

ALDINE INDEPENDENT SCHOOL DISTRICT - ENHANCED CIGNA DENTAL CARE® - DHMO

Economical, easy-to-use dental coverage

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This overview shows you a small sampling of covered services and what you will pay compared to your estimated cost without coverage. See savings below!

Regular dental visits may do more than brighten your smile. Receiving regular dental care often catches minor problems before they become major and more expensive to treat.

And there's an association between gum disease and other conditions, such as preterm birth, heart disease, stroke, diabetes and other health issues. So taking good care of your teeth and gums may help you live a healthier life.

Get the most value from your plan

Take advantage of your plan's preventive care services - certain services may be covered at no additional cost to you (see below for details). Your plan also covers many other dental services that can help you achieve and maintain a healthy mouth.

Review your plan materials to understand how your plan works. For questions on the plan before enrollment, call **1.800.Cigna24 (1.800.244.6224)** and select the "Enrollment Information" prompt.

Sampling of covered procedures	What You'll Pay ¹	
	Cost with Cigna Dental Care	Estimated cost without dental coverage
Adult cleaning (two per calendar year)	\$0	\$70-\$136 each
Child cleaning (two per calendar year)	\$0	\$53-\$102 each
Periodic oral evaluation	\$0	\$40-\$76
Comprehensive oral evaluation	\$0	\$62-\$118
Topical fluoride (two per calendar year)	\$0	\$28-\$53
X-rays - (bitewings) 2 films	\$0	\$33-\$63
X-rays - panoramic film	\$0	\$84-\$161
Sealant - per tooth	\$6	\$42-\$80
Amalgam filling (silver colored) - 2 surfaces	\$15	\$118-\$226
Composite filling (tooth-colored) - 1 surface, Anterior	\$15	\$120-\$231
Molar root canal (excluding final restoration)	\$225	\$852-\$1,640
Comprehensive orthodontic treatment of the Adolescent dentition	\$480	\$1,042-\$2,005
Periodontal (gum) scaling & root planing - 1 quadrant	\$50	\$179-\$344
Periodontal (gum) maintenance	\$30	\$109-\$209
Removal/extraction of erupted tooth	\$15	\$120-\$231
Removal/extraction of impacted tooth - completely bony	\$110	\$370-\$712
Crown - porcelain fused to high noble metal	\$255	\$849-\$1,634
Implant supported retainer for porcelain fused to metal fixed partial denture	\$1,080	\$1,097-\$2,112
Surgical placement of implant body within jawbone	\$1,025	\$1,589-\$3,059
Occlusal appliance, by report (for treatment of TMJ)	\$330	\$640-\$1,233

Together, all the way.®



Offered by: Cigna Dental Health of Texas, Inc.

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Know what's important to you

You can save money on a wide range of services, including:

- › **Preventive care** – cleanings, fluoride, sealants, bitewing X-rays, full mouth X-rays, and more
- › **Basic care** – tooth-colored fillings (called resin or composite) and silver-colored fillings (called amalgam)
- › **Major services** – crowns, bridges, and dentures (including those placed over implants), root canals, oral surgery, extractions, treatment for (gum) disease, specialty care (with an approved referral), and more
- › **Orthodontic care** – braces for children and adults²
- › **General anesthesia** – when medically necessary
- › **Teeth whitening** – using take-home bleaching trays and gel
- › Dental implant surgery or services associated with placement, repair removal, or restoration of a dental implant

Key plan features

- › There is a \$5 office visit fee associated with your plan.
- › No deductibles – you don't have to reach a certain level of out-of-pocket expenses before your insurance kicks in.
- › No dollar maximums – you don't have to worry about your coverage running out after your covered expenses reach a certain dollar amount.
- › Easy to understand plan – the fees you pay your dentist are clearly listed on your Patient Charge Schedule (PCS).

- › There are no claim forms to file and no waiting periods for coverage.
- › The network general dentist you choose will manage your overall dental care.
- › Covered family members can choose their own network general dentists – near home, work or school.
- › You don't need a referral for children under seven to visit a network pediatric dentist. And you don't need a referral to see a network orthodontist.
- › There's no age limit on sealants, which help prevent tooth decay.
- › Your plan covers certain procedures to help detect oral cancer in its early stages.
- › 24/7 access to the Dental Information Line – this line is staffed by trained professionals who can help if you have questions about dental treatment and clinical symptoms.

Finding a network dentist is easy.

There are several ways to choose your network general dentist:

- › Find a dentist at **Cigna.com**. Our online dental directory is updated weekly.
- › Call **1.800.Cigna24 (1.800.244.6224)** to speak with a customer service representative. Our representatives can send you a customized dental directory listing via email.

Exceptions

PROCEDURE	LIMIT
Exams	Two per calendar year
X-rays (routine)	Bitewings: 2 per calendar year
X-rays (non-routine)	Full mouth: 1 every 3 calendar years. Panorex: 1 every 3 calendar years
Crowns and inlays	Replacement every 5 years
Bridges	Replacement every 5 years
Dentures and partials	Replacement every 5 years
Relines, rebases	One every 36 months
Adjustments	Four within the first 6 months after installation
Prosthesis over implant	Replacement every 5 years if unserviceable and cannot be repaired
Temporomandibular Joint (TMJ) treatment	One occlusal orthotic device per 24 months
Athletic mouth guard	One athletic mouth guard per 12 months when listed on your PCS

Referrals are required for specialty care services. Specialty treatment plans require payment authorization for services to be covered under your plan, except for Pediatrics, Orthodontics and Endodontics. You should verify with your Network Specialty Dentist that your treatment plan has been authorized for payment by Cigna before treatment begins.

Listed below are the services or expenses which are NOT covered under your Dental Plan and which are your responsibility at the dentist's usual fees. There is no coverage for:

- › Services for or in connection with an injury arising out of, or in the course of, any employment for wage or profit
- › Charges which would not have been made in any facility, other than a hospital or a correctional institution owned or operated by the United States government or by a state or municipal government if the person had no insurance
- › Services to the extent that payment is unlawful where the person resides when the expenses are incurred or the services are received
- › Services for the charges which the person is not legally required to pay
- › Charges which would not have been made if the person had no insurance
- › Services received due to injuries which are intentionally self-inflicted
- › Services not listed on the PCS
- › Services provided by a non-network dentist without Cigna Dental's prior approval (except emergencies, as described in your plan documents)
- › Services related to an injury or illness paid under workers' compensation, occupational disease or similar laws
- › Services provided or paid by or through a federal or state governmental agency or authority, political subdivision or a public program, other than Medicaid
- › Services required while serving in the armed forces of any country or international authority or relating to a declared or undeclared war or acts of war
- › Services performed primarily for cosmetic reasons unless specifically listed on your PCS
- › General anesthesia, sedation and nitrous oxide, unless specifically listed on your PCS
- › Prescription medications
- › Procedures, appliances or restorations if the main purpose is to:
 - a. change vertical dimension (degree of separation of the jaw when teeth are in contact);
 - b. restore teeth which have been damaged by attrition, abrasion, erosion and/or abfraction.
- › Replacement of fixed and/or removable appliances (including fixed and removable orthodontic appliances) that have been lost, stolen, or damaged due to patient abuse, misuse or neglect
- › Surgical implant of any type unless specifically listed on your PCS
- › Services considered to be unnecessary or experimental in nature or do not meet commonly accepted dental standards
- › Procedures or appliances for minor tooth guidance or to control harmful habits
- › Services and supplies received from a hospital
- › Consultations and/or evaluations associated with services that are not covered
- › Endodontic treatment and/or periodontal (gum tissue and supporting bone) surgery of teeth exhibiting a poor or hopeless periodontal prognosis
- › Bone grafting and/or guided tissue regeneration when performed at the site of a tooth extraction unless specifically listed on your PCS
- › Bone grafting and/or guided tissue regeneration when performed in conjunction with an apicoectomy or periradicular surgery
- › Intentional root canal treatment in the absence of injury or disease to solely facilitate a restorative procedure
- › Services performed by a prosthodontist
- › Localized delivery of antimicrobial agents when performed alone or in the absence of traditional periodontal therapy
- › Any localized delivery of antimicrobial agent procedures when more than eight (8) of these procedures are reported on the same date of service.
- › Infection control and/or sterilization
- › The recementation of any inlay, onlay, crown, post and core or fixed bridge within 180 days of initial placement
- › The recementation of any implant supported prosthesis (including crowns, bridges and dentures) within 180 days of initial placement
- › Services to correct congenital malformations, including the replacement of congenitally missing teeth
- › The replacement of an occlusal guard (night guard) beyond one per any 24 consecutive month period, when this limitation is noted on the PCS
- › Crowns, bridges and/or implant supported prosthesis used solely for splinting
- › Resin bonded retainers and associated pontics
- › As to orthodontic treatment: incremental costs associated with optional/elective materials; orthognathic surgery appliances to guide minor tooth movement or correct harmful habits; and any services which are not typically included in orthodontic treatment.

Should any law require coverage for any particular service(s) noted above, the exclusion or limitation for that service(s) shall not apply.

This document outlines the highlights of your plan. For a complete list of both covered and not-covered services, including benefits required by your state, see your insurance certificate or plan description. If there are any differences between the information contained here and the plan documents, the information in the plan documents takes precedence.



1. Costs listed for the Cigna Dental Care plan do not vary. Estimated costs without dental coverage may vary based on location and dentists' actual charges. These estimated costs are based on charges submitted to Cigna in 2012 and are intended to reflect national average charges as of January 2015 assuming an annual cost increase of three percent. Estimates have been adjusted to reflect the 2011 Cigna DHMO geographical membership distribution.

2. Coverage for treatment by a pediatric dentist ends on your child's 7th birthday. Effective on your child's 7th birthday, dental services generally must be obtained from a network general dentist. Dentists who participate in Cigna's network are independent contractors solely responsible for the treatment provided and are not agents of Cigna.

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