

	Cigna Dental Preventive Plan	Cigna Dental 1000 Plan	Cigna Dental 1500 Plan
<b>IN-NETWORK</b>			
Cigna DPPO Advantage Network – Offers the most savings, 37% <sup>1</sup> national average.			
<b>DENTAL BENEFIT</b>			
Individual Calendar Year Deductible	Not applicable	\$50 per person	\$50 per person
Family Calendar Year Deductible	Not applicable	\$150 per family	\$150 per family
Calendar Year Maximum (For Class I, II, and III services)	Not applicable	\$1,000 per person	\$1,500 per person
Lifetime Deductible (Separate per person for Orthodontia)	Not applicable	Not applicable	\$50 per person
Lifetime Maximum (Separate per person for Orthodontia)	Not applicable	Not applicable	\$1,000 per person
Payment levels	Based on the provider's <b>contracted fees</b>	Based on provider's <b>contracted fees</b>	Based on provider's <b>contracted fees</b>
<b>CLASS I: PREVENTIVE/DIAGNOSTIC SERVICES</b>			
Preventive/Diagnostic Services Waiting Period	Not applicable	Not applicable	Not applicable
Preventive/Diagnostic Services Oral Exams, Routine Cleanings, Routine X-Rays, Sealants, Fluoride Treatment, Space Maintainers (non-orthodontic)	You pay \$0	You pay \$0	You pay \$0
<b>CLASS II: BASIC RESTORATIVE SERVICES</b>			
Basic Restorative Services Waiting Period	Not applicable	6-month waiting period <sup>2</sup>	6-month waiting period <sup>2</sup>
Basic Restorative Services Nonroutine X-Rays, Fillings, Routine Tooth Extraction, Emergency Treatment	You pay 100% of the provider's <b>standard fee</b>	You pay 20% of the provider's <b>contracted fee</b> (after deductible)	You pay 20% of the provider's <b>contracted fee</b> (after deductible)
<b>CLASS III: MAJOR RESTORATIVE SERVICES</b>			
Major Restorative Services Waiting Period	Not applicable	12-month waiting period <sup>2</sup>	12-month waiting period <sup>2</sup>
Major Restorative Services Periodontal (Deep Cleaning), Periodontal Maintenance, Crowns, Root Canal Therapy, Wisdom Tooth Extraction, Dentures/Partials, Bridges	You pay 100% of the provider's <b>standard fee</b>	You pay 50% of the provider's <b>contracted fee</b> (after deductible)	You pay 50% of the provider's <b>contracted fee</b> (after deductible)
<b>CLASS IV: ORTHODONTIA</b>			
Orthodontia Waiting Period	Not applicable	Not applicable	12-month waiting period
Orthodontia	You pay 100% of the provider's <b>standard fee</b>	You pay 100% of the provider's <b>standard fee</b>	You pay 50% of the provider's <b>contracted fee</b> (after separate lifetime deductible)
Out-of-network & dental terms	For out-of-network benefits and dental terms, see the <b>Summary of Benefits.</b>	For out-of-network benefits and dental terms, see the <b>Summary of Benefits.</b>	For out-of-network benefits and dental terms, see the <b>Summary of Benefits.</b>

This summary contains highlights only.

If you choose to visit a dentist out-of-network, you will pay the out-of-network benefit and the difference in the amount that Cigna reimburses for such services and the amount charged by the dentist, except for emergency services as defined in your policy. This is known as balance billing.

1. Based upon 1/1/2016–12/31/2016 National Average Charges projected by Cigna Dental to 7/1/2017. Fees vary by region.

2. You may be eligible to waive the waiting period for Classes II & III if you have continuous 12 months of prior coverage from a valid dental insurance plan. Orthodontia waiting period cannot be waived. Refer to the policy for details.

	Cigna Dental Preventive Plan	Cigna Dental 1000 Plan	Cigna Dental 1500 Plan
	<b>Cigna DPPPO Advantage Network (in-network)</b>		
PROCEDURE	FREQUENCY/LIMITATION		
<b>CLASS I: PREVENTIVE/DIAGNOSTIC SERVICES</b>			
Oral Exams	1 per consecutive 6-month period		
Routine Cleanings	1 routine prophylaxis or periodontal maintenance procedure per consecutive 6-month period (routine prophylaxis falls under Class I; periodontal maintenance procedure falls under Class III)		
Routine X-Rays	Bitewings: 1 set in any consecutive 12-month period. Limited to a maximum of 4 films per set		
Sealants	1 treatment per tooth per lifetime. Payable on unrestored permanent bicuspid or molar teeth for participants less than age 14		
Fluoride Treatment	1 per consecutive 12-month period for participants less than age 14		
Space Maintainers (non-orthodontic)	Limited to non-orthodontic treatment for prematurely removed or missing teeth for participants less than age 14		
<b>CLASS II: BASIC RESTORATIVE SERVICES</b>			
Nonroutine X-Rays	Not covered under this plan	Full mouth or Panorex: 1 per consecutive 60-month period	
Fillings	Not covered under this plan	1 per tooth per consecutive 12-month period (applies to replacement of identical surface fillings only). No white/tooth colored fillings on bicuspid or molar teeth	
Routine Tooth Extraction	Not covered under this plan	Includes an allowance for local anesthesia and routine postoperative care	
Emergency Treatment	Paid as a separate benefit only if no other service, except x-rays, is rendered during the visit		
<b>CLASS III: MAJOR RESTORATIVE SERVICES</b>			
Periodontal (Deep Cleaning)	Not covered under this plan	1 per quadrant per consecutive 36-month period	
Periodontal Maintenance	Not covered under this plan	Payable only if a consecutive 6-month period has passed since the completion of active periodontal surgery. 1 periodontal maintenance or routine prophylaxis procedure per consecutive 6-month period (periodontal maintenance procedure is Class III; routine prophylaxis is Class I)	
Crowns	Not covered under this plan	1 per tooth per consecutive 84-month period. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crown or bridges. Replacement must be indicated by major decay. For participants less than age 16, benefits limited to resin or stainless steel	
Root Canal Therapy	Not covered under this plan	1 per tooth per lifetime	
Wisdom Tooth Extraction	Not covered under this plan	Includes an allowance for local anesthesia and routine postoperative care	
Dentures and Partial	Not covered under this plan	1 per arch per consecutive 84-month period	
Bridges	Not covered under this plan	1 per consecutive 84-month period. Benefits will be considered for the initial replacement of a necessary functioning natural tooth extracted while the person was covered under this plan	
<b>CLASS IV: ORTHODONTIA</b>			
Orthodontia	Not covered under this plan.		The total amount payable for all expenses incurred for orthodontics during a person's lifetime will not be more than the orthodontia lifetime maximum

This summary contains highlights only.

## With Cigna there is more to smile about.

You get flexible benefits and premium levels to meet your needs and budget, plus:

- Access to over 89,000<sup>4</sup> in-network dental providers in our Cigna DPPO Advantage Network
- Nearly 200,000<sup>4</sup> office locations across the nation
- No referral needed to see a specialist
- 15% discount on monthly premiums for any additional family members on the plan
- Available for all ages, including those 65 and older
- No application or processing fees
- No waiting period for Class I services. If you have had dental insurance for more than a year, you may be eligible to waive the waiting period for Class II, III and IV services so you won't have to wait for benefits to begin<sup>5</sup>
- No need to submit claims when you use a Cigna DPPO Advantage Network provider
- 24/7 live customer service at **800.Cigna24**
- Online access with **myCigna.com**. You can view bills and claims online, anytime – and make a payment, too
- Mobile access on the go. Find a dentist, check coverage and show your ID card with the myCigna Mobile App.

## You have freedom.

You are free to choose a provider from our large national network or one from outside the network. Keep in mind, you'll save the most if you visit a Cigna DPPO Advantage Network provider. Find providers in our network at **Cigna.com/ifp-providers**.

To see how your savings may be greater when visiting a **Cigna DPPO Advantage Network** provider, see the Summary of Benefits.

[Cigna Dental Preventive plan NY](#)

[Cigna Dental 1000 plan NY](#)

[Cigna Dental 1500 plan NY](#)

4. Data as of July 2017.

5. Excludes orthodontia benefits. Eligibility for waiting period waiver is on a per person basis.

## PLAN EXCLUSIONS AND LIMITATIONS

**No coverage is available under this Policy for the following:**

### A. Cosmetic Services.

We do not Cover cosmetic services or surgery unless otherwise specified, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered Child which has resulted in a functional defect. Cosmetic surgery does not include surgery determined to be Medically Necessary. If a claim for a procedure listed in 11 NYCRR 56 (e.g., certain plastic surgery and dermatology procedures) is submitted retrospectively and without medical information, any denial will not be subject to the Utilization Review process in the Utilization Review and External Appeals sections of this Policy unless medical information is submitted.

### B. Coverage in Canada or Mexico or Outside of the United States.

We do not Cover care or treatment provided in Canada or Mexico, or outside of the United States and its possessions, except for Emergency Dental Care as described in the Policy.

### C. Experimental or Investigational Treatment.

We do not Cover any health care service, procedure, treatment, or device that is experimental or investigational. However, We will Cover experimental or investigational treatments, including treatment for Your rare disease or patient costs for Your participation in a clinical trial, when Our denial of services is overturned by an External Appeal Agent certified by the State. However, for clinical trials, We will not Cover the costs of any investigational drugs or devices, non-health services required for You to receive the treatment, the costs of managing the research, or costs that would not be Covered under the Policy for non-investigational treatments. See the Utilization Review and External Appeal sections of this Policy for a further explanation of Your Appeal rights.

### D. Felony Participation.

We do not Cover any illness, treatment or medical condition due to Your participation in a felony, riot or insurrection.

### E. Government Facility.

We do not Cover care or treatment provided in a Hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law.

### F. Medical Services.

We do not Cover medical services or dental services that are medical in nature, including any Hospital charges or prescription drug charges.

### G. Medically Necessary.

In general, We will not Cover any dental service, procedure, treatment, test or device that We determine is not Medically Necessary. If an External Appeal Agent certified by the State overturns Our denial, however, We will Cover the service, procedure, treatment, test or device for which coverage has been denied, to the extent that such service, procedure, treatment, test or device, is otherwise Covered under the terms of this Policy.

### H. Medicare or Other Governmental Program.

We do not Cover services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid).

### I. Military Service.

We do not Cover an illness, treatment or medical condition due to service in the armed forces or auxiliary units.

### J. No-Fault Automobile Insurance.

We do not Cover any benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable. This exclusion applies even if You do not make a proper or timely claim for the benefits available to You under a mandatory no-fault policy.

### K. Services not Listed.

We do not Cover services that are not listed in this Policy as being Covered.

### L. Services Provided by a Family Member.

We do not Cover services performed by a member of the covered person's immediate family. "Immediate family" shall mean a child, spouse, mother, father, sister, or brother of You or Your Spouse.

### M. Services Separately Billed by Hospital Employees.

We do not Cover services rendered and separately billed by employees of Hospitals, laboratories or other institutions.

### N. Services with No Charge.

We do not Cover services for which no charge is normally made.

### O. War.

We will not Cover an illness, treatment or medical condition due to war, declared or undeclared.

### P. Workers' Compensation.

We do not Cover services if benefits for such services are provided under any state or federal Workers' Compensation, employers' liability or occupational disease law.

## PLAN IMPORTANT DISCLOSURES

Cigna Dental insurance coverage shall be only for the classes of service referred to in The Schedule of a purchased plan.

Dental Plans are insured by Cigna Health and Life Insurance Company with network management services provided by Cigna Dental Health, Inc. Rates may vary based on age, family size, geographic location (residential zip code) and plan design.

In NY, dental rates are subject to change upon 30 days' prior notice. **Dental plans apply waiting periods to covered basic (6-months), major (12-months) and orthodontic (12-months) dental care services.** Some covered services are determined by age: topical application of fluoride or sealant, space maintainers, and materials for crowns and bridges. If the plan covers replacement of teeth, there is no payment for replacement of teeth that are missing prior to coverage. In NY, payment limitation no longer applies after 12 months of continuous coverage.

**Notice to Buyer: This policy provides dental coverage only. Review your policy carefully.**

Dental preferred provider insurance policies (NY: INDDENTPOLNY) have exclusions, limitations, reduction of benefits and terms under which a policy may be continued in force or discontinued.

The policy may be cancelled by Cigna due to failure to pay premium, fraud, ineligibility, when the insured no longer lives in the service area, or if we cease to offer policies of this type or any individual dental plans in this state, in accordance with applicable law. You may cancel the policy, on the first of the month following our receipt of your written notice. We reserve the right to modify this policy, including policy provisions, benefits and coverages, consistent with state or federal law. This individual plan is renewable monthly or quarterly.

For costs, and additional details about coverage, contact Cigna Health and Life Insurance Company at 900 Cottage Grove Rd, Hartford, CT 06152 or call **866.GET.Cigna (866.438.2446)**.

Please contact your insurance carrier, agent/producer, or the Health Insurance Marketplace if you wish to purchase PPACA compliant pediatric dental coverage.