

PPO DENTAL BENEFIT SUMMARY

Cigna Healthcare Financial Exhibit for:
UCONN Graduate Students
Effective Date: September 01, 2015

This is a summary of benefits for your dental plan. All deductibles, plan maximums, and service specific maximum (dollar and occurrence) cross accumulate between in and out of network.

Plan Design	State of CT CSN	Out-of-Network
Calendar Year Maximum		
(Class I, II, III Expenses)	\$3000, Class I Applies	\$3000, Class I Applies
Calendar Year Deductible		
Per Individual	\$50	\$50
Per Family	\$150	\$150
Class I Expenses – Preventive & Diagnostic Care		
Oral Exams Cleanings Routine X-Rays Fluoride Application Space Maintainers (limited to non-orthodontic treatment) Non-Routine X-Rays	100%, No Deductible	100%, No Deductible
Class II Expenses – Basic Restorative Care		
Fillings Sealants Emergency Care to Relieve Pain Oral Surgery – Simple Extractions Oral surgery – All Except Simple Extraction Surgical Extraction of Impacted Teeth Anesthetics Relines, Rebases, and Adjustments Repairs – Bridges, Crowns, and Inlays Repairs – Dentures Brush Biopsy	80%, After Deductible	80%, After Deductible
Class III Expenses – Major Restorative Care		
Crowns / Inlays / Onlays Dentures Bridges Stainless Steel / Resin Crowns Major Periodontics Minor Periodontics Root Canal Therapy / Endodontics	50%, After Deductible Waiting Period, Twelve Months	50%, After Deductible Waiting Period, Twelve Months
Class IV Expenses - Orthodontia		
	Not Covered	Not Covered
Class TBD Expenses - Bleaching		
	50%, After Deductible Annual Max \$250 Waiting Period, Six Months	50%, After Deductible Annual Max \$250 Waiting Period, Six Months
Missing Tooth Provision	No Limitation	
Late Entrant Limit	No coverage until next open enrollment	
Pretreatment Review	Available on a voluntary basis when extensive work in excess of \$200 is proposed.	
Dental Plan Reimbursement Levels	Based on Contracted Fees	Based on Maximum Allowable Charge (for location of service rendered).
Additional Member Responsibility in excess of Coinsurance	None	Yes, the difference between Billed Charges and the plan reimbursement
Student / Dependent Age	19 / 19	