



CIGNA Dental

# What

# you'll save.

## Your Fee Overview

### *For Participants of the Equity-League Health Trust Fund*

*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.*

## Compare for yourself.

### Porcelain Crown

National Average Dentist's Fee	\$ 777.00
Average CIGNA Dental PPO In-Network	\$ 271.00
Patient Charge	
<b>Savings</b>	<b>\$ 506.00</b>

Cat #

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. The CIGNA Dental Care plan is provided by CIGNA Dental Health Plan of Arizona, Inc.; CIGNA Dental Health of California, Inc.; CIGNA Dental Health of Colorado, Inc.; CIGNA Dental Health of Delaware, Inc.; CIGNA Dental Health of Florida, Inc., a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes; CIGNA Dental Health of Kansas, Inc. (Kansas and Nebraska); CIGNA Dental Health of Kentucky, Inc.; CIGNA Dental Health of Maryland, Inc.; CIGNA Dental Health of New Jersey, Inc.; CIGNA Dental Health of New Mexico, Inc., (available only in Albuquerque and Santa Fe); CIGNA Dental Health of North Carolina, Inc.; CIGNA Dental Health of Ohio, Inc.; CIGNA Dental Health of Pennsylvania, Inc.; CIGNA Dental Health of Texas, Inc., CIGNA Dental Health of Virginia, Inc. In other states, the CIGNA Dental Care plan is underwritten by Connecticut General Life Insurance Company and administered by CIGNA Dental Health, Inc. 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. The CIGNA Traditional plan is underwritten or administered by Connecticut General Life Insurance Company.

## See, we weren't kidding when we said savings:

	<i>What You'll Pay</i>		
	<i>National Average Dentist's Fees</i>	<i>CIGNA Dental PPO Average In-Network Patient Charges</i>	<i>CIGNA Dental PPO Average Out-of- Network Patient Charges</i>
<b>Typical Adult Annual Cost</b>			
Two Periodic Exams	\$ 54.00	\$ 0.00	\$ 21.60
Four Bitewing X-rays	0.00	0.00	0.00
Two Quadrants of Periodontal Scaling and Root Planing	296.00	41.40	118.40
Two Routine Cleanings	116.00	0.00	46.40
One Resin/composite 1-surface Filling (Anterior)	91.00	12.80	36.40
Anterior Root Canal	465.00	65.00	186.00
Porcelain Crown	777.00	271.00	466.20
<b>Subtotal</b>	<b>1,799.00</b>	<b>390.20</b>	<b>875.00</b>
<b>Add'l Patient Charges above Annual Maximum</b>	<b>None</b>	<b>0.00</b>	<b>0.00</b>
<b>Typical Child Annual Cost</b>			
Two Periodic Exams	\$ 54.00	\$ 0.00	\$ 21.60
Two Bitewing X-rays	0.00	0.00	0.00
Two Routine Cleanings	82.00	0.00	32.80
Two Fluoride Treatments	44.00	0.00	17.60
Simple Extraction	83.00	11.60	33.20
Orthodontic Evaluation	68.00	24.00	40.80
Orthodontic Treatment Plan and Records	194.00	68.00	116.40
Banding for Comprehensive Orthodontic Treatment	816.00	285.00	489.60
12 Months Comprehensive Orthodontic Treatment-Child	1,532.50	535.00	919.50
<b>Subtotal</b>	<b>2,873.50</b>	<b>923.60</b>	<b>1,671.50</b>
<b>Add'l Patient Charges above Ortho Maximum</b>	<b>None</b>	<b>0.00</b>	<b>0.00</b>
<b>Deductible for two people</b>	<b>None</b>	<b>2.00</b>	<b>2.00</b>
<b>Grand Total</b>	<b>\$ 4,672.50</b>	<b>\$ 1,315.80</b>	<b>2,548.50</b>

**Total Savings with CIGNA Dental PPO In-Network:                   \$ 3,356.70**

The fees listed in the National Average Dentist's Fee column are determined by Connecticut General Life Insurance Company claims analysis. The fees listed in the CIGNA Dental PPO In-Network Patient Charge column are estimated based on national average CIGNA Dental PPO contracted fees. The fees listed in the CIGNA Dental PPO Out-of-Network Patient Charge column are estimated based on national average dentist's fees.

## Summary of Benefits

### CIGNA Dental PPO

<b>Benefits</b>	<b>In-Network</b>		<b>Out-of-Network</b>	
	<b>Plan Pays</b>	<b>You Pay</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Calendar Year Maximum</b> (Class I, II and III expenses)	\$1,500		\$1,500	
<b>Annual Deductible</b> Individual Family	None None		None None	
<b>Reimbursement Levels</b>	Based on Reduced Contracted Fees		Based on Customary Allowances	
<b>Class I - Preventive &amp; Diagnostic Care</b>  Oral Exams (Two per year) Routine Cleanings (Two per year) Full Mouth X-rays (One complete set every three years) Bitewing X-rays (Two per year) Panoramic X-ray (One every three years) Fluoride Application (One per year for persons under 19) Sealants (Limited to posterior tooth for a person less than 14/One treatment per tooth every three years) Space Maintainers (Limited to non-orthodontic treatment) Emergency Care to Relieve Pain Histopathologic Exams	100% no deductible	No Charge	60% no deductible	40% no deductible
<b>Class II - Basic Restorative Care</b>  Fillings Root Canal Therapy Osseous Surgery Periodontal Scaling and Root Planing Denture Adjustments and Repairs Simple Extractions Oral Surgery Anesthetics	80% no deductible	20% no deductible	60% no deductible	40% no deductible
<b>Class III - Major Restorative Care</b>  Crowns Dentures Bridges Repairs to Crowns and Inlays Surgical Extractions of Impacted Teeth	50% no deductible	50% no deductible	40% no deductible	60% no deductible
<b>Class IV - Orthodontia</b>  Lifetime Maximum	\$1,500  Dependent children to age 19; Students to age 25.	50% no deductible	\$1,500  Dependent children to age 19; Students to age 25.	60% no deductible

Pretreatment review is suggested when dental work in excess of \$200 is proposed.

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

## ***CIGNA Dental PPO 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;
- A surgical implant of any type including any prosthetic device attached to it;
- 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.

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.