



CIGNA Dental PPO Benefit Summary for Employees of TCU.

<i>Benefits</i>	<i>CIGNA Dental PPO</i>			
	<i>In-network</i>		<i>Out-of-network</i>	
Calendar Year Maximum (Class I, II, and III Expenses)	\$1,500		\$1,500	
Calendar Year Deductible Per Individual Per Family	\$50 per person \$150 per family		\$50 per person \$150 per family	
Reimbursement Levels Out of Network	Based on the 90th percentile			
	<i>Plan Pays</i>	<i>You Pay</i>	<i>Plan Pays</i>	<i>You Pay</i>
Class I – Preventive & Diagnostic Care Oral Exams Routine Cleanings Bitewing X-rays Full Mouth X-rays Panoramic X-rays Fluoride Application	100%	No Charge	100%	No Charge
Class II – Basic Restorative Care Periapical X-Rays Fillings Periodontal Scaling and Root Planing Subgingival Curettage Gingivectomy (per tooth) Root Canal Therapy-Anterior or Bicuspid Pulpotomy Apicoectomy Simple Extractions Incision and Drainage of Abscess Surgical Removal of erupted tooth Surgical Removal of Impacted tooth (soft tissue) Emergency Care to Relieve Pain	80%*	20%*	80%*	20%*
Class III – Major Restorative Care Root canal therapy, molar teeth Surgical removal of impacted tooth (partial bony) Surgical removal of impacted tooth (full bony) Osseous surgery Crowns Dentures Denture Adjustments and Repairs Bridges Repairs to Crowns and Inlays Anesthetics Surgical Extractions of Impacted Teeth Space Maintainers (limited to non-orthodontic treatment)	50%*	50%*	50%*	50%*
Class IV – Orthodontia Lifetime Maximum	50% after \$50 lifetime deductible \$1,000 Dependent children to age 19	50% after \$50 lifetime deductible	50% after \$50 lifetime deductible \$1,000 Dependent children to age 19	50% after \$50 lifetime deductible
Missing Tooth Provision	For new hires, 50% coverage for missing teeth 24 months. Check with your plan administrator for details.			
Pretreatment Review	Available on a voluntary basis when extensive work in excess of \$500 is proposed.			

* Subject to annual deductible

CIGNA Dental refers to the following operating subsidiaries of CIGNA Corporation: Connecticut General Life Insurance Company and CIGNA Dental Health, Inc., and its operating subsidiaries. The CIGNA Dental PPO is underwritten or administered by Connecticut General Life Insurance Company with network management services provided by CIGNA Dental Health, Inc., and certain operating subsidiaries.

CIGNA Dental PPO Exclusions and Limitations

Exclusions

Covered expenses will not include, and no payment will be made for, expenses incurred for:

- Services performed solely for cosmetic reasons;
- Replacement of a lost or stolen appliance;
- Replacement of a bridge, crown or denture within five years after the date it was originally installed unless: (a) such replacement is made necessary by the placement of an original opposing full denture or the necessary extraction of natural teeth; or (b) the bridge, crown or denture, while in the mouth, has been damaged beyond repair as a result of an injury received while a person is insured for these benefits;
- Any replacement of a bridge, crown or denture which is or can be made useable according to common dental standards;
- Procedures, appliances or restorations (except full dentures) whose main purpose is to (a) change vertical dimension; (b) diagnose or treat conditions or dysfunction of the temporomandibular joint; (c) stabilize periodontally involved teeth; or (d) restore occlusion;
- Porcelain or acrylic veneers of crowns or pontics on or replacing the upper and lower first, second or third molars;
- Bite registrations; precision or semi-precision attachments; or splinting;
- A surgical implant of any type including any prosthetic device attached to it;
- 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;
- Services for which benefits are not payable according to the “General Limitations” section.

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.

General Limitations

No payment will be made for expenses incurred for you or any one of your Dependents:

- For or in connection with an injury arising out of, or in the course of, any employment for wage or profit;
- For or in connection with a sickness which is covered under any workers’ compensation or similar law;
- For charges made by a Hospital owned or operated by or which provides care or performs services for the United States Government, if such charges are directly related to a military service connected condition;
- To the extent that payment is unlawful where the person resides when the expenses are incurred;
- For charges which the person is not legally required to pay;
- To the extent that they are more than either the applicable Contracted Fee, applicable Reasonable or Customary Charges or applicable Scheduled Amount;
- 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; or
- For or in connection with experimental procedures or treatment methods not approved by the American Dental Association or the appropriate dental specialty society.

No payment will be made for expenses incurred by you or any one of your Dependents 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. Connecticut General Life Insurance Company will take into account any adjustment option chosen under such part by you or any one of your Dependents.