

Cigna Healthcare Financial Exhibit for:
Trumbull Board of Education
 Effective Date: September 01, 2018



This is a summary of benefits for your dental plan. All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.

State of Connecticut Network Benefits	Cigna Dental PPO	
	In-Network	Out-of-Network
Calendar Year Maximum (Class I, II, III Expenses)	Unlimited	Unlimited
Calendar Year Deductible		
Per Individual	\$0	\$0
Per Family	\$0	\$0
Class I Expenses - Preventive & Diagnostic Care		
Oral Exams	100%, No Deductible	100%, No Deductible
Cleanings		
Routine X-Rays		
Non-Routine X-Rays		
Sealants		
Brush Biopsy		
Class II Expenses - Basic Restorative Care		
Fillings	80%, No Deductible	80%, No Deductible
Fluoride Application		
Periodontal Maintenance		
Emergency Care to Relieve Pain		
Oral Surgery - Simple Extractions		
Root Canal Therapy / Endodontics		
Refines, Rebases, and Adjustments		
Repairs - Bridges, Crowns, and Inlays		
Repairs - Dentures		
Stainless Steel/Resin Crowns		
Class III Expenses - Major Restorative Care		
Crowns / Inlays / Onlays	67%, No Deductible	67%, No Deductible
Prosthesis over Implant		
Space Maintainers (limited to non-orthodontic treatment)		
Oral Surgery- All Except Simple Extraction		
Surgical Extraction of Impacted teeth		
Periodontics		
Class IV Expenses - Orthodontia	Not Covered	Not Covered
Missing Tooth Provision	No limitation	
Late Entrant Limit	No coverage until next open enrollment	
Pretreatment Review	Available on a voluntary basis when extensive work in excess of \$200 is proposed.	
Out-of-Network Reimbursement	Based on 95th percentile of Reasonable and Customary Rates	
Student/Dependent Age	28/26	

CP011 (NS001 DNSP) Network.

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Cigna Dental PPO / Indemnity Exclusions and Limitations:

Procedure	Exclusions & Limitations
Exams	Two per calendar year
Prophylaxis (cleanings)	Two routine and two periodontal cleanings per calendar year
Fluoride	2 per calendar year for people under 18
X-Rays (routine)	Bitewings: 1 per calendar year
X-Rays (non-routine)	Full mouth: 1 every 5 calendar year. Panorax: 1 every 5 calendar year
General Anesthesia	not covered
Minor Perio (non-surgical)	Various limitations depending on the service, Frequency limit of once per 24 months
Perio Surgery	Various limitations depending on the service, Frequency limit of once per 36 months
Crowns and Inlays	Replacement every 7 years
Prostheses Over Implants	1 per every 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.
Bridges	not covered
Dentures and Partial	not covered
Relines, Rebases	Covered if more than 6 months after installation
Adjustments	Covered if more than 6 months after installation
Repairs - Bridges	Reviewed if more than once
Repairs - Dentures	Reviewed if more than once
Sealants	Limited to posterior tooth. One treatment per tooth every three years up to age 18
Space Maintainers	Limited to non-Orthodontic treatment
Alternate Benefit	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.

Benefit Exclusions:

- * Services performed primarily for cosmetic reasons
- * Replacement of a lost or stolen appliance
- * Replacement of a crown within seven years following the date of its original installation
- * Replacement of a bridge or denture which can be made useable according to accepted 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
- * Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars
- * Bite registrations; precision or semi-precision attachments; splinting
- * Instruction for plaque control, oral hygiene and diet
- * Implants
- * Dental services that do not meet common dental standards
- * Services that are deemed to be medical services
- * Services and supplies received from a hospital
- * Charges 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
- * 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
- * To the extent that payment is unlawful where the person resides when the expenses are incurred;
- * Procedures performed by a Dentist who is a member of the covered person's family (covered person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents);
- * 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 HealthCare will take into account any adjustment option chosen under such part by you or any one of your Dependents.
- * 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.

This benefit summary highlights some of the benefits available under the proposed plan. A complete description regarding the terms of coverage, exclusions and limitations, including legislated benefits, will be provided in your insurance certificate or plan description.

Benefits are insured and/or administered by Cigna HealthCare.

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