

Cigna Dental Benefit Summary
KGP Telecommunications, LLC/KGPCo Services, LLC
Plan Renewal Date: 01/01/2024



Administered by: Cigna Health and Life Insurance Company

This material is for informational purposes only and is designed to highlight some of the benefits available under this plan. Consult the plan documents to determine specific terms of coverage relating to your plan. Terms include covered procedures, applicable waiting periods, exclusions and limitations. **Your DPPO plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.**

Cigna Dental PPO				
Network Options	In-Network: Total Cigna DPPO Network		Out-of-Network: Non-Network	
Reimbursement Levels	Based on Contracted Fees		Maximum Reimbursable Charge	
Calendar Year Benefits Maximum Applies to: Class I, II, III and IX expenses	\$1,500		\$1,500	
Calendar Year Deductible Individual Family	\$50 \$150		\$50 \$150	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
Class I: Diagnostic & Preventive Oral Evaluations Prophylaxis: routine cleanings X-rays: bitewing Fluoride Application Sealants: per tooth Space Maintainers: non-orthodontic	100% No Deductible	No Charge	100% No Deductible	No Charge
Class II: Basic Restorative X-rays: full mouth X-rays: panoramic X-rays: periapical Emergency Care to Relieve Pain (Note: This service is administrated at the in network coinsurance level.) Restoration: fillings (Includes composite (white/tooth-colored) fillings on all teeth.) Oral Surgery: simple extractions	80% After Deductible	20% After Deductible	80% After Deductible	20% After Deductible
Class III: Major Restorative Periodontal Maintenance Anesthesia: general and IV sedation Endodontics: root canal therapy Periodontics: scaling & root planing Periodontics: osseous surgery Oral Surgery: oral surgical procedures Oral Surgery: extractions of impacted teeth Repairs: bridges, crowns and inlays Repairs: dentures Denture Relines, Rebases and Adjustments Inlays and Onlays Stainless Steel and Resin Crowns Crowns, Bridges and Dentures (Crowns and Bridges cover any material) Prosthesis Over Implant	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Class IV: Orthodontia Coverage for Employee and All Dependents Lifetime Benefits Maximum: \$1,500	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible
Class V: TMJ Occlusal orthotic device and adjustment Lifetime Benefits Maximum: \$500	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible

Class IX: Implants	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
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Benefit Plan Provisions:	
In-Network Reimbursement	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.
Non-Network Reimbursement	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 95th percentile of all provider submitted amounts in the geographic area. The dentist may balance bill up to their usual fees.
Cross Accumulation	All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network.
Calendar Year Benefits Maximum	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.
Calendar Year Deductible	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.
Pretreatment Review	Pretreatment review is available on a voluntary basis when dental work in excess of \$500 is proposed.
Oral Health Integration Program*	The Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with certain medical conditions. There is no additional charge to participate in the program. Those who qualify can receive reimbursement of their coinsurance for eligible dental services. Eligible customers can also receive guidance on behavioral issues related to oral health. Reimbursements under this program are not subject to the annual deductible, but will be applied to the plan annual maximum. For more information on how to enroll in this program and a complete list of terms and eligible conditions, go to www.mycigna.com or call customer service 24/7 at 1-800-Cigna24.
Timely Filing	Out of network claims submitted to Cigna after 365 days from date of service will be denied.
Benefit Limitations:	
Oral Evaluations/Exams	1 per 6 consecutive months.
X-rays: bitewing	1 set per 12 consecutive months, limited to 4 films per set.
X-rays: full mouth or panoramic	1 per 60 consecutive months.
X-rays: periapical	4 per 12 consecutive months if not in conjunction with an operative procedure.
X-rays: intraoral occlusal	2 per 12 consecutive months.
Cleaning: routine	1 prophylaxis (Class I) or periodontal maintenance (Class III) per 6 consecutive months.
Fluoride Application	1 per 12 consecutive months for children under age 14.
Sealants: per tooth	1 treatment per lifetime for children under age 14; payable on unrestored permanent bicuspid or molar teeth only.
Space Maintainers	Limited to non-orthodontic treatment for children under age 14.
Restoration: fillings	1 per 12 consecutive months.
Crowns	Replacement limited to 1 per 84 consecutive months. Replacement must be indicated by major decay.
Stainless Steel and Resin Crowns	1 per 36 consecutive months for children under age 16.
Endodontic Treatment	Root canal retreatment 1 per 24 consecutive months, based on necessity.
Periodontal Scaling and Root Planning	1 per quadrant per 36 consecutive months.
Dentures and Partials	Replacement limited to 1 per 84 consecutive months, if unserviceable and cannot be repaired.
Denture Adjustments	Covered if more than 12 consecutive months after installation; 1 per 12 consecutive months.
Denture Repairs	Covered if more than 12 consecutive months after installation.
Denture Rebases and Relines	Covered if more than 12 consecutive months after installation; 1 per 36 consecutive months.
Prosthesis Over Implant	1 per 84 consecutive months if unserviceable and cannot be repaired.
Bridges	Replacement limited to 1 per 84 consecutive months, if unserviceable and cannot be repaired.
Diagnostic Casts	Payable only in conjunction with orthodontic workup.
Benefit Exclusions:	
Covered Expenses will not include, and no payment will be made for the following:	

- Procedures and services not included in the list of covered dental expenses;
- Diagnostic: cone beam imaging;
- Preventive Services: instruction for plaque control, oral hygiene and diet;
- Restorative: core buildup; veneers; precious or semi-precious metals for crowns, bridges and abutments; restoration of teeth which have been damaged by erosion, attrition or abrasion;
- Periodontics: bite registrations; splinting;
- Prosthodontics: precision or semi-precision attachments;
- Anesthesia: general anesthesia or intravenous sedation, when used for the purposes of anxiety control or patient management is not covered; may be considered only when medically or dentally necessary and when in conjunction with covered complex oral surgery;
- Procedures, appliances or restorations, whose main purpose is to change vertical dimension, stabilize periodontally involved teeth, or restore occlusion;
- Athletic mouth guards;
- Services performed primarily for cosmetic reasons;
- Personalization or decoration of any dental device or dental work;
- Replacement of an appliance per benefit guidelines;
- Services that are deemed to be medical in nature;
- Services and supplies received from a hospital;
- Drugs: prescription drugs;
- Charges in excess of the Maximum Reimbursable Charge.

This document provides a summary only. It is not a contract. If there are any differences between this summary and the official plan documents, the terms of the official plan documents will prevail.

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

A copy of the NH Dental Outline of Coverage is available and can be downloaded at [Health Insurance & Medical Forms for Customers | Cigna under Dental Forms](#).

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