

Cigna Dental Benefit Summary
City of Mesquite
Plan Effective Date: 1/1/2020



Insured by: Cigna Health and Life Insurance Company

Receiving regular dental care may not only catch minor problems before they become major and expensive to treat - it may even help improve your overall health. Gum disease is increasingly being linked to complications for pre-term birth, heart disease, stroke, diabetes, osteoporosis, and other health issues. That's why this dental plan includes **Cigna Dental WellnessPlusSM** features. When you or your family members receive any preventive care service in one plan year, the coinsurance amount will increase in the following plan year for services in Class II and III. Each year you or your family members remain enrolled in this plan and continue to receive annual preventive care, the coinsurance amount will increase for Class II and III in the following plan year, until it reaches the level outlined below. Please refer to your plan materials for additional information on this plan feature.

Cigna Dental Choice Plan				
Network Options	In-Network: Total Cigna DPPO Network		Out-of-Network: See Non-Network Reimbursement	
Reimbursement Levels	Based on Contracted Fees		Maximum Reimbursable Charge	
Calendar Year Benefits Maximum Applies to: Class I, II, III expenses	\$2,000		\$2,000	
Calendar Year Deductible Individual Family	\$50 \$150		\$50 \$150	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
Class I: Diagnostic & Preventive Oral Evaluations Prophylaxis: routine cleanings X-rays: routine Fluoride Application Sealants: per tooth Space Maintainers: non-orthodontic Emergency Care to Relieve Pain	100% No Deductible	No Charge	100% No Deductible	No Charge
Progressive Coinsurance Benefits: Progressive Benefit Year 2: Increase contingent upon receiving Preventive Services during the previous plan year. Progressive Benefit Year 3: Increase contingent upon receiving Preventive Services during the previous two plan years. Progressive Benefit Year 4 & beyond: Increase contingent upon receiving Preventive Services during the previous two plan years.				
Class II: Basic Restorative X-rays: non-routine Restorative: fillings Oral Surgery: simple extractions Surgical Extractions of Impacted Teeth Anesthesia: general and IV sedation	Year 1: 80% Year 2: 85% Year 3: 90% Year 4 & Beyond: 95% After Deductible	Year 1: 20% Year 2: 15% Year 3: 10% Year 4 & Beyond: 5% After Deductible	Year 1: 80% Year 2: 85% Year 3: 90% Year 4 & Beyond: 95% After Deductible	Year 1: 20% Year 2: 15% Year 3: 10% Year 4 & Beyond: 5% After Deductible
Class III: Major Restorative Oral Surgery: All Except Simple Extractions Endodontics: minor and major Periodontics: minor and major Inlays and Onlays Prosthesis Over Implant Crowns: prefabricated stainless steel / resin Crowns: permanent cast and porcelain Bridges and Dentures Repairs: Bridges, Crowns and Inlays Repairs: Dentures Denture Relines, Rebases and Adjustments	Year 1: 50% Year 2: 55% Year 3: 60% Year 4 & Beyond: 65% After Deductible	Year 1: 50% Year 2: 45% Year 3: 40% Year 4 & Beyond: 35% After Deductible	Year 1: 50% Year 2: 55% Year 3: 60% Year 4 & Beyond: 65% After Deductible	Year 1: 50% Year 2: 45% Year 3: 40% Year 4 & Beyond: 35% After Deductible
Class IV: Orthodontia Coverage for Employee and All Dependents Lifetime Benefits Maximum: \$1,500	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible
Benefit Plan Provisions:				
In-Network Reimbursement	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.			

Cigna Dental Benefit Summary

City of Mesquite

Plan Renewal Date: 01/01/2017



Insured by: Cigna Health and Life Insurance Company

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Cigna Dental Choice Plan

Network Options	In-Network: Total Cigna DPPO Network		Out-of-Network: No Network	
Reimbursement Levels	Based on Contracted Fees		Maximum Reimbursable Charge	
Annual Benefits Maximum Applies to: Class I, II & III expenses	\$1,500		\$1,500	
Annual Deductible Individual Family	\$50 per person \$150per family		\$50 per person \$150per family	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
Class I: Diagnostic & Preventive Oral Exams Cleanings X-rays: routine Fluoride Application Sealants: per tooth Space Maintainers: non-orthodontic Emergency Care to Relieve Pain	100% No Deductible	No Charge	100% No Deductible	No Charge
Progressive Coinsurance Benefits: Progressive Benefit Year 2: Increase contingent upon receiving Preventive Services during the previous plan year. Progressive Benefit Year 3: Increase contingent upon receiving Preventive Services during the previous two plan years. Progressive Benefit Year 4 & beyond: Increase contingent upon receiving Preventive Services during the previous two plan years.				
Class II: Basic Restorative Restorative: fillings X-rays: non-routine Oral Surgery – Simple Extractions Surgical Extractions of Impacted Teeth Anesthesia: general and IV sedation	Year 1: 80% Year 2: 85% Year 3: 90% Year 4 & Beyond: 95% After Deductible	Year 1: 20% Year 2: 15% Year 3: 10% Year 4 & Beyond: 5% After Deductible	Year 1: 80% Year 2: 85% Year 3: 90% Year 4 & Beyond: 95% After Deductible	Year 1: 20% Year 2: 15% Year 3: 10% Year 4 & Beyond: 5% After Deductible
Class III: Major Restorative Inlays and Onlays Prosthesis Over Implant Oral Surgery – all except simple extractions Endodontics: minor and major Periodontics: minor and major Crowns, Bridges and Dentures Repairs: Bridges, Crowns and Inlays Repairs: Dentures Denture Relines Rebases and Adjustments	Year 1: 50% Year 2: 55% Year 3: 60% Year 4 & Beyond: 65% After Deductible	Year 1: 50% Year 2: 45% Year 3: 40% Year 4 & Beyond: 35% After Deductible	Year 1: 50% Year 2: 55% Year 3: 60% Year 4 & Beyond: 65% After Deductible	Year 1: 50% Year 2: 45% Year 3: 40% Year 4 & Beyond: 35% After Deductible
Class IV: Orthodontia Coverage for Employee and All Dependents Orthodontia Lifetime Maximum: \$1,500	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible
Benefit Plan Provisions:				
In-Network Reimbursement	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.			
Out-of-Network Reimbursement	For services provided by an out of network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 90th percentile of all provider charges in the geographic area. The dentist may balance bill up to their usual fees.			
Cross Accumulation	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.			
Annual Benefits Maximum	The plan will only pay for covered charges up to the plan maximum (when applicable). Benefit-specific maximums may also apply.			