

**Cigna Dental Benefit Summary**  
**The Claremont Colleges**  
**Plan Effective Date: 01/01/2017**



Insured by: Cigna Health and Life Insurance

Receiving regular dental care can not only catch minor problems before they become major and expensive to treat - it may even help improve your overall health. Gum disease is increasingly being linked to complications for pre-term birth, heart disease, stroke, diabetes, osteoporosis and other health issues. That's why this dental plan includes **Cigna Dental WellnessPlus<sup>SM</sup>** features. When you or your family members receive any preventive care service in one plan year, the annual dollar maximum will increase in the following plan year. When you or your family members remain enrolled in the plan and continue to receive preventive care, the annual dollar maximum will increase in the following plan year, until it reaches the level specified below. Please refer to your plan materials for additional information on this plan feature.

<b>Cigna Dental PPO</b>				
<b>Network Options</b>	<b>In-Network: Total Cigna DPPO Network</b>		<b>Out-of-Network: No Network</b>	
<b>Reimbursement Levels</b>	Based on Contracted Fees		90% Maximum Reimbursable Charge	
<b>Progressive Maximum Benefit:</b> Progressive Benefit Year 2: Increase contingent upon receiving Preventive Services in Plan Year 1. Progressive Benefit Year 3: Increase contingent upon receiving Preventive Services in Plan Years 1 and 2. Progressive Benefit Year 4: Increase contingent upon receiving Preventive Services in Plan Years 2 and 3.				
<b>Annual Benefits Maximum</b> Applies to: Class II, III and IX expenses	Year 1: \$2,000 Year 2: \$2,200 Year 3: \$2,400 Year 4: \$2,600		Year 1: \$2,000 Year 2: \$2,200 Year 3: \$2,400 Year 4: \$2,600	
<b>Annual Deductible</b> Individual Family	\$50 \$150		\$50 \$150	
<b>Benefit Highlights</b>	<b>Plan Pays</b>	<b>You Pay</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Class I: Diagnostic &amp; Preventive</b> Oral Exams Cleanings X-rays: routine X-rays: non-routine Fluoride Application Space Maintainers: non-orthodontic Emergency Care to Relieve Pain	100% No Deductible	No Charge No Deductible	100% No Deductible	No Charge No Deductible
<b>Class II: Basic Restorative</b> Sealants: per tooth Restorative: fillings Endodontics: minor and major Periodontics: minor and major Oral Surgery: minor and major Anesthesia: general and IV sedation Brush Biopsy	80% After Deductible	20% After Deductible	80% After Deductible	20% After Deductible
<b>Class III: Major Restorative</b> Inlays and Onlays Prosthesis Over Implant Crowns, Bridges and Dentures Repairs: Bridges, Crowns and Inlays Repairs: Dentures Denture Relines Rebases and Adjustments	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
<b>Class IV: Orthodontia</b>  Coverage for Employee and All Dependents  Orthodontia Lifetime Maximum: \$2,500	50% After Plan Deductible	50% After Plan Deductible	50% After Plan Deductible	50% After Plan Deductible

<b>Class IX: Implants</b>	50% After Plan Deductible	50% After Plan Deductible	50% After Plan Deductible	50% After Plan Deductible
<b>Benefit Plan Provisions:</b>				
<b>In-Network Reimbursement</b>	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.			
<b>Out-of-Network Reimbursement</b>	For services provided by an out of network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 90th percentile of all provider charges in the geographic area. The dentist may balance bill up to their usual fees.			
<b>Cross Accumulation</b>	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.			
<b>Annual Benefits Maximum</b>	The plan will only pay for covered charges up to the plan maximum (when applicable). Benefit-specific maximums may also apply.			
<b>Annual Deductible</b>	This is the amount you must pay before the plan begins to pay for covered charges (when applicable). Benefit-specific deductibles may also apply.			
<b>Pretreatment Review</b>	Pretreatment review is available on a voluntary basis when extensive dental work in excess of \$200 is proposed.			
<b>Alternate Benefit Provision</b>	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.			
<b>Oral Health Integration Program (OHIP)</b>	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 plan 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 <a href="http://www.mycigna.com">www.mycigna.com</a> or call customer service 24/7 at 1.800.CIGNA24.			
<b>Benefit Limitations:</b>				
Oral Exams	2 per year			
X-rays (routine)	Bitewings: 2 per year			
X-rays (non-routine)	Full mouth or panoramic: 1 every 3 years			
Diagnostic Casts	Payable only in conjunction with orthodontic workup			
Cleanings	3 per year, including periodontal maintenance procedures following active therapy			
Fluoride Application	1 per year for children under age 19			
Sealants (per tooth)	Limited to posterior tooth. 1 treatment per tooth every 3 years for children under age 14			
Space Maintainers	Limited to non-orthodontic treatment for children under age 19			
Periodontal Treatment	Various limitations depending on the service			
Inlays, Crowns and Bridges	Replacement every 5 years if unserviceable and cannot be repaired			
Dentures and Partials	Replacement every 5 years if unserviceable and cannot be repaired			
Denture and Bridge Repairs	Reviewed if more than once			
Denture Adjustments, Rebases and Relines	Covered if more than 6 months after installation			
Prosthesis Over Implant	1 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.			
<b>Benefit Exclusions:</b>				
Covered Expenses will not include, and no payment will be made for the following:				
Procedures and services not listed under Benefit Highlights;				
Diagnostic: 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;
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.

This document provides a summary only. It is not a contract. If there are any differences between this summary and the official plan documents, the terms of the official plan documents will prevail.

Cigna Dental PPO plans are insured and/or administered by Cigna Health and Life Insurance Company (CHLIC) or Connecticut General Life Insurance Company (CGLIC), with network management services provided by Cigna Dental Health, Inc. and certain of its subsidiaries. In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network.

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