

# CIGNA Traditional Benefit Summary for Employees of Diocese of California



## Summary of Benefits

### Benefits

### CIGNA Traditional

<b>Calendar Year Maximum</b> (Class I, II and III expenses)	\$1500	
<b>Annual Deductible</b>		
Individual	\$100 per person	
Family	\$300 per family	
<b>Reimbursement Levels</b>	th percentile of Reasonable and Customary Allowances	
	<b>Plan Pays</b>	<b>You Pay</b>
<b>Class I - Preventive &amp; Diagnostic Care</b>	100%	No Charge
Oral Exams (Two per year)		
Routine Cleanings (Two per year)		
Full Mouth X-rays (One complete set every three years)		
Bitewing X-rays (Two per year)		
Panoramic X-ray (One every three years)		
Fluoride Application (One per year for persons under 19)		
Sealants (Limited to posterior tooth for a person less than 14; one treatment per tooth every three years)		
Space Maintainers (Limited to non-orthodontic treatment)		
Emergency Care to Relieve Pain		
Histopathologic Exams		
<b>Class II - Basic Restorative Care</b>	80%*	20%*
Fillings		
Root Canal Therapy		
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>	80%*	20%*
Crowns		
Dentures		
Bridges		
<b>Class IV - Orthodontia</b>		
Lifetime Maximum	50% after \$100 lifetime deductible \$1000 Dependent children to age 22	50% after \$100 lifetime deductible

Missing Tooth Provision – For new hires, there is partial coverage for missing teeth under the CIGNA Traditional plan. Check with your plan administrator for details. Pretreatment review is available on a voluntary basis when extensive dental work in excess of \$200 is proposed.

\* Subject to annual deductible

## ***CIGNA Traditional Exclusions and Limitations***

### ***Exclusions***

- Covered expenses will not include, and no payment will be made for, expenses incurred for:
- 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;
- 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 your Employer.

### ***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.

CIGNA Dental refers to the following operating subsidiaries of CIGNA Corporation: Connecticut General Life Insurance Company and CIGNA Dental Health, Inc., and its operating subsidiaries. The CIGNA Dental PPO is underwritten or administered by Connecticut General Life Insurance Company with network management services provided by CIGNA Dental Health, Inc., and certain of its operating subsidiaries. The CIGNA Traditional plan is underwritten or administered by Connecticut General Life Insurance Company.

This Fee Overview highlights some of the benefits available under your plan. A complete description regarding the terms of coverage, exclusions and limitations, including benefits will be provided in your insurance certificate or plan description. In case of discrepancy between this Fee Overview and your plan documents, the plan documents will prevail.