

Cigna Dental Benefit Summary

University of MA Medical School Plus Dental Plan

Effective 7/01/2016



Receiving regular dental care can 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 annual dollar maximum will increase in the following plan year. When you or your family members remain enrolled in the plan and continue to receive preventive care, the annual dollar maximum will increase in the following plan year, until it reaches the level specified below. Please refer to your plan materials for additional information on this plan feature.

| Network | Cigna Dental PPO | | Out-of-Network | |
|--|--|-------------------------|--|-------------------------|
| | Total Cigna DPPO | | | |
| Calendar Year Maximum (Class I, II, III and IX expenses) Members progress to the next level by utilizing Class I services in the prior year. | Year 1: \$1,500 Year 2: \$1,600 Year 3: \$1,700 Year 4: \$1,800 | | Year 1: \$1,500 Year 2: \$1,600 Year 3: \$1,700 Year 4: \$1,800 | |
| Annual Deductible Individual Family | \$ 25 \$ 75 | | \$ 25 \$ 75 | |
| Reimbursement Levels | Based on Reduced Contracted Fees | | Pay as billed | |
| Benefits | Plan Pays | You Pay | Plan Pays | You Pay |
| Class I: Preventive & Diagnostic 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 | 100% No Deductible | 0% No Deductible | 100% No Deductible | 0% No Deductible |
| Class II: Basic Restorative 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 Oral Surgery: extractions of impacted teeth Anesthesia: general and IV sedation Repairs to Bridges, Crowns and Inlays | 80% After Deductible | 20% After Deductible | 80% After Deductible | 20% After Deductible |
| Class III: Major Restorative Crowns, Dentures, Bridges Inlays/Onlays Prostheses Over Implant | 60% After Deductible | 40% After Deductible | 60% After Deductible | 40% After Deductible |
| Class IV: Orthodontia Coverage for Dependent children under age 19 Orthodontia Lifetime Maximum - \$1,500 | 50% | 50% | 50% | 50% |
| Class IX: Surgical Implants | 50% After Deductible | 50% After Deductible | 50% After Deductible | 50% After Deductible |
| Missing Tooth Limitation | For teeth missing prior to coverage with Cigna, the amount payable is 50% of the amount otherwise payable until insured for 24 months; thereafter, considered a Class III expense. | | | |
| Late Entrant Limit Provision | 50% coverage on Class III and IV for 24 months. | | | |
| Alternate Benefit Provision | 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. | | | |
| Pretreatment Review | Pretreatment review is available on a voluntary basis when extensive dental work in excess of \$200 is proposed. | | | |

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 and 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 or call customer service 24/7 at 1.800.CIGNA24.

Cigna Dental PPO Exclusions and Limitations

| Procedure | Limitations |
|----------------------------------|--|
| Oral Exams | 2 per calendar year |
| Prophylaxis (Cleanings) | 4 per calendar year |
| Fluoride Application | 2 per calendar year for people under 19 |
| X-Rays (routine) | Bitewings: 2 per calendar year |
| X-Rays (non-routine) | Full mouth: 1 every 36 consecutive months; Panorex: 1 every 36 consecutive months |
| Study Models or Diagnostic Casts | Payable only when in conjunction with orthodontic workup |
| Periodontal Treatment | Various limitations depending on the service |
| Bridges, Crowns and Inlays | Replacement every 5 years |
| Dentures and Partials | Replacement every 5 years |
| Relines, Rebases and Adjustments | Covered if more than 6 months after installation |
| Bridge and Denture Repairs | Reviewed if more than once |
| Sealants | Limited to posterior tooth. 1 treatment per tooth every 36 consecutive months for people under 19 |
| Space Maintainers | Limited to non-orthodontic treatment |
| Prostheses Over Implant | 1 per 60 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 |

Benefit Exclusions

Listed below are the services or expenses which are NOT covered under your Dental Plan and which are your responsibility at the dentist's Usual Fees. There is no coverage for:

- Services performed primarily for cosmetic reasons; veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars
- Instruction for plaque control, oral hygiene and diet; experimental or investigational procedures and treatments; dental services that do not meet common dental standards.
- Replacement of a lost or stolen appliance; replacement of a bridge or denture within five years following the date of its original installation; replacement of a bridge or denture which can be made useable according to accepted 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.
- Bite registrations; precision or semi-precision attachments; splinting; services that are deemed to be medical services; services and supplies received from a hospital;
- For charges which would not have been made if the person had no insurance; for charges for unnecessary care, treatment or surgery;
- Charges which the person is not legally required to pay; charges in excess of the reasonable and customary allowances; 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.
- 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); to the extent that payment is unlawful where the person resides when the expenses are incurred; 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.
- 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.
- 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.

This benefit summary highlights some of the benefits available under the proposed plan. A complete description regarding the terms of coverage, exclusions and limitations, including legislated benefits, will be provided in your insurance certificate or plan description. Benefits are insured and/or administered by Connecticut General Life Insurance Company. "Cigna HealthCare" refers to various operating subsidiaries of Cigna Corporation. Products and services are provided by these subsidiaries and not by Cigna Corporation. These subsidiaries include Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company, and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.

DPPPO insurance coverage is set forth on the following policy form numbers: AR: HP-POL77; CA: HP-POL57; CO: HP-POL78; CT: HP-POL58; DE: HP-POL79; FL: HP-POL60; ID: HP-POL82; IL: HP-POL84; KS: HP-POL84; LA: HP-POL86; MA: HP-POL 63; MI: HP-POL88; MO: HP- POL65; MS: HP-POL90; NC: HP-POL96; NE: HP-POL92; NH: HP-POL94; NM: HP-POL95; NV: HP-POL93; NY: HP-POL67; OH: HP-POL98; OK: HP-POL99; OR: HP-POL68; PA: HP-POL100; RI: HP-POL101; SC: HP-POL102; SD: HP-POL103; TN: HP-POL69; TX: HP-POL70; UT: HP-POL104; VA: HP-POL72; VT: HP-POL71; WA: POL-07/08; WI: HP-POL107; WV: HP-POL106; and WY: HP-POL108.

"Cigna," the "Tree of Life" logo and "Cigna Dental Care" are registered service marks of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), Cigna Health and Life Insurance Company (CHLIC), Cigna HealthCare of Connecticut, Inc., and Cigna Dental Health, Inc. and its subsidiaries. Cigna Dental PPO plans are underwritten or administered by CGLIC or CHLIC, with network management services provided by Cigna Dental Health, Inc. and certain of its subsidiaries. In Arizona and Louisiana, the insured Dental PPO plan offered by CGLIC is known as the "CG Dental PPO". In Texas, the insured dental product is referred to as the Cigna Dental Choice Plan. Cigna Dental Care (DHMO) plans are underwritten or administered by Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna Dental Health of Delaware, Inc., Cigna Dental Health of Florida, Inc., a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes, Cigna Dental Health of Kansas, Inc. (Kansas and Nebraska), Cigna Dental Health of Kentucky, Inc., Cigna Dental Health of Maryland, Inc., Cigna Dental Health of Missouri, Inc., Cigna Dental Health of New Jersey, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc., and Cigna Dental Health of Virginia, Inc. In other states, Cigna Dental Care plans are underwritten by CGLIC, CHLIC, or Cigna HealthCare of Connecticut, Inc. and administered by Cigna Dental Health, Inc.