

**University of Arkansas – Student Dental Program**

Effective Date: August 01, 2022



This is a summary of benefits for your dental plan.

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

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

Plan Design	Cigna DPPO Advantage	Out-of-Network
<b>Policy Year Maximum</b>		
(Class I, II, III Expenses)	\$1000, Class I Applies	\$500, Class I Applies
<b>Policy Year Deductible</b>		
Per Individual	\$50	\$100
Per Family	\$150	\$300
<b>Class I Expenses - Preventive &amp; Diagnostic Care</b>		
Oral Exams Cleanings Routine X-rays Fluoride Application Sealants Space Maintainers (limited to non-orthodontic treatment)	100%, No Deductible	80%, No Deductible
<b>Class II Expenses - Basic Restorative Care</b>		
Non-Routine X-rays Emergency Care to Relieve Pain Fillings Oral Surgery - Simple Extractions	80%, After Deductible	60%, After Deductible
<b>Class III Expenses - Major Restorative Care</b>		
Oral Surgery - All Except Simple Extraction Surgical Extraction of Impacted Teeth Anesthetics Minor Periodontics Major Periodontics Root Canal Therapy / Endodontics Relines, Rebases, and Adjustments Repairs - Bridges, Crowns, and Inlays Repairs - Dentures Crowns/Inlays/Onlays Stainless Steel/Resin Crowns Dentures Bridges Brush Biopsy	50%, After Deductible	50%, After Deductible
<b>Class IV Expenses - Orthodontia</b>		
	Not Covered	Not Covered
<b>Dental Plan Reimbursement Levels</b>	Based on Contracted Fees	Based on Maximum Allowable Charge Standard schedule (for location of service rendered).
<b>Additional Member Responsibility in excess of Coinsurance</b>	None	Yes, the difference between the member's dentist's billed charges and the dental plan reimbursement level***
<b>Student/Dependent Age</b>	26/26	

**Cigna Dental PPO / Indemnity Exclusions and Limitations:**

Procedure	Exclusions & Limitations
Exams	1 per 6-month consecutive period
Prophylaxis (cleanings)	1 routine prophylaxis or perio maintenance procedure per 6-month consecutive period
Fluoride Treatments	1 per consecutive 12 months for participants younger than age 14
X-Rays (routine)	Bitewings: 1 set in any consecutive 12 month period. Limited to a maximum of 4 films per set.
X-Rays (non-routine)	Full mouth or Panorex: 1 per 60 consecutive months
Periapical X-rays:	4 in 12 consecutive months if not performed in conjunction with an operative procedure
Intraoral Occlusal X-rays:	2 in 12 consecutive months
Models	Not covered
Space Maintainers	No frequency limit for participants under age 14.
Fillings	1 per tooth per 12 consecutive months (applies to replacement of identical surface fillings only). No white-colored fillings on bicuspid or molar teeth.
Sealants	1 treatment per tooth per lifetime up to age 14. Payable on unrestored permanent bicuspid or molar teeth only.
Minor Perio (non-surgical)	Root planing-1 per quadrant per 36 consecutive months
Perio 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 younger 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
Prosthesis over Implants	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.
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 Partial	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 HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.
Missing Tooth Provision	No Limitation (teeth missing prior to the effective date of coverage are covered)
Late Entrant Limit	None
Pre-Treatment Review	Available on a voluntary basis when extensive work in excess of \$500 is proposed

**Benefit Exclusions:**

- \* Services performed primarily for cosmetic reasons; Replacement of a lost or stolen appliance;
- \* Initial placement of a full or partial denture unless it includes the replacement of a functioning natural tooth extracted while the person is covered under this plan; removal of only a permanent third molar will not qualify for an initial or replacement denture or bridge;
- \* Overdentures, personalization, precision or semi-precision attachments;
- \* Replacement of a bridge, denture or crown within 84 months following its initial date of insertion;
- \* Replacement of a bridge, denture or crown which can be made useable according to dental standards;
- \* 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;
- \* Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars;
- \* Core buildup, labial veneers; Precious or semi-precious metals for crowns, bridges, pontics and abutments; crowns and bridges other than stainless steel or resin for participants under 16 years old;
- \* 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;
- \* Services and supplies received from a hospital;
- \* Procedures for which a charge would not have been made in the absence of coverage, for 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; 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 reasonable and customary allowances;
- \* IV 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;
- \* Services not included in the list of covered dental expenses, unless Cigna HealthCare agrees to accept such expense as a covered dental expense, in which case payment will be made consistent with similar services which would provide the least expensive professionally satisfactory result;
- \* Crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth unless the tooth cannot be restored with an amalgam or composite resin filling due to major decay or fracture; Replacement of teeth beyond the normal complement of 32;
- \* Prescription drugs; Athletic mouth guards; Myofunctional therapy;
- \* Charges for travel time; transportation costs; or professional advice given on the phone;
- \* Procedures performed by a Dentist who is a member of the covered person's family (covered person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents);
- \* Any procedure, service, or supply which may not reasonably be expected to successfully correct the covered person's dental condition for a period of at least three years, as determined by Cigna HealthCare; Temporary, transitional or interim dental services; Diagnostic casts, diagnostic models, or study models;
- \* Any charge for any treatment performed outside of the United States other than for Emergency Treatment (any benefits for Emergency Treatment which is performed outside of the United States will be limited to a maximum of (\$100.00-\$200.00) per 12 consecutive month period);
- \* Procedures that are a covered expense under any other medical plan which provides group hospital, surgical, or medical benefits whether or not on an insured basis;
- \* Any charges, including ancillary charges, made by hospital, ambulatory surgical center or similar facility;
- \* To the extent that payment is unlawful where the person resides when the expenses are incurred;
- \* For charges which would not have been made if the person had no insurance; 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;
- \* 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. Cigna HealthCare will take into account any adjustment option chosen under such part by you or any one of your Dependents.
- \* Services or supplies received as a result of dental disease, defect or injury due to an act of war, declared or undeclared;
- \* 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.

**\*\* In Texas, the insured dental product offered by CGLIC and CHLIC is referred to as the Cigna Dental Choice Plan, and this plan utilizes the national Cigna Dental PPO network.**

**\*\*\*Charges are based upon an independent third party organization that is the industry standard. Percentile data is based upon the third party organization's aggregated industry-wide claims data**

Did you know that most of Cigna's dental plans include the Cigna Dental Oral Health Integration Program? This program was designed to address research that supports the association of oral health to overall health and provides reimbursement of copays or coinsurance for customers with qualifying medical conditions for program eligible procedures. Additionally, registered program members can access articles on behavioral conditions that impact oral health.