



YMCA EMPLOYEE BENEFITS

A nonprofit benefit Plan exclusively serving YMCAs since 1970.

A GUIDE TO YOUR DENTAL BENEFITS

Enclosed you'll find a summary of the dental coverage available to you from YMCA Employee Benefits.



Search for providers online:
www.cigna.com/ymca



Questions about enrollment?
1-877-BEN-YMCA

A predetermination of benefits should be obtained by your dentist for any services over \$200 when using either network or non-network dentists. Typically the dentist will advise you of recommended work during a routine exam and then schedule a follow-up appointment. Simply ask your dentist to work with Cigna directly to obtain your predetermination of benefits, helping you to make a more informed decision.

Cigna Dental Benefit Summary

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This dental plan includes **Cigna Dental WellnessPlusSM** features. When you or your covered 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 again in the following plan year, until it reaches the level specified below. If you leave the plan and re-enroll later, the annual maximum will reset. Please refer to your plan materials for additional information on this plan feature.

In-network providers include both those participating in the DPPO Advantage network and the DPPO network. Members may see a provider from either network but will get a slightly higher level of benefit and lower out-of-pocket costs using a DPPO Advantage provider. When searching for a dentist on www.myCigna.com, any within the search parameters who are in the DPPO Advantage network will be shown first.

All deductibles, plan maximums, and service specific maximums (dollar & occurrence) 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.

Network - Total Cigna DPPO	Cigna DPPO Advantage		Cigna DPPO		Out-of-Network**	
Calendar Year Maximum (Class II and III expenses)	Year 1: \$1,500 Progressive Benefit Year 2: \$1,750 Progressive Benefit Year 3: \$2,000					
Progressive Maximum Benefit Year 1 is the first year of plan coverage	Progressive Benefit Year 2: Increase contingent upon receiving Preventive Services in Plan Year 1 Progressive Benefit Year 3: Increase contingent upon receiving Preventive Services in Plan Years 1 and 2					
Annual Deductible Individual Family	\$50 per person \$150 per family		\$50 per person \$150 per family		\$50 per person \$150 per family	
Reimbursement Levels**	Based on Fee Schedule		Based on Discounted Fees		Maximum Reimbursable Charge	
	Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay
Class I - Preventive & Diagnostic Care Oral Exams Routine Cleanings Routine X-rays (Bitewing) Non-routine X-rays (Panoramic and Full Mouth) Fluoride Application Sealants (per tooth) Space Maintainers (non-orthodontic treatment)	100% Not subject to deductible, No Calendar Year Maximum	No Charge	100% Not subject to deductible, No Calendar Year Maximum	No Charge	100% Not subject to deductible, No Calendar Year Maximum	No Charge
Class II - Basic Restorative Care Fillings Periapical X-Rays Emergency Care to Relieve Pain (Note: This service is administrated at the in-network coinsurance level) Periodontics-minor and major Occlusal Adjustments	85% Not subject to deductible	15% Not subject to deductible	80%*	20%*	80%*	20%*

Class III - Major Restorative Care Crowns (permanent cast and porcelain) Surgical Extractions of Impacted Teeth Anesthetics (general and IV sedation) Histopathologic Exams Denture Repairs Denture Relines, Rebases and Adjustments Repairs to Bridges, Crowns and Inlays Surgical Implants Dentures and Bridges Inlays/Onlays Prosthesis Over Implant Root Canal Therapy (Endodontics) - minor and major Occlusal Guards	50%*	50%*	50%*	50%*	50%*	50%*
Class IV - Orthodontia Coverage for employees and dependents	50% after \$50 lifetime deductible \$1,500 Lifetime Maximum		50% after \$100 lifetime deductible \$1,000 Lifetime Maximum		50% after \$100 lifetime deductible \$1,000 Lifetime Maximum	

*** Subject to annual deductible**

**For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Contracted Fee Schedule or Discount Schedule. For services provided by an out-of-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge (MRC). The MRC is calculated at the 80th percentile of all provider submitted amounts in the geographic area, but the dentist may balance bill up to their usual fees.

Pretreatment review is recommended when extensive dental work in excess of \$200 is proposed.

Dental Oral Health Integration Program (OHIP) - The program offers enhanced dental coverage for customers with the following: cardiovascular conditions, cerebrovascular conditions (stroke), diabetes, maternity, chronic kidney disease (CKD), organ transplants, head and neck cancer radiation, rheumatoid arthritis, Sjogren’s syndrome, lupus, Parkinson’s disease, amyotrophic lateral sclerosis (ALS), Huntington’s disease, and opioid misuse and addiction.

There is no additional charge for 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 877-BEN-YMCA.

Cigna Dental PPO Exclusions and Limitations

Procedure Exclusions and Limitations

Late Entrants Limitation	50% coverage on Class III and IV for 12 months
Missing Tooth Limitation	Teeth missing prior to coverage under the Cigna plan are not covered until insured for 24 months
Exams	Two per Calendar year
Prophylaxis (Cleanings)	Two per Calendar year, including periodontal maintenance procedures following active therapy
Fluoride	1 per Calendar year for people under 18
Histopathologic Exams	Various limits per Calendar year depending on specific test
X-Rays (routine)	Bitewings: 2 per Calendar year
X-Rays (non-routine)	Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months.
Model/Diagnostic Cast	Payable only when in conjunction with Ortho workup
Relines, Rebases, and Adjustments	Covered if more than 6 months after installation
Repairs – Bridges and Dentures	Reviewed if more than once
Sealants (per tooth)	Limited to posterior tooth for a person under 16 years old. One treatment per tooth every 36 months
Space Maintainers	Limited to non-Orthodontic treatment for prematurely removed or missing teeth
Prosthesis Over Implant, Crowns, Inlays, Bridges, Dentures, and Partial	1 per 60 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
Alternate Benefit	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

Benefit Exclusions:

- Procedures and services not included in the list of covered dental expenses
- Preventive Services: Instruction for plaque control, oral hygiene and diet
- Restorative: Veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and/or third molars
- Periodontics: Bite registrations, splinting
- Prosthodontics: precision or semi-precision attachments

- Procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of dysfunction of the temporomandibular joint (TMJ), 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
- Over the counter medications, 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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