## Cigna Dental Benefit Summary Drexel University - Preferred Plan LA & MS Plan Renewal Date: 01/01/2024



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.

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. **Your plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.** 

Cigna Dental PPO								
Network Options	In-Network:		Out-of-Network:					
	Cigna DPPO Ad	vantage Network	Non-Network Reimbursement					
Reimbursement Levels		ontracted Fees	Maximum Reimbursable Charge					
WellnessPlus <sup>SM</sup> Progressive Maximum E								
When you or your family members receive any following plan year; until it reaches the highest feature.	preventive care service level specified below. P	during one plan year, th lease refer to your plan n	e annual dollar maximun naterials for additional in	n will increase in the formation on this plan				
Calendar Year Benefits Maximum Applies to: Class I, II, III & IX expenses	Year 1: \$2,000 Year 2: \$2,100 Year 3: \$2,200 Year 4 & Beyond: \$2,300		Year 1: \$2,000 Year 2: \$2,100 Year 3: \$2,200					
	real 4 & Be	yona. \$2,500	Year 4 & Beyond: \$2,300					
Calendar Year Deductible	\$50		\$50					
Individual Family	\$150		\$150					
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay				
Class I: Diagnostic & Preventive	100%	No Charge	100%	No Charge				
Oral Evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Fluoride Application Sealants: per tooth Space Maintainers: non-orthodontic Emergency Care to Relieve Pain (Note: This service is administrated at the in network coinsurance level.)  Class II: Basic Restorative Restorative: fillings (Amalgam and composite on all teeth) Endodontics: minor and major Periodontics: minor and major Oral Surgery: minor and major Anesthesia: general and IV sedation Repairs: bridges, crowns and inlays Repairs: dentures Denture Relines, Rebases and Adjustments	No Deductible  90% After Deductible	10% After Deductible	No Deductible  90% After Deductible	10% After Deductible				
Class III: Major Restorative Inlays and Onlays Prosthesis Over Implant Crowns: prefabricated stainless steel / resin Crowns: permanent cast and porcelain Bridges and Dentures	60% After Deductible	40% After Deductible	60% After Deductible	40% After Deductible				
Class IV: Orthodontia Coverage for Employee and All Dependents Lifetime Benefits Maximum: \$1,000	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible				

denits according to a Fee Schedule or Discount Schedule.  Non-Network Reimbursement  For services provided by a non-network denits. Cigna Dental will reimburse according to Maximum Reimbursable Charge. The MRC is calculated at the 50th percentile of all provices submitted amounts in the geographic area. The dentits may balance bill up to their usual fee Maximum Reimbursable Charge. All deductibles, plan maximums, and service specific maximums cross accumulate between and out of network. Benefit frequency limitations are based on the date of service and croaccumulate between in and out of network. Benefit specific deluctibles are based on the date of service and croaccumulate between in and out of network.  Calendar Year Benefits Maximum  The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific deductibles may also apply.  Pretreatment Review  Pretreatment Review proposed.  Alternate Benefit Provision  When more than one covered Dental Service could provide suitable treatment based on come content of the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.  Pretreatment review is available on a voluntary basis when dental work in excess of \$200 proposed.  Alternate Benefit Provision  When more than one covered Dental Service could provide suitable treatment based on come content of the plan and the	Class IX: Implants	60% After Deductible	40% After Deductible	60% After Deductible	40% After Deductible			
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## Benefit Exclusions:

Covered Expenses will not include, and no payment will be made for the following:

- Procedures and services not included in the list of covered dental expenses;
- Diagnostic: cone beam imaging;
- Preventive Services: instruction for plaque control, oral hygiene and diet;
- Restorative: veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars;
- Periodontics: 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 of dysfunction of the temporomandibular joint (TMJ), stabilize periodontally involved teeth or restore occlusion;
- Athletic mouth guards;
- Services performed primarily for cosmetic reasons;
- Personalization or decoration of any dental device or dental work;
- Replacement of an appliance per benefit guidelines;
- 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.

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.

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

A copy of the NH Dental Outline of Coverage is available and can be downloaded at Health Insurance & Medical Forms for Customers | Cigna under Dental Forms.

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