

**Cigna Dental Benefit Summary**  
**Norwich University – Basic Plan**  
**Plan Renewal Date: 01/01/2023**



Administered 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. **Your DPPO plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.**

<b>Cigna Dental PPO</b>				
<b>Network Options</b>	<b>In-Network:</b>		<b>Out-of-Network:</b>	
	<b>Total Cigna DPPO Network</b>		<b>See Non-Network Reimbursement</b>	
<b>Reimbursement Levels</b>	Based on Contracted Fees		Based on Billed Charge	
<b>Calendar Year Benefits Maximum</b> Applies to: Class I and II expenses	\$750		\$750	
<b>Calendar Year Deductible</b>				
Individual	\$0		\$0	
Family	\$0		\$0	
<b>Benefit Highlights</b>	<b>Plan Pays</b>	<b>You Pay</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Class I: Diagnostic &amp; Preventive</b>	100%	No Charge	100%	No Charge
Oral Evaluations	No Deductible		No Deductible	
Prophylaxis: routine cleanings				
X-rays: routine				
X-rays: non-routine				
Fluoride Application				
Sealants: per tooth				
Space Maintainers: non-orthodontic				
<b>Class II: Basic Restorative</b>	50%	50%	50%	50%
Restorative: fillings	No Deductible	No Deductible	No Deductible	No Deductible
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				
Emergency Care to Relieve Pain				
<b>Benefit Plan Provisions:</b>				
<b>In-Network Reimbursement</b>	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.			
<b>Non-Network Reimbursement</b>	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Billed Charge.			
<b>Cross Accumulation</b>	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.			
<b>Calendar Year Benefits Maximum</b>	The plan will only pay for covered charges up to the plan maximum, when applicable.			
<b>Calendar Year Deductible</b>	This is the amount you must pay before the plan begins to pay for covered charges, when applicable.			
<b>Pretreatment Review</b>	Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.			
<b>Alternate Benefit Provision</b>	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 Expenses.			
<b>Oral Health Integration Program*</b>	The Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with certain medical conditions. There is no additional charge to participate in the program. Those who qualify can receive reimbursement of their coinsurance for eligible dental services. Eligible customers can also receive guidance on behavioral issues related to oral health. Reimbursements under this program are not subject to the annual deductible, but will be applied to the plan annual maximum. For more information on how to enroll in this program and a complete list of terms and eligible conditions, go to <a href="http://www.mycigna.com">www.mycigna.com</a> or call customer service 24/7 at 1-800-Cigna24.			
<b>Timely Filing</b>	Out of network claims submitted to Cigna after 365 days from date of service will be denied.			
<b>Benefit Limitations:</b>				
Oral Evaluations/Exams	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.
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 19.
Space Maintainers	Limited to non-orthodontic treatment for children under age 19.
Denture and Bridge Repairs	Reviewed if more than once.

**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: inlays; onlays; crowns;
- Periodontics: bite registrations; splinting;
- Prosthodontics: bridges, dentures or any related services;
- Implants: implants or implant related services; prosthesis over implants;
- Orthodontics: orthodontic treatment;
- Procedures, appliances or restorations, except full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of dysfunction of the temporomandibular joint (TMJ), stabilize periodontally involved teeth or restore occlusion;
- Athletic mouth guards;
- Services performed primarily for cosmetic reasons;
- Personalization or decoration of any dental device or dental work;
- 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 Billed Charge.

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.

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

A copy of the NH Dental Outline of Coverage is available and can be downloaded at [Health Insurance & Medical Forms for Customers | Cigna under Dental Forms](#).

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