Cigna Dental Benefit Summary
State of Connecticut – Judges Plan with HEP
Plan Renewal Date: July 01, 2020
Plan Change Effective Date: October 01, 2020

Insured by: Cigna Health and Life Insurance Company

This material is for informational purposes only and is designed to highlight some of the benefits available under this plan. Consult the plan documents to determine specific terms of coverage relating to your plan. Terms include covered procedures, applicable waiting periods, exclusions and limitations.

Cigna Dental PPO				
Network Options	***In-Network:*** **State of Connecticut Network**		***Non-Network:*** **See Non-Network Reimbursement**	
Reimbursement Levels	Based on Contracted Fees		Maximum Reimbursable Charge	
Calendar Year Benefits Maximum	Unlimited			
Calendar Year Deductible Individual Family	$0 $0		$0 $0	
Benefit Highlights	***Plan Pays***	***You Pay***	***Plan Pays***	***You Pay***
Class I: Diagnostic & Preventive Oral Evaluations Routine Cleanings Periodontal Maintenance Bitewing X-rays Full Mouth X-rays Panoramic X-ray	100% No Deductible	0% No Deductible	100% No Deductible	0% No Deductible
Class II: Basic Restorative Restorative: fillings (amalgam & composite) Fluoride Application Sealants Emergency Care to Relieve Pain Oral Surgery – Simple Extractions Root Canal Therapy / Endodontics Stainless Steel/Resin Crowns Denture Adjustments and Repairs Repairs to Bridges, Crowns and Inlays Brush Biopsy	80% No Deductible	20% No Deductible	80% No Deductible	20% No Deductible
Class III: Major Restorative Crowns / Inlays / Onlays Prosthesis Over Implant Oral Surgery – All Except Simple Extractions Surgical Extractions of Impacted Teeth Space Maintainers Occlusal Guards Exparel	67% No Deductible	33% No Deductible	67% No Deductible	33% No Deductible
Class IV: Orthodontia	Not covered		Not covered	
Class VI: Periodontics Periodontics/Osseous Surgery	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible
Class VII: Prosthetics Bridges Dentures	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible
Class VIII: Periodontal Scaling and Root Planing Periodontal Scaling and Root Planing	50% No Deductible No Maximum	50% No Deductible No Maximum	50% No Deductible No Maximum	50% No Deductible No Maximum
Benefit Plan Provisions:				
In-Network Reimbursement	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.			
Non-Network Reimbursement	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 95th percentile of all provider charges in the geographic area.			

Cross Accumulation	All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network.
Calendar Year Deductible	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.
Late Entrant Limitation Provision	No coverage until next open enrollment.
Pretreatment Review	Pretreatment review is available on a voluntary basis when dental work in excess of $200 is proposed.
Alternate Benefit Provision	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. This provision does not apply to fillings.
Oral Health Integration Program	Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with the following medical conditions: diabetes, heart disease, stroke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease. There's no additional charge for the program, those who qualify get reimbursed 100% of coinsurance for certain related dental procedures. Eligible customers can also receive guidance on behavioral issues related to oral health and discounts on prescription and non-prescription dental products. Reimbursements under this program are not subject to the annual deductible, but will be applied to and are subject to the plan annual maximum. Discounts on certain prescription and non-prescription dental products are available through Cigna Home Delivery Pharmacy only, and you are required to pay the entire discounted charge. For more information including how to enroll in this program and a complete list of program terms and eligible medical conditions, go to www.mycigna.com or call customer service 24/7 at 1.800.CIGNA24.
Benefit Limitations:	
Missing Tooth Limitation	Not applicable.
Oral Exams	2 per calendar year
X-rays (routine)	Bitewings: 1 per calendar year
X-rays (non-routine)	Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 5 years
Cleanings	2 routine and 2 periodontal cleanings per calendar year
Fluoride Application	2 per calendar year for children under 19 years of age
Sealants (per tooth)	Limited to posterior tooth. 1 treatment per tooth every 3 calendar years, no age restrictions
Space Maintainers	Limited to non-orthodontic treatment for children under age 19
Study Models or Diagnostic Casts	Not covered
Periodontal Treatment	Various limitations depending on the service, Frequency limit of once per 24 months
Periodontal Surgery	Various limitations depending on the service, Frequency limit of once per 36 months
Inlays and Crowns	Replacement every 7 years if unserviceable and cannot be repaired
Anesthesia	Not Covered
Dentures, Bridges and Partials	Replacement every 7 years if unserviceable and cannot be repaired
Denture and Bridge Repairs	Reviewed if more than once
Denture Relines, Rebases and Adjustments	Covered if more than 6 months after installation
Prosthesis Over Implant	1 per 7 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.
Benefit Exclusions: Covered Expenses will not include, and no payment will be made for the following:	
Procedures and services not listed under Benefit Highlights;	
Diagnostic: cone beam imaging; Preventive Services: instruction for plaque control, oral hygiene and diet;	
Restorative: Porcelain or acrylic veneers of crowns or pontics on, or replacing the upper and lower first, second and third molars;	
Periodontic: bite registrations; splinting; Prosthodontic: precision or semi-precision attachments;	
Implants: implants or implant related services; Orthodontics: orthodontic treatment;	
Procedures, appliances or restorations, except full dentures, whose main purpose is to: change vertical dimension; diagnose or treat conditions or dysfunction of the temporomandibular joint (TMJ); stabilize periodontally involved teeth; or restore occlusion;	
Athletic mouth guards; Replacement of a lost or stolen appliance; Services performed primarily for cosmetic reasons; Personalization;	
Services that are deemed to be medical in nature; Services and supplies received from a hospital; Drugs: prescription drugs	
Charges in excess of the Maximum Reimbursable Charge.	
Contracted providers are not obligated to provide discounts on non-covered services and may charge their usual fees.	

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