



CIGNA Dental PPO Benefit Summary for Montgomery College

CIGNA Dental PPO

<i>Benefits</i>	In-Network		Out-of-Network	
	Plan Pays	You Pay	Plan Pays	You Pay
Calendar Year Maximum (Class I, II and III expenses)	\$2,000		\$2,000	
Annual Deductible	\$50 per person		\$50 per person	
Reimbursement Levels	Based on reduced contracted fees		Based on the 90th percentile of Reasonable & Customary allowances	
<i>Class I – Preventive and diagnostic services</i> Oral Exams Routine Cleanings Full Mouth X-rays Bitewing X-rays Panoramic X-ray Fluoride Application Sealants Space Maintainers Emergency Care to Relieve Pain	100%	No Charge	100%	No Charge
<i>Class II – Basic restorative services</i> Fillings Oral Surgery – Simple Extractions Oral Surgery – All Except Simple Extractions Surgical Extraction of Impacted Teeth Anesthetics Root Canal Therapy	80% *	20% *	80% *	20% *
<i>Class III – Major restorative services</i> Relines, Rebases, and Adjustments Repairs – Bridges, Crowns, and Inlays Repairs - Dentures Implants Crowns Dentures Bridges Histopathologic Exams	60% *	40% *	60% *	40% *
<i>Class IV – Orthodontia</i> <i>Calendar Year Maximum</i> <i>(Combined with Periodontia)</i>	60% *	40% *	60% *	40% *
<i>Class VI – Periodontia</i> Osseous Surgery Periodontal Scaling and Root Planning <i>Calendar Year Maximum</i> <i>(Combined with Orthodontia)</i>	\$1,000 Employees and all dependents	\$1,000 Employee and all dependents	\$1,000	\$1,000

Missing Tooth Limitation - No coverage for replacement of teeth missing prior to the effective date.

Pretreatment review is suggested when dental work in excess of \$500 proposed. All plan deductibles and maximums (dollar and occurrence) cross-accumulate between In-Network and Out-of-Network unless otherwise noted.

*Deductible applies

Plan Exclusions and Limitations

Exclusions

Covered expenses will not include, and no payment will be made for, expenses incurred for:

- Services performed solely for cosmetic reasons;
- Replacement of a lost or stolen appliance;
- Replacement of a bridge, crown or denture within five years after the date it was originally installed unless: (a) such replacement is made necessary by the placement of an original opposing full denture or the necessary extraction of natural teeth; or (b) the bridge, crown or denture, while in the mouth, has been damaged beyond repair as a result of an injury received while a person is insured for these benefits;
- Any replacement of a bridge, crown or denture which is or can be made useable according to common dental standards;
- Procedures, appliances or restorations (except full dentures) whose main purpose is to (a) change vertical dimension; (b) diagnose or treat conditions or dysfunction of the temporomandibular joint; (c) stabilize periodontally involved teeth; or (d) restore occlusion;
- Porcelain or acrylic veneers of crowns or pontics on or replacing the upper and lower first, second or third molars;
- Bite registrations; precision or semi-precision attachments; or splinting;
- 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;
- Services for which benefits are not payable according to the "General Limitations" section.

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.

General Limitations

No payment will be made for expenses incurred for you or any one of your Dependents:

- For or in connection with an injury arising out of, or in the course of, any employment for wage or profit;
- For or in connection with a sickness which is covered under any workers' compensation or similar law;
- For charges made by a Hospital owned or operated by or which provides care or performs services for the United States Government, if such charges are directly related to a military service connected condition;
- To the extent that payment is unlawful where the person resides when the expenses are incurred;
- For charges which the person is not legally required to pay;
- To the extent that they are more than either the applicable Contracted Fee, applicable Reasonable or Customary Charges or applicable Scheduled Amount;
- 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; or
- For or in connection with experimental procedures or treatment methods not approved by the American Dental Association or the appropriate dental specialty society.
- For services of supplies received as a result of dental disease, defect or injury due to an act of war, declared or undeclared;
- For charges which would not have been made if the person had no insurance
- No payment will be made for expenses incurred by you or any one of your Dependents 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.

This Fee Overview highlights some of the benefits available under your plan. A complete description regarding the terms of coverage, exclusions and limitations, including benefits will be provided in your insurance certificate or plan description. In case of discrepancy between this Fee Overview and your plan documents, the plan documents will prevail.

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 or administered by Connecticut General Life Insurance Company with network management services provided by CIGNA Dental Health, Inc., and certain of its operating subsidiaries. In Texas, the CIGNA Dental PPO product is referred to as the CIGNA Dental Choice Plan. In Arizona and Louisiana, the CIGNA Dental PPO product is referred to as the CG Dental PPO.

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