

# Dental

With the CIGNA Dental PPO Plan (DPPO), you have two options to access dental care. Visit a participating or nonparticipating dentist. The choice is yours. Simply select a provider of your choice. You do not need to select a primary care dentist. You do not need a referral to seek care from a participating network specialist. And, you do not need an ID card to access dental care

## Visit a Participating Dentist

You can obtain dental care from any participating general dentist or specialist in the DPPO Network. When you do, you will enjoy lower out-of-pocket costs for covered services. CIGNA Dental will pay the provider based upon a negotiated, discounted fee and consistent with the coinsurance levels provided in the following Benefits Summary. Your participating dentist will submit claims for you.

## Visit a Nonparticipating Dentist

If you choose to obtain care from a dentist that does not participate in the DPPO network, your out-of-pocket expenses will generally be higher because the dentist has not agreed to negotiated rates with CIGNA Dental. CIGNA Dental will pay the provider based on a percentage of reasonable and customary (R&C) charges. That means the dentist may balance bill you for the difference between the payment they receive from CIGNA Dental and their usual fees.

## Locating a Participating DPPO Provider

To locate an in-network, participating dentist or specialist, visit [www.cigna.com](http://www.cigna.com) or [myCIGNA.com](http://myCIGNA.com). Or, call 1.800.CIGNA24 (1.800.244.6224) to use CIGNA Dental's automated Dental Office Locator.

## What's Covered

DPPO offers coverage for a wide range of services at a cost savings. Your coverage includes:

- Preventive care (cleanings, x-rays, and more).
- Basic care (fillings, basic restorative work).
- Major services (bridges, crowns, root canals and more).
- Orthodontic coverage for dependent children up to age 19.

See Benefits Summary for more information.

## Benefit Summary

	In-Network		Out-of-Network	
<b>Calendar Year Maximum</b>	\$1,500		\$1,500	
<b>Annual Deductible*</b>				
Individual	\$50 per person		\$50 per person	
Family	\$100 per family		\$100 per family	
<b>Reimbursement Levels**</b>	Based on Reduced Contracted Fees		90th percentile of Reasonable and Customary Allowances	
	<b>Plan Pays</b>	<b>You Pay</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Preventive &amp; Diagnostic Care</b> Exams (3 per Calendar Year) Cleanings (3 Routine per Calendar Year or 2 Periodontal per Calendar Year) Full Mouth X-rays (1 complete set every 3 Calendar Years) Bitewing X-rays (2 per Calendar Year) Panoramic X-ray (1 every 3 Calendar Years) Periapical X-rays Fluoride Application (1 per Calendar Year for persons under 19) Sealants (Limited to posterior tooth/1 treatment per tooth every 3 Calendar Years) Space Maintainers (Limited to nonorthodontic treatment) Emergency Care to Relieve Pain Histopathologic Exams	100%	No Charge	100%	No Charge
<b>Basic Restorative Care</b> Fillings Root Canal Therapy/Endodontics Osseous Surgery Periodontal Scaling and Root Planing Denture Adjustments and Repairs Oral Surgery – Simple Extractions Oral Surgery – all except simple extractions Anesthetics Surgical Extractions of Impacted Teeth Repairs to Bridges, Crowns and Inlays	80%*	20%*	80%*	20%*
<b>Major Restorative Care</b> Crowns (Replacement every 5 Calendar Years) Dentures (Replacement every 5 Calendar Years) Bridges (Replacement every 5 Calendar Years) Inlays/Onlays (Replacement every 5 Calendar Years) Prosthesis Over Implant (1 per 84 consecutive months is unserviceable and cannot be repaired.)	60%*	40%*	60%*	40%*
<b>Orthodontia</b> Dependent children to age 19  Lifetime Maximum	60%*  \$750	40%*  \$750	60%*  \$750	40%*  \$750

All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.

Missing Tooth Limitation – Teeth missing prior to coverage under the CIGNA Dental PPO plan are not covered until insured for 24 months; thereafter, considered a Class III expense.

Pretreatment review is available on a voluntary basis when extensive dental work in excess of \$200 is proposed.

\* Subject to annual deductible

\*\*For services provided by a CIGNA Dental PPO network dentist, CIGNA Dental will reimburse the dentist according to a Contracted Fee Schedule. For services provided by an out-of-network dentist, CIGNA Dental will reimburse according to Reasonable and Customary Allowances but the dentist may balance bill up to their usual fees.

## What's Not Covered

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

- Wisdom teeth extractions;
- 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;
- 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 you or Stamford Public Schools

## 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.

## Using Your Dental Benefits

Whether you choose to visit a participating dental provider or not, the CIGNA DPPO Plan covers eligible dental expenses after you meet any applicable deductibles (a dollar amount you must pay before coverage begins). Once any deductibles are met, you will pay a coinsurance (a percentage of dentist’s contracted charges) at the time of service. Be sure to refer to the Benefits Summary to determine the coinsurance percentage you must pay for the type of dental care you are undergoing.

When you visit your dental provider, be sure to bring a claim form with you. The claim form, which is available online at [www.stamfordpublicschools.org](http://www.stamfordpublicschools.org), has the group number and the claim mailing address. **An ID card is not provided since you don’t need an ID card to access dental care.**

If your dental treatment is expected to be \$200 or more, you may want to have your benefits determined before you are treated. You can find out what a treatment will cost prior to treatment by asking your dentist for a predetermination of benefits. Your dentist can request an explanation of benefits that shows what would be covered and how much you would have to pay. You can then discuss your plans for treatment and payment as a well-informed patient.

## Filing a Claim Form

### Will I need to submit a dental claim form?

- Yes, if you use a nonparticipating dental provider.
- No, if you use a participating dental provider. You will bring you claim form to the provider and the provider will submit it to CIGNA Dental.

### What's the deadline for submitting a dental claim form?

- The deadline for filing a claim is one year from the date you received the service.

### Where can I get information on the status of a dental claim?

- [www.cigna.com](http://www.cigna.com) or mycigna.com
- 800-244-6224

### Where do I send a dental claim form?

CIGNA Dental Claims  
PO Box 188037  
Chattanooga, TN 37422-8037