

DePauw University

CIGNA Dental PPO Benefit Summary Effective 07/01/2010

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



Benefits	CIGNA Dental PPO	
	In-Network	Out-of-Network
Plan/Contract Year Maximum		
(Class I, II, and III Expenses)	\$1,250	\$1,250
Plan/Contract Year Deductible		
Per Individual	\$50	\$50
Per Family	\$100	\$100
Class I Expenses - Preventive & Diagnostic Care		
Oral Exams Cleanings Bitewing X-rays Fluoride Application Sealants Space Maintainers (limited to non-orthodontic treatment) Full Mouth X-rays Panoramic X-Rays Emergency Care to Relieve Pain Histopathologic Exams	100%, No Deductible	100%, No Deductible
Class II Expenses - Basic Restorative Care		
Fillings Oral Surgery - Simple Extractions Oral Surgery - All Except Simple Extraction Surgical Extraction of Impacted Teeth Anesthetics Major Periodontics Minor Periodontics Root Canal / Therapy Relines, Rebases, and Adjustments Repairs - Dentures	80%, After Deductible	80%, After Deductible
Class III Expenses - Major Restorative Care		
Crowns Dentures Bridges Repairs to crowns and inlays	50%, After Deductible	50%, After Deductible
Class IV Expenses - Orthodontia		
Lifetime Maximum	50%, After Deductible \$1,000	50%, After Deductible \$1,000
Class V Expenses - TMJ		
Lifetime Maximum	80%, After Deductible \$750	80%, After Deductible \$750
Missing Tooth Provision	The amount payable is 50% of the amount otherwise payable until insured for 24 months; thereafter, considered a Class III expense	
Pretreatment Review	Available on a voluntary basis when extensive work in excess of \$200 is proposed.	
Out-of-Network Reimbursement	90th Percentile	

Benefit exclusions (by way of example, but not limited to):

- * Services performed solely for cosmetic reasons
- * 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
- * Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars
- * Bite registrations; precision or semi-precision attachments; splinting
- * Surgical implant of any type including any prosthetic device attached to it
- * 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
- * Charges which the person is not legally required to pay
- * 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
- * Experimental or investigational procedures and treatments
- * 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
- * Charges in excess of the reasonable and customary allowances

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.