

## University Hospitals

### Dental Preferred Provider Organization Benefit Summary – effective 1/1/2008

This is a summary of benefits for your Dental Preferred Provider Organization plan. *All deductibles, plan maximums and service specific maximums (dollar and occurrence) cross accumulate between in and out-of-network.*

<b>Benefits</b>	<b>CIGNA HealthCare Preferred Provider Organization Dental Plan</b>	
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Calendar Year Maximum (Class I, II, III Expenses)</b>	\$1,200 per person	\$1,000 per person
<b>Calendar Year Deductible</b>		
Individual	\$25 per person	\$50 per person
Aggregate Family Maximum	\$75 maximum per family	\$150 maximum per family
Three Month Carryover	No	No
<b>Class I Expenses - Preventive &amp; Diagnostic Care</b>	100% no deductible	90% no deductible
Oral Exams (Two per Calendar Year)		
Cleanings (Two per Calendar Year)		
Periodontal Prophylaxes (Two in addition to routine cleanings per Calendar Year for individuals with a documented history of periodontal surgery)		
Full Mouth X-rays (One complete set per every three Calendar Years)		
Bitewing X-rays (Two per Calendar Year)		
Panoramic X-ray (One per every three Calendar Years)		
Fluoride Application (One per Calendar Year for persons under 19 years old)		
Sealants - Limited to posterior teeth /One treatment per tooth per every three calendar years.		
Spaces Maintainers (Limited to non-orthodontic treatment)		
Emergency Care to relieve pain		
<b>Class II Expenses – Basic Restorative Care</b>	80% after deductible	70% after deductible
Fillings (composite (resin) restorations are covered on posterior teeth)		
Root Canal Therapy		
Denture Adjustments and Repairs Osseous Surgery		
Periodontal Scaling/Surgery (including subgingival curettage)		
Root Planing		
Extractions		
Anesthetics		
Oral Surgery		
<b>Class III Expenses – Major Restorative Care</b>	50% after deductible	40% after deductible
Crowns		
Dentures		
Bridges		
<b>Optional Services</b>	50% no deductible	40% no deductible
<b>Class IV Expenses - Orthodontia</b>		
Lifetime Maximum	\$1,000	\$1,000
	Limited to dependent children under age 19.	Limited to dependent children under age 19.
<b>Optional Services</b>	50% after deductible	40% after deductible
<b>Class V Expenses – Implants</b>		
Calendar Year Maximum	\$1,000	\$1,000
<b>Missing Tooth Provision</b>	Individual is not covered until insured for 24 months; thereafter covered as a Class III expense.	
<b>Pretreatment Review</b>	Available on a voluntary basis when extensive dental work in excess of \$200 is proposed.	

## **Benefit Exclusions (by way of example, but not limited to):**

- Services performed solely for cosmetic reasons
- Inlays; however there is an alternate benefit for molars to amalgam and bicuspids to composite
- Replacement of a lost or stolen appliance
- Replacement of a bridge or denture, cast restoration (including jackets, crowns, onlays and associated procedures such as cores and post substructures on the same tooth ) within five years following the date of its original installation
- Replacement of a bridge or denture, cast restoration (including jackets, crowns, onlays and associated procedures such as cores and post substructures on the same tooth ) which can be made useable according to dental standards
- Reline or the complete replacement of denture base material is limited to once in any three-year period
- 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
- 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
- Charges in excess of the reasonable and customary allowances
- Reasonable and customary other than the 90th percentile

***This Benefit Summary highlights some of the benefits which are available under your 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***