

# Group Dental Insurance



## Enhancing the Overall Health of Your Employees

Routine dentist visits are medically proven to contribute to overall health and wellbeing, reducing sick time. Dental insurance is one of the most demanded employee insurance benefits after health insurance. Providing dental insurance is a win-win for your organization and your employees.

### // A Plan for Everyone

Members, employees, spouses and children, including unmarried dependents 26 years old and under, all qualify for coverage under the ACCE Dental PPO Plan. The plan also offers coverage to part-time employees (working 20 hours a week) if you choose.

### // Freedom to Visit Any Licensed Dentist

Under the DPPO plan, your employees have access to dental care both inside and outside of the network, and only pay a percentage of the cost for services.

### // Broad Coverage

- Provides coverage for two exams and cleanings per year in addition to most preventive, diagnostic and restorative services at a portion of the cost (not including orthodontia)
- Annual individual/family deductibles: \$25/\$75 in network; \$50/\$150 out-of-network
- Annual calendar-year maximum of \$1,500, which can grow up to \$1,800 when you get preventive care each year through the plan
- Coverage for emergency dental care
- No referral needed to visit a licensed dental specialist
- Save when you visit CIGNA network dentists

# SUMMARY OF BENEFITS

## Group Dental Insurance

CIGNA CORE PPO NETWORK BENEFITS	PPO IN-NETWORK	PPO OUT-OF-NETWORK
Calendar Year Progressive Maximum (Maximum is progressive when insured member completes two annual preventative visits: Year 1: \$1500, Year 2: \$1600, Year 3: \$1700, Year 4: \$1800.)	\$1500, Class I Applies	\$1500, Class I Applies
Calendar-Year Deductible Per Individual Per Family	\$25/person \$75/family	\$50/person \$150/family
Class I: Preventive & Diagnostic Care <ul style="list-style-type: none"> <li>Oral Exams (2/year)</li> <li>Routine Cleanings (2/year)</li> <li>Full Mouth X-rays (One complete set every 3 years)</li> <li>Bitewing X-rays (2/year)</li> <li>Panoramic X-rays (One every 3 years)</li> <li>Fluoride Application (One/year for persons under 19)</li> <li>Sealants (Limited to posterior tooth for a person less than 14, One treatment/tooth every 3 years)</li> <li>Space Maintainers (limited to non-orthodontic treatment)</li> <li>Emergency Care to Relieve Pain</li> </ul>	100%, No Deductible	100%, No Deductible
Class II: Basic Restorative Care <ul style="list-style-type: none"> <li>Fillings</li> <li>Oral Surgery - Simple Extractions</li> <li>Oral Surgery - All Except Simple Extraction</li> <li>Surgical Extraction of Impacted Teeth</li> <li>Anesthetics</li> <li>Major Periodontics</li> <li>Minor Periodontics</li> <li>Root Canal Therapy / Endodontics</li> <li>Relines, Rebases, and Adjustments (covered if more than 6 months after installation)</li> <li>Repairs - Bridges, Crowns, Inlays and Dentures (re-viewed if more than once)</li> </ul>	80%, After Deductible	80%, After Deductible
Class III: Major Restorative Care <ul style="list-style-type: none"> <li>Crowns / Inlays / Onlays (Replacement every 5 years)</li> <li>Dentures (Replacement every 5 years)</li> <li>Bridges (Replacement every 5 years)</li> </ul>	50% After Deductible	50% After Deductible
Class IV: Orthodontia	Not covered	Not covered
Missing Tooth Provision	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 work in excess of \$200 is proposed.	
Out-of-Network Reimbursement	90th Percentile	
Dependent Age	26	

Note: All plan deductibles and maximums (dollar and occurrence) cross-accumulate between In-Network and Out-of-Network unless otherwise noted.

## Important Information

### PPO 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 implant of any type
- 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. CIGNA HealthCare 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.

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### Indemnity Exclusions & Limitations:

- Exams - Two per Calendar year
- Prophylaxis (cleanings) - Two per Calendar year
- Fluoride - 1 per calendar year for people under 19
- X-Rays (routine) - Bitewings: 2 per calendar year
- X-Rays (non-routine) - Full mouth: 1 every 3 calendar years. Panorax: 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
- Prosthesis Over Implants - 1 per 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.
- 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 up to age 14
- Space Maintainers - Limited to non-Orthodontic treatment
- 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 that will be included as Covered Expenses.

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. "CIGNA HealthCare" refers to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, CIGNA Health and Life Insurance Company, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc.

Administered by: AGIA, Inc.

