

Cigna Dental Benefit Summary
American Foreign Service Protective Association
DPPO
Plan Renewal Date: 01.01.2017



Insured by: Cigna Health and Life Insurance Company

This is a summary of benefits and is designed only to highlight some of the benefits available under this plan. A complete description regarding the terms of coverage, applicable waiting periods, benefit exclusions and limitations will be provided in your insurance certificate or plan description.

Cigna Dental PPO				
Network Options	In-Network: Cigna DPPO Advantage Network		Out-of-Network: No Network	
Reimbursement Levels	Based on Contracted Fees		Maximum Allowable Charge	
Calendar Year Benefits Maximum Applies to: Class I, II & III expenses	\$3,000		\$3,000	
Annual Deductible				
Individual	\$0		\$0	
Family	\$0		\$0	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
Class I: Diagnostic & Preventive Oral Exams Cleanings: prophylaxis X-rays: bitewing Fluoride Application Sealants: per tooth Space Maintainers: non-orthodontic Emergency Care to Relieve Pain X-rays: full mouth X-ray: panoramic X-rays: periapical	100% No Deductible	No Charge	100% No Deductible	No Charge
Class II: Basic Restorative Restoration: fillings Oral Surgery: simple extractions Endodontics: root canal therapy Anesthesia: general and IV sedation Repairs: Dentures Denture Relines, Rebases and Adjustments Repairs: Bridges, Crowns and Inlays	70% After Deductible	30% After Deductible	70% After Deductible	30% After Deductible
Class III: Major Restorative Cleanings: periodontal maintenance Periodontics: periodontal 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	40% After Deductible	60% After Deductible	40% After Deductible	60% After Deductible
Class IV Benefit Waiting applies for 12 months.				
Class IV: Orthodontia Coverage for Employee and All Dependents Orthodontia Lifetime Maximum: \$2,500	40% No Deductible	60% No Deductible	40% No Deductible	60% No 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.			
Out-of-Network Reimbursement	For services provided by an out of network dentist, Cigna Dental will reimburse according to the Maximum Allowable Charge. 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.
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	No Coverage until your group's next open enrollment period.
Pretreatment Review	Pretreatment review is available on a voluntary basis when extensive 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 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:

Oral 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 panoramic	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
Cleaning: routine	1 prophylaxis (Class I) or periodontal maintenance (Class III) per 6 consecutive months
Fluoride Application	1 per year for children under age 14
Sealants: per tooth	1 treatment per lifetime; 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
Inlays and 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 and inlays 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 Partial	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:	
Procedures and services not listed under Benefit Highlights;	
Diagnostic: cone beam imaging; Preventive Services: instruction for plaque control, oral hygiene and diet;	
Restorative: core buildup; labial veneers; precious or semi-precious metals for crowns, bridges, pontics and abutments; restoration of teeth which have been damaged by erosion, attrition or abrasion;	
Periodontics: bite registrations; splinting; Prosthodontics: overdentures; precision or semi-precision attachments;	
Implants: Implants or implant related services; myofunctional therapy;	

Anesthesia: IV sedation or general anesthesia, except when medically or dentally necessary and when in conjunction with covered complex oral surgery; Drugs: prescription drugs;
Procedures, appliances or restorations, whose main purpose is to change vertical dimension, diagnose or treat conditions of 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;
Charges in excess of the Maximum Allowable 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.

BSD62803

© 2017 Cigna