Cigna Dental PPO 50[1]

Georgia

BENEFIT	IN NETWORK (Participating Provider)	OUT OF NETWORK (Non-Participating Provider)
Calendar Year Deductible per Person	$50	$50
Calendar Year Deductible per Family	$150	$150
Calendar Year Maximum per Person	$1,000	$1,000
In- and out-of-network services combined apply towards dental deductible and benefit maximum.		
All benefits listed below are subject to the deductible unless otherwise noted.		
PREVENTIVE / DIAGNOSTIC SERVICES*		
Benefit Waiting Period	No waiting period	
Oral Exams Routine Cleanings Routine X-rays Fluoride Application Sealants Space Maintainers (non-orthodontic)	You pay 0%[2]	You pay 0%[2]
BASIC RESTORATIVE SERVICES*		
Benefit Waiting Period	6 Months	
Fillings Non-Routine X-rays Emergency Services to Relieve Pain Oral Surgery, Simple Extractions	You pay 20%	You pay 20%
MAJOR RESTORATIVE SERVICES*		
Benefit Waiting Period	12 Months	
Crowns / Inlays / Onlays Root Canal Therapy / Endodontics Minor Periodontics Major Periodontics Oral Surgery, All Except Simple Extractions Surgical Extraction of Impacted Teeth Relines, Rebases, and Adjustments Repairs - Bridges, Crowns, and Inlays Repairs - Dentures Anesthetics Dentures Bridges	You pay 50%	You pay 50%

* Out-of-Network, you may pay more if the provider's charges exceed the amount Cigna reimburses for billed services.
[1] The CIGNA Dental PPO is underwritten by Connecticut General Life Insurance Company with network management services provided by CIGNA Dental Health, Inc., and its operating subsidiaries.
[2] Annual deductible waived

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Procedure	Frequency Limitations
Missing Tooth Limitation	No coverage for replacement of teeth missing prior to the effective date
Clinical Oral Evaluation	1 per 6-month consecutive period.
Prophylaxis (Cleanings)	Only 1 prophylaxis per consecutive 6-month period.
Fluoride Treatments	Limited to persons less than 14 years old. Only 1 per person per consecutive 12-month period.
X-rays (routine)	Bitewings: Only 1 set in any consecutive 12-month period. Limited to a maximum of 4 films per set.
X-rays (non-routine)	Complete Mouth Survey or Panoramic x-rays: Only 1 in any consecutive 60-month period.
Periapical x-rays	A maximum of 4 periapical x-rays which are not performed in conjunction with an operative procedure are payable in any consecutive 12-month period.
Intraoral occlusal x-rays	Limited to 2 films in any consecutive 12-month period.
Fillings	1 per tooth per 12 consecutive months (applies to replacement of identical surface fillings only). No white/tooth colored fillings on bicuspid or molar teeth.
Sealants	Per tooth, on an unrestored permanent bicuspid or molar tooth for a person less than 14 years old - Only 1 treatment per tooth per lifetime.
Minor Periodontics (non-surgical)	Root planing-1 per quadrant per 36 consecutive months.
Periodontic Surgery	1 per 36 consecutive months per area of the mouth (same service).
Crowns and Inlays	Replacement limited to 1 per 84 consecutive months. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Replacement must be indicated by major decay. For participants less than age 16, benefits limited to resin or stainless steel.
Stainless Steel & Resin Crowns	1 per 36 consecutive months for participants younger than age 16.
Bridges	Replacement limited to 1 per 84 consecutive 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.
Dentures and Partials	Replacement limited to 1 per 84 consecutive months, if unserviceable and cannot be repaired.
Relines, Rebases	Covered if more than 12 months after installation; 1 per 36 consecutive months.
Adjustments	Covered if more than 12 months after installation; 1 per 12 consecutive months.
Repairs - Bridges	Covered if more than 12 months after installation.
Repairs - Dentures	Covered if more than 12 months after installation.
Endodontics	Root canal re-treatment 1 per 24 consecutive months, if necessity demonstrated.
Alternate Benefit	When more than one Covered Dental Service could provide suitable treatment based on common dental standards, CIGNA will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expense.

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Benefit Exclusions:

- Services performed primarily for cosmetic reasons; Replacement of a lost or stolen appliance;
- Replacement of a bridge, denture or crown within 84 months following its initial date of insertion;
- 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, the restoration of teeth which have been damaged by erosion, attrition or abrasion; bite registration; or bite analysis;
- Bite registrations; precision or semi-precision attachments; splinting; Surgical implant of any type;
- 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;
- Experimental or investigational procedures and treatments; Procedures which are not necessary and which do not have uniform professional endorsement;
- 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; Amounts in excess of Maximum Reimbursable Charges;
- Intravenous sedation or general anesthesia, except when medically or Dentally Necessary and when in conjunction with covered complex oral surgery;
- Fees charged for broken appointments, claim form submission or sterilization;
- Prescription drugs; Athletic mouth guards; Myofunctional therapy;
- Charges for travel time; transportation costs; or professional advice given on the phone;
- Any charge for any treatment performed outside of the United States other than for Dental Emergency Services (any benefits for Dental Emergency Services which are performed outside of the United States will be limited to a maximum of $100.00 per 12 consecutive month period);
- Procedures that are a covered expense under any other dental plan which provides dental benefits whether or not on an insured basis;
- Services or supplies received as a result of dental disease, defect or injury due to an act of war, declared or undeclared.
- Models
- Orthodontia
- TMJ
- Surgical Implants

These Are Only the Highlights
This summary contains highlights only and is subject to change. Dental rates may vary based on age, gender, and geographic location (residential zip code). All rates are subject to change upon 60 days prior notice in Georgia. Waiting periods apply to basic (6 months) and major (12 months) dental care services.

This Dental Insurance Policy (GA: DENINDGA082010) is insured by Connecticut General Life Insurance Company, a CIGNA Company. The specific terms of coverage, exclusions, limitations, reduction in benefits and terms under which the policy may be continued in force or discontinued are contained in the Dental Insurance Policy. For costs and complete details of coverage, contact Connecticut General Life Insurance Company at 900 Cottage Grove Road, Hartford, CT 06152 or call 1-866-GET-Cigna.