calendar Year Benefits Maximum</b>  Applies to: Class I, II & III expenses	\$1,250		\$1,250		\$1,000		\$1,000	
<b>Calendar Year Deductible</b> Individual Family	\$50 \$150		\$50 \$150		\$50 \$150		\$50 \$150	
<b>Benefit Highlights</b>	<b>Plan Pays</b>	<b>You Pay</b>	<b>Plan Pays</b>	<b>You Pay</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 Fluoride Application Sealants: per tooth Space Maintainers: non-orthodontic	100% No Deductible	No Charge	100% No Deductible	No Charge	100% No Deductible	No Charge	100% No Deductible	No Charge
<b>Class II: Basic Restorative</b> X-rays: non-routine Emergency Care to Relieve Pain Restorative: fillings Oral Surgery: simple extractions Anesthesia: general and IV sedation	80% After Deductible	20% After Deductible	80% After Deductible	20% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
<b>Class III: Major Restorative</b> Endodontics: minor and major Periodontics: minor and major Oral Surgery: all except simple extractions Extractions of Impacted Teeth Inlays and Onlays Prosthesis Over Implant Crowns: prefabricated stainless steel / resin Crowns: permanent cast and porcelain Bridges and Dentures	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
<b>Class IV: Orthodontia</b>  Coverage for Employee and All Dependents  Lifetime Benefits Maximum: \$1,000	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible	Not Covered	Not Covered	Not Covered	Not Covered
<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 90th percentile of all provider charges 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><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>Late Entrant Limitation Provision</i></b>	Payment will be reduced by 50% for Class III and IV services for 12 months for eligible members that are allowed to enroll in this plan outside of the designated open enrollment period. This provision does not apply to new hires.
<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><i>Benefit Limitations:</i></b>	
Missing Tooth Limitation	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	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 per 36 months
Diagnostic Casts	Payable only in conjunction with orthodontic workup
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 36 months 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 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 Adjustments, Rebases and Relines	Covered if more than 6 months after installation
Prosthesis Over Implant	1 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.
<b><i>Benefit Exclusions:</i></b>	
Covered Expenses will not include, and no payment will be made for the following:	
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: 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;	
Prosthodontics: 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.

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