



**CIGNA Dental PPO Benefit Summary for
JPS Health Network
PPO Core Network**

Both in-network and out-of-network covered services are counted towards plan deductibles, plan maximums, and service specific maximums (dollar and occurrence)

CIGNA Dental PPO

Benefits	In-Network		Out-of-Network	
	Plan Pays	You Pay	Plan Pays	You Pay
Calendar Year Maximum (Class I, II and III expenses)	\$1,200		\$1,200	
Annual Deductible	\$ 50 per person \$ 150 per family		\$ 50 per person \$ 150 per family	
Reimbursement Levels	Based on reduced contracted fees		Based on Maximum Allowable Charge (In-network fee level)	
<i>Class I – Preventive and diagnostic services</i> <i>(For covered frequency, see plan exclusions and limitations)</i> Oral Exams Routine Cleanings Full Mouth X-rays Bitewing X-rays Panoramic X-ray Periapical X-rays Fluoride Application Sealants Space Maintainers Emergency Care to Relieve Pain	100%	No Charge	100%	No charge up to In-Network Fee Schedule See #2 on next page
<i>Class II – Basic restorative services</i> <i>(Also refer to plan exclusions and limitations)</i> Fillings Root Canal Therapy/Endodontics Osseous Surgery Periodontal Scaling and Root Planing Denture Adjustments and Repairs Oral Surgery Repairs to Crowns and Inlays Surgical Extractions of Impacted Teeth Anesthetics Simple extractions	80% ¹	20% ¹	80% ^{1 2}	20% ^{1 2}
<i>Class III – Major restorative services</i> <i>(Also refer to plan exclusions and limitations)</i> Crowns Inlays/Onlays Prosthesis Over Implant Dentures Bridges	50% ¹	50% ¹	50% ^{1 2}	50% ^{1 2}

<i>Class IV – Orthodontia</i>	50% ¹	50% ¹	50% ^{1 2}	50% ^{1 2}
Lifetime maximum	\$1,200 Covered for Children & Adults		\$1,200 Covered for Children & Adults	
<i>Class IX – Surgical Implants</i>	50% ¹	50% ¹	50% ^{1 2}	50% ^{1 2}
Lifetime maximum	\$2,500		\$2,500	

Missing Tooth Limitations - The amount payable is 50% of the amount otherwise payable until insured for 24 months; thereafter, considered a Class III expense.

Pretreatment review available on a voluntary basis when extensive dental work in excess of \$200 is proposed.

¹ Subject to Annual Deductible

² For services provided by a network CIGNA Dental PPO network dentist, CIGNA Dental will reimburse the dentist 100% of in-network fee schedule. For services provided by an out-of-network dentist, you will pay 100% of charges above the in-network fee schedule. The dentist may balance bill the member up to their usual fees.

CIGNA Dental PPO Exclusions and Limitations

Procedure	Exclusions & Limitations
Exams	Two per Calendar year
Prophylaxis (cleanings)	Two per Calendar year
Fluoride	1 per calendar year for people under 19
Histopathologic Exams	Various limits per calendar year depending on specific test
X-Rays (routine)	Bitewings: 2 per calendar year
X-Rays (non-routine)	Full mouth: 1 every 3 calendar years. Panorex: 1 every 3 calendar years
Model	Payable only when in conjunction with Ortho workup and extensive Perio treatment
Minor Perio (non-surgical)	Various limitations depending on the service
Perio Surgery	Various limitations depending on the service
Crowns and Inlays	Replacement every 5 years
Bridges	Replacement every 5 years
Dentures and Partials	Replacement every 5 years
Relines, Rebases	Covered if more than 6 months after installation
Adjustments	Covered if more than 6 months after installation
Repairs – Bridges	Reviewed if more than once
Repairs – Dentures	Reviewed if more than once
Sealants	Limited to posterior tooth. One treatment per tooth every three years
Space Maintainers	Limited to non-Orthodontic treatment
Prosthesis Over Implant	1 per 84 consecutive months is 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.
Alternate Benefit	When more than one covered Dental Service could provide suitable treatment based on common dental standards, CG will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.

Benefit Exclusions:

- Services performed primarily for cosmetic reasons
- Replacement of a lost or stolen appliance
- Replacement of a bridge or denture within five years following the date of its original installation
- Replacement of a bridge or denture which can be made useable according to accepted dental standards
- Procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of TMJ, stabilize periodontally involved teeth, or restore occlusion
- Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars
- Bite registrations; precision or semi-precision attachments; splinting
- Surgical implants are covered however, a pre-treatment is suggested as implants must meet plan criteria in order for benefits to be payable.
- Instruction for plaque control, oral hygiene and diet
- Dental services that do not meet common dental standards
- Services that are deemed to be medical services
- Services and supplies received from a hospital
- Charges which the person is not legally required to pay
- Charges made by a hospital which performs services for the U.S. Government if the charges are directly related to a condition connected to a military service
- Experimental or investigational procedures and treatments
- Any injury resulting from, or in the course of, any employment for wage or profit
- Any sickness covered under any workers' compensation or similar law
- Charges in excess of the reasonable and customary allowances
- To the extent that payment is unlawful where the person resides when the expenses are incurred;
- Procedures performed by a Dentist who is a member of the covered person's family (covered person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents);
- For charges which would not have been made if the person had no insurance;
- For charges for unnecessary care, treatment or surgery;
- To the extent that you or any of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid;
- To the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a "no-fault" insurance law or an uninsured motorist insurance law. Connecticut General Life Insurance Company will take into account any adjustment option chosen under such part by you or any one of your Dependents.
- In addition, these benefits will be reduced so that the total payment will not be more than 100% of the charge made for the Dental Service if benefits are provided for that service under this plan and any medical expense plan or prepaid treatment program sponsored or made available by your Employer.

This benefit summary highlights some of the benefits available under the proposed plan. A complete description regarding the terms of coverage, exclusions and limitations, including legislated benefits, will be provided in your insurance certificate or plan description. Benefits are insured and/or administered by Connecticut General Life Insurance Company.

*CIGNA Dental refers to the following operating subsidiaries of CIGNA Corporation: Connecticut General Life Insurance Company, and CIGNA Dental Health, Inc., and its operating subsidiaries and affiliates. The CIGNA Dental PPO is underwritten and/or administered by Connecticut General Life Insurance Company with network management services provided by CIGNA Dental Health, Inc. For Arizona/Louisiana residents the dental PPO plan is known as CG Dental PPO. In Texas, CIGNA Dental's network-based indemnity plan is known as CIGNA Dental Choice. © 2008 CIGNA
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