

Dental PPO 50¹

Arizona, California, Colorado, Connecticut, Florida, North Carolina, South Carolina, Tennessee



BENEFIT	IN NETWORK (Participating Provider)	OUT OF NETWORK (Non-Participating Provider)
Calendar Year Deductible per Person	\$50	\$50
Calendar Year Deductible per Family	\$150	\$150
Calendar Year Maximum per Person	\$1,000	\$1,000
<i>In- and out-of-network services combined apply towards dental deductible and benefit maximum.</i>		
<i>All benefits listed below are subject to the deductible unless otherwise noted.</i>		
PREVENTIVE / DIAGNOSTIC SERVICES		
Benefit Waiting Period	No waiting period	
Oral Exams Routine Cleanings Routine X-rays Fluoride Application Sealants Space Maintainers (non-orthodontic)	CIGNA pays 100% ²	CIGNA pays 80% ²
BASIC RESTORATIVE SERVICES		
Benefit Waiting Period	6 Months	
Fillings Non-Routine X-rays Emergency Services to Relieve Pain Oral Surgery, Simple Extractions	CIGNA pays 80%	CIGNA pays 60%
MAJOR RESTORATIVE SERVICES		
Benefit Waiting Period	12 Months	
Crowns / Inlays / Onlays Root Canal Therapy / Endodontics Minor Periodontics Major Periodontics Oral Surgery, All Except Simple Extractions Surgical Extraction of Impacted Teeth Relines, Rebases, and Adjustments Repairs - Bridges, Crowns, and Inlays Repairs - Dentures Anesthetics Dentures Bridges	CIGNA pays 50%	CIGNA pays 40%

¹The CIGNA Dental PPO is underwritten by Connecticut General Life Insurance Company with network management services provided by CIGNA Dental Health, Inc., and certain of its operating subsidiaries.

² Annual deductible waived

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Procedure	Frequency Limitations
Missing Tooth Limitation	No coverage for replacement of teeth missing prior to the effective date
Clinical Oral Evaluation	1 per 6-month consecutive period.
Prophylaxis (Cleanings)	Only 1 prophylaxis per consecutive 6-month period.
Fluoride Treatments	Limited to persons less than 14 years old. Only 1 per person per consecutive 12-month period.
X-rays (routine)	Bitewings: Only 1 set in any consecutive 12-month period. Limited to a maximum of 4 films per set.
X-rays (non-routine)	Complete Mouth Survey or Panoramic x-rays: Only 1 in any consecutive 60-month period.
Periapical x-rays	A maximum of 4 periapical x-rays which are not performed in conjunction with an operative procedure are payable in any consecutive 12-month period.
Intraoral occlusal x-rays	Limited to 2 films in any consecutive 12-month period.
Fillings	1 per tooth per 12 consecutive months (applies to replacement of identical surface fillings only). No white/tooth colored fillings on bicuspid or molar teeth.
Sealants	Per tooth, on an unrestored permanent bicuspid or molar tooth for a person less than 14 years old - Only 1 treatment per tooth per lifetime.
Minor Periodontics (non-surgical)	Root planing-1 per quadrant per 36 consecutive months.
Periodontic Surgery	1 per 36 consecutive months per area of the mouth (same service).
Crowns and Inlays	Replacement limited to 1 per 84 consecutive months. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Replacement must be indicated by major decay. For participants less than age 16, benefits limited to resin or stainless steel.
Stainless Steel & Resin Crowns	1 per 36 consecutive months for participants younger than age 16.
Bridges	Replacement limited to 1 per 84 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 84 consecutive months, if unserviceable and cannot be repaired.
Relines, Rebases	Covered if more than 12 months after installation; 1 per 36 consecutive months.
Adjustments	Covered if more than 12 months after installation; 1 per 12 consecutive months.
Repairs - Bridges	Covered if more than 12 months after installation.
Repairs - Dentures	Covered if more than 12 months after installation.
Endodontics	Root canal re-treatment 1 per 24 consecutive months, if necessity demonstrated.
Alternate Benefit	When more than one Covered Dental Service could provide suitable treatment based on common dental standards, CIGNA will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expense.

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**Benefit Exclusions:**

- Services performed primarily for cosmetic reasons; Replacement of a lost or stolen appliance;
- Replacement of a bridge, denture or crown within 84 months following its initial date of insertion;
- 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, the restoration of teeth which have been damaged by erosion, attrition or abrasion; bite registration; or bite analysis;
- 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;
- Experimental or investigational procedures and treatments; Procedures which are not necessary and which do not have uniform professional endorsement;
- 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; Amounts in excess of Maximum Reimbursable Charges;
- Intravenous sedation or general anesthesia, except when medically or Dentally Necessary and when in conjunction with covered complex oral surgery;
- Fees charged for broken appointments, claim form submission or sterilization;
- Prescription drugs; Athletic mouth guards; Myofunctional therapy;
- Charges for travel time; transportation costs; or professional advice given on the phone;
- Any charge for any treatment performed outside of the United States other than for Dental Emergency Services (any benefits for Dental Emergency Services which are performed outside of the United States will be limited to a maximum of \$100.00 per 12 consecutive month period);
- Procedures that are a covered expense under any other dental plan which provides dental benefits whether or not on an insured basis;
- Services or supplies received as a result of dental disease, defect or injury due to an act of war, declared or undeclared.
- Models
- Orthodontia
- TMJ
- Surgical Implants

These Are Only the Highlights

This summary contains highlights only and is subject to change. The specific terms of coverage, exclusions and limitations including legislated benefits are contained in the Dental Insurance Policy. This Dental Insurance Policy (AZ: DENINDAZ082010, CA: DENINDCA082010, CO: DENINDCO082010, CT: DENINDCT082010, FL: DENINDFL082010, NC: DENINDNC082010, SC: DENINDSC082010, TN: DENINDTN082010) is insured by Connecticut General Life Insurance Company, a CIGNA Company. For costs and complete details of coverage, including deductibles, coinsurance, exclusions, any reductions or limitations (such as waiting periods, calendar year maximums), and the terms under which the policy may be continued in force, consult the Outline of Coverage or Policy Booklet.

"CIGNA" and the "Tree of Life" logo are registered service marks, and CIGNA Dental PPO 50 is a service mark, of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries including Connecticut General Life Insurance Company, CIGNA HealthCare of Connecticut, Inc., and CIGNA Dental Health, Inc. and its subsidiaries and not by CIGNA Corporation. In Arizona, the Dental PPO is known as CG Dental PPO.

Individual and Family Plans

Insured by Connecticut General Life Insurance Company

DENTAL PPO 50 EXCLUSIONS AND LIMITATIONS

Procedure

Frequency Limitations

Missing Tooth Limitation	No coverage for replacement of teeth missing prior to the effective date
Clinical Oral Evaluation	1 per 6-month consecutive period.
Prophylaxis (Cleanings)	Only 1 prophylaxis per consecutive 6-month period.
Fluoride Treatments	Limited to persons less than 14 years old. Only 1 per person per consecutive 12-month period.
X-rays (routine)	Bitewings: Only 1 set in any consecutive 12-month period. Limited to a maximum of 4 films per set.
X-rays (non-routine)	Complete Mouth Survey or Panoramic x-rays: Only 1 in any consecutive 60-month period.
Periapical x-rays	A maximum of 4 periapical x-rays which are not performed in conjunction with an operative procedure are payable in any consecutive 12-month period.
Intraoral occlusal x-rays	Limited to 2 films in any consecutive 12-month period.
Models	Not covered.
Fillings	1 per tooth per 12 consecutive months (applies to replacement of identical surface fillings only). No white/tooth colored fillings on bicuspid or molar teeth.
Sealants	Per tooth, on an unrestored permanent bicuspid or molar tooth for a person less than 14 years old - Only 1 treatment per tooth per lifetime.
Minor Periodontics (non-surgical)	Root planing-1 per quadrant per 36 consecutive months.
Periodontic Surgery	1 per 36 consecutive months per area of the mouth (same service).
Crowns and Inlays	Replacement limited to 1 per 84 consecutive months. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Replacement must be indicated by major decay. For participants less than age 16, benefits limited to resin or stainless steel.
Stainless Steel & Resin Crowns	1 per 36 consecutive months for participants younger than age 16.



Bridges	Replacement limited to 1 per 84 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 Partial	Replacement limited to 1 per 84 consecutive months, if unserviceable and cannot be repaired.
Relines, Rebases	Covered if more than 12 months after installation; 1 per 36 consecutive months.
Adjustments	Covered if more than 12 months after installation; 1 per 12 consecutive months.
Repairs - Bridges	Covered if more than 12 months after installation.
Repairs - Dentures	Covered if more than 12 months after installation.
Endodontics	Root canal re-treatment 1 per 24 consecutive months, if necessity demonstrated.
Alternate Benefit	When more than one Covered Dental Service could provide suitable treatment based on common dental standards, CIGNA will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expense.

Excluded Services

- Services performed primarily for cosmetic reasons except as described in the Dental Benefits: What This Policy Pays For section of the Policy;
- Replacement of a lost or stolen appliance;
- Initial placement of a full 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 denture or bridge;
- Overdentures, personalization, precision or semi-precision attachments;
- Replacement of a bridge, denture or crown within 84 months following its initial date of insertion;
- Replacement of a bridge, denture or crown which can be made useable according to 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, the restoration of teeth which have been damaged by erosion, attrition or abrasion; bite registration; or bite analysis;
- Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars;
- Core buildup, labial veneers; Precious or semi-precious metals for crowns, bridges, pontics and abutments; crowns and bridges other than stainless steel or resin for participants under 16 years old;
- Bite registrations; precision or semi-precision attachments; splinting; Surgical implant of any type;
- Instruction for plaque control, oral hygiene and diet;
- Prosthesis Over Implant — A prosthetic device, supported by an implant or implant abutment;



- Dental services that do not meet common dental standards; Services that are deemed to be medical services;
- Services and supplies received from a hospital;
- Procedures for which a charge would not have been made in the absence of coverage, for 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; Procedures which are not necessary and which do not have uniform professional endorsement;
- 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; Amounts in excess of Maximum Reimbursable Charges;
- IV sedation or general anesthesia, except when medically or dentally necessary and when in conjunction with covered complex oral surgery;
- Fees charged for broken appointments, claim form submission or sterilization;
- Services not included in the list of covered dental expenses, unless CIGNA agrees to accept such expense as a covered dental expense, in which case payment will be made consistent with similar services which would provide the least expensive professionally satisfactory result;
- Crowns, inlays, cast restorations, or other laboratory 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 complement of 32;
- Prescription drugs; Athletic mouth guards; Myofunctional therapy;
- Charges for travel time; transportation costs; or professional advice given on the phone;
- Professional services received or supplies purchased from Yourself, a person who lives in the Insured Person's home or who is related to the Insured Person by blood, marriage or adoption, or the Insured Employee's employer;
- Any procedure, service, or supply which may not reasonably be expected to successfully correct the covered person's dental condition for a period of at least three years, as determined by CIGNA; Temporary, transitional or interim dental services; Diagnostic casts, diagnostic models, or study models;
- Any charge for any treatment performed outside of the United States other than for Dental Emergency Services (any benefits for Dental Emergency Services which are performed outside of the United States will be limited to a maximum of \$100.00 per 12 consecutive month period);
- Procedures that are a covered expense under any other dental plan which provides dental benefits whether or not on an insured basis;
- Any charges, including ancillary charges, made by hospital, ambulatory surgical center or similar facility;
- To the extent that payment is unlawful where the person resides when the expenses are incurred;
- 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 will take into account any adjustment option chosen under such part by you or any one of your Dependents.



- Services or supplies received as a result of dental disease, defect or injury due to an act of war, declared or undeclared.
- Models
- Orthodontia
- TMJ
- Surgical Implants

This dental insurance policy (Policy number DENINDFL082010 in Florida) has exclusions, limitations, reduction of benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of coverage, contact CIGNA, PO Box 30365, Tampa, FL 33630 or call 1-866-438-2446.

The CIGNA Dental PPO is underwritten by Connecticut General Life Insurance Company with network management services provided by CIGNA Dental Health, Inc., and certain of its operating subsidiaries. In this document "CIGNA" refers to CGLIC.

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