

Univ TN Health Science Ctr(\$1000 CYM)
CIGNA Dental PPO Benefit Summary Effective 7/1/2009



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
Calendar Year Maximum (Class I, II, and III Expenses)	\$1,000	\$1,000
Calendar Year Deductible		
Per Individual	\$50	\$50
Per Family	\$150	\$150
Class I Expenses - Preventive & Diagnostic Care		
Oral Exams Full Mouth X-rays Cleanings Panoramic X-Rays Bitewing X-rays Fluoride Application Sealants Space Maintainers (limited to non-orthodontic treatment)	100%, No Deductible	100%, No Deductible
Class II Expenses - Basic Restorative Care		
Fillings Emergency Care to Relieve Pain Oral Surgery, Simple Extractions ..	80%, After Deductible	80%, After Deductible
Class III Expenses - Major Restorative Care	12 Month Waiting Period	
Crowns Minor Periodontics Dentures Root Canal / Therapy Major Periodontics Bridges Anesthetics Histopathologic Exams Oral Surgery, All Except Simple Extractions Surgical Extraction of Impacted Teeth Relines, Rebases, and Adjustments Repairs - Bridges Crowns, and Inlays Repairs - Dentures	50%, After Deductible	50%, After Deductible
Class IV Expenses - Orthodontia		
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 \$500 is proposed.	
Out-of-Network Reimbursement	Based on Contracted Fee Schedule (for location of service rendered); dentist may balance bill up to usual fees.	
Student Age	24	