

**Cigna Dental Benefit Summary**  
**New Milford Town & Board of Education**  
**DENT2 – Board of Ed Flex**



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

**Cigna Dental PPO**

Network	In-Network		Out-of-Network	
	Cigna DPPO -Radius		Cigna Savings -Radius	
<b>Calendar Year Maximum</b> (Class I, II and III expenses)	\$1,000		\$1,000	
<b>Annual Deductible</b>				
Individual	\$50 per person		\$50 per person	
Family	\$150 per family		\$150 per family	
<b>Reimbursement Levels**</b>	Based on Reduced Contracted Fees		95th percentile of Reasonable and Customary Allowances	
	<i>Plan Pays</i>	<i>You Pay</i>	<i>Plan Pays</i>	<i>You Pay</i>
<b>Class I - Preventive &amp; Diagnostic Care</b>	100%	No Charge	100%	No Charge
Oral Exams Routine Cleanings Full Mouth X-rays Bitewing X-rays Panoramic X-ray Periapical X-rays Fluoride Application Sealants Space Maintainers Emergency Care to Relieve Pain Histopathologic Exams				
<b>Class II - Basic Restorative Care</b>	80%*	20%*	80%*	20%*
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				
<b>Class III - Major Restorative Care</b>	50%*	50%*	50%*	50%*
Crowns Dentures Bridges Inlays/Onlays Prosthesis Over Implant				
<b>Class IV - Orthodontia</b>	Not covered	100% of your dentist's usual fees	Not covered	100% of your dentist's usual fees

Dental Network Savings Program (DNSP): Using an out-of-network dental health care professional will cost you more than using in-network care. You may be able to save some money on out-of-pocket expenses if you use a dental health care professional that participates in Cigna's Dental Network Savings Program. Missing Tooth Limitation – The amount payable is 50% of the amount otherwise payable 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

Dental Oral Health Integration Program (OHIP) - All dental customers - Clinical research shows an association between oral health and overall health. The Cigna Dental Oral Health Integration Program (OHIP)® is designed to provide enhanced dental coverage for customers with certain eligible medical conditions. Eligible conditions for the program include cardiovascular disease, cerebrovascular disease (stroke), diabetes, maternity, chronic kidney disease, organ transplants, and head and neck cancer radiation. The program provides:

- 100% coverage for certain dental procedures
- guidance on behavioral issues related to oral health
- discounts on prescription and non-prescription dental products

For more information and to see the complete list of eligible conditions, go to [www.mycigna.com](http://www.mycigna.com) or call customer service 24/7 at 1.800.CIGNA24.

\*\*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.