

Cigna Dental Benefit Summary
Metropolitan Transportation Authority
Plan Effective Date: 10/01/2020



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 | | | | |
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| Network Options | In-Network: DPPO Advantage Network | | Out of Network: Out of Network Reimbursement | |
| Reimbursement Levels | Based on Contracted Fees | | Fee Schedule | |
| Calendar Year Benefits Maximum Applies to: Class I, II & III expenses | | | | |
| Individual | \$2,500 | | \$2,500 | |
| Family | \$5,000 | | \$5,000 | |
| Calendar Year Deductible | | | | |
| Individual | \$0 | | \$0 | |
| Family | \$0 | | \$0 | |
| Benefit Highlights | Plan Pays | You Pay | Plan Pays | You Pay |
| Class I: Diagnostic & Preventive 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 | 100% | \$0 | 100% of scheduled amount | The difference in the fee schedule and the amount the dentist charges |
| Class II: Basic Restorative Restorative: fillings 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 | 100% | \$0 | 100% of scheduled amount | The difference in the fee schedule and the amount the dentist charges |
| Class III: Major Restorative Inlays and Onlays Prosthesis Over Implant Crowns: prefabricated stainless steel / resin Crowns: permanent cast and porcelain Bridges and Dentures | 100% | \$0 | 100% of scheduled amount | The difference in the fee schedule and the amount the dentist charges |
| Class IV: Orthodontia Coverage for Dependent Children to age 19 Lifetime Benefits Maximum: Unlimited | 100% | \$0 | 100% of scheduled amount | The difference in the fee schedule and the amount the dentist charges |
| Class IX: Implants | 80% \$1,000 calendar year maximum | 20% | 100% of scheduled amount \$1,000 calendar year maximum | The difference in the fee schedule and the amount the dentist charges |
| 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 the customer can be balance billed based on their contracted amount and the amount allowed by the fee schedule. | | | |
| Out of Network Reimbursement | For services provided by an out of network dentist, Cigna Dental will reimburse according to the clients fee schedule. The dental office will balance bill based on their charge and the amount reimbursed based on the schedule. | | | |
| 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. | | | |

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| Calendar Year Benefits Maximum | The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply. |
| Pretreatment Review | Pretreatment review is available on a voluntary basis when dental work in excess of \$100 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. |
| Oral Health Integration Program (OHIP) | 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 1-800-578-5682. |
| Timely Filing | Out of network claims submitted to Cigna after 365 days from date of service will be denied. |
| Benefit Limitations: | |
| Oral Evaluations | 2 per calendar year |
| X-rays (routine) | Bitewings: 2 per calendar year |
| X-rays (non-routine) | Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months |
| Diagnostic Casts | Payable only in conjunction with orthodontic workup |
| Cleanings | 2 per calendar year, including periodontal maintenance procedures following active therapy |
| Fluoride Application | 1 per calendar year for children under age 19 |
| Sealants (per tooth) | Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14 |
| Space Maintainers | Limited to non-orthodontic treatment for children under age 19 |
| Inlays, Bridges, Dentures and Partial | Replacement every 60 months 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. |
| Crowns | Replacement every 12 months 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. |
| 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 | Replacement every 60 months 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 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; initial placement of a complete or partial denture per plan guidelines; | |
| 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; services performed primarily for cosmetic reasons; personalization; 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 fee schedule | |

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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