

Cigna Dental Benefit Summary
Indiana University – Graduate Appointee
Effective: January 1, 2017



Insured by: Connecticut General Life Insurance Company

This is a summary of benefits and is designed 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: Total Cigna DPPO Network		Out-of-Network: No Network	
Reimbursement Levels	Based on Contracted Fees		Maximum Reimbursable Charge	
Annual Benefits Maximum Applies to: Class I, II & III expenses	\$500		\$500	
Annual Deductible Individual Family	\$25 No Limit		\$25 No Limit	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
Class I: Diagnostic & Preventive 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	0% No Deductible	100% No Deductible	0% No Deductible
Class II: Basic Restorative 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	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Class III: Major Restorative Inlays and Onlays Dental Implant Prosthesis Over Implant Crowns, Bridges and Dentures	50% After Deductible	50% After Deductible	50% After Deductible	50% After 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 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.			
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.			
Annual 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.			
Pretreatment Review	Pretreatment review is available on a voluntary basis when extensive dental work in excess of \$200 is proposed.			

Oral Health Integration Program	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
Prophylaxis Cleanings	2 per year
Periodontal Cleanings	2 per year
Fluoride Application	2 per 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
Histopathologic Exams	Various Limitations apply
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; 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.

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