



This is a summary of benefits for your dental plan.

All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.

Plan Design	Total Cigna DPPO Network**	Out-of-Network
Calendar Year Maximum		
(Class I, II, III Expenses)	\$2000, Class I Applies	\$2000, Class I Applies
Calendar Year Deductible		
Per Individual	\$50	\$50
Per Family	\$150	\$150
Class I Expenses		
Oral Evaluations Routine Cleaning Routine X-rays Fluoride Application Sealants Space Maintainers (limited to non-orthodontic treatment) Non-Routine X-rays Emergency Care to Relieve Pain Perio Cleaning/Maintenance	100%, No Deductible	100%, No Deductible
Class II Expenses		
Fillings Oral Surgery - Simple Extractions Oral Surgery - All Except Simple Extraction Surgical Extraction of Impacted Teeth Anesthetics Periodontal Scaling and Root Planing Minor/Non-Surgical Periodontal Osseous Surgery Major/Surgical Periodontal Anterior/Bicuspid Root Canal Molar Root Canal Minor Endodontics Major Endodontics Relines, Rebases, and Adjustments Repairs - Bridges, Crowns, and Inlays Repairs - Dentures	80%, After Deductible	80%, After Deductible
Class III Expenses		
Inlays Onlays Crowns Stainless Steel/Resin Crowns Dentures Bridges Brush Biopsy	50%, After Deductible	50%, After Deductible
Class IV Expenses - Orthodontia		
Coverage for Eligible Children and Adults Lifetime Maximum	50%, No Ortho Deductible \$2000	50%, No Ortho Deductible \$2000
Class IX Expenses - Implants		
Plan Calendar Year Max	50%, After Deductible \$2000	50%, After Deductible \$2000
Dental Plan Reimbursement Levels	Based on Contracted Fees	80th Percentile
Additional Member Responsibility in excess of Coinsurance	None	Yes, the difference between Billed Charges and the plan reimbursement
Student/Dependent Age	26/26	

**Cigna Healthcare Financial Exhibit for:
Houston ISD - \$2,000 CYM**

Effective Date: January 01, 2021

Benefits calculated on a 12 month calendar period

Consecutive month frequency calculate limits using the date of the first service.

Cigna Dental Choice / Indemnity Exclusions and Limitations:

Procedure	Exclusions & Limitations
Oral Evaluations	2 per calendar year
Prophylaxis (routine cleaning)	2 routine prophylaxis or perio maintenance procedures per calendar year
Fluoride	1 per calendar year for participants under age 19
Routine X-rays	Bitewings: limited to 2 sets per calendar year
Non-Routine X-rays	Complete series of radiographic images and panoramic radiographic images: limited to a combined total of 1 per 36 months
Periapical X-rays	No frequency limit
Intraoral Occlusal X-rays	No frequency limit
Model	Payable only when in conjunction with Ortho workup
Space Maintainers	No frequency limit for participants under age 19.
Fillings	Limited to 1 per tooth per 12 consecutive months. Resin-based composite restorations on molar teeth are not covered.
Sealants	1 per tooth per 36 consecutive months for participants under age 14. Payable on unrestored permanent bicuspid or molar teeth only
Perio Scaling and Root Planing	Limited to 1 per quadrant per 24 consecutive months per quadrant
Perio Surgery	1 per quadrant per 24 consecutive months per area of the mouth (same service)
Crowns	Replacement limited to 1 per tooth per 60 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.
Stainless Steel & Resin Crowns	1 per tooth per 60 consecutive months, primary teeth will be treated with Stainless Steel Crowns. No age limit.
Prosthesis over Implants	Replacement limited to 1 per tooth per 60 consecutive months, if unserviceable and cannot be repaired.
Bridges	Replacement limited to 1 per tooth per 60 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.
Dentures and Partials	Replacement limited to 1 per arch per 60 consecutive months, if unserviceable and cannot be repaired.
Relines, Rebases & Adjustments	1 per tooth per 12 consecutive months
Repairs - Bridges	2 per tooth per 12 consecutive months
Repairs - Dentures	1 per tooth per 12 consecutive months
Alternate Benefit	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.
Orthodontia	For dependent children and adults
TMJ	Not covered
Missing Tooth Provision	The amount payable is 50% of the amount otherwise payable until insured for the first 12 months; thereafter, considered a Class III expense
Late Entrant Limit	50% coverage on Class III and IV (if applicable) for 12 months
Pre-Treatment Review	Available on a voluntary basis when extensive work in excess of \$200 is proposed

Benefit Exclusions:

- * Services performed primarily for cosmetic reasons; Replacement of a lost or stolen or damaged appliance;
- * Initial placement of a complete denture or partial denture unless it includes the replacement of a functioning natural tooth extracted while the person is covered under this plan; removal of only a permanent third molar will not qualify for an initial or replacement complete or partial denture or bridge;
- * Any replacement of a crown, bridge, partial denture, or complete denture which is or can be made usable according to commonly accepted dental standards;
- * Veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper or lower first, second and/or third molars;
- * Dental services that do not meet commonly accepted dental standards; Services that are deemed to be medical services;
- * Procedures for which a charge would not have been made if the person had no insurance or for which the person is not legally required to pay;
- * Experimental or investigational procedures and treatments; Procedures which are not necessary and/or which do not have uniform professional endorsement;
- * Charges for or in connection with an injury or illness arising out of, or in the course of any employment for wage or profit;
- * Charges for or in connection with an injury or illness which is covered under any workers' compensation or similar law;
- * Charges in excess of the Maximum Reasonable Charge allowances;
- * General anesthesia or intravenous sedation, when used for the purposes of anxiety control or patient management is not covered;
- * may be considered only when medically or dentally necessary and when in conjunction with covered complex oral surgery;
- * Fees charged for broken appointments, claim form submission or sterilization; duplication of x-rays and exams required by a third party;
- * Services not included in the list of covered dental expenses;
- * Crowns, inlays, cast restorations, or other laboratory prepared or CAD/CAM prepared restorations on teeth unless the tooth cannot be restored with an amalgam or composite resin filling due to major decay or fracture; Replacement of teeth beyond the normal adult dentition of 32 teeth;
- * Prescription drugs; Athletic mouth guards; Myofunctional therapy;
- * Any charge for any treatment performed outside of the United States other than for Emergency Treatment;
- * Procedures that are a covered expense under any other medical plan which provides group hospital, surgical, or medical benefits whether or not on an insured basis;

*** In Texas, the insured dental product offered by CGLIC and CHLIC is referred to as the Cigna Dental Choice Plan, and this plan utilizes the national Cigna Dental PPO network.*

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 Cigna HealthCare.

Did you know that all of Cigna's dental plans include the Cigna Dental Oral Health Integration Program? This program was designed to address research that supports the association of oral health to overall health and provides 100% reimbursement of copays or coinsurance for customers with qualifying medical conditions for program eligible procedures. Additionally, registered program members can receive discounts on prescription dental products targeted at high risk patients as well as articles on behavioral conditions that impact oral health.

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Prepared by Underwriting.
Cigna DPPO Network (P0010)

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