A dental plan that balances choice and savings.

GuideStone's Premier Dental Plan with the Total Cigna Healthcare DPPO Network.



The Total Cigna Healthcare® Dental PPO (DPPO) network makes it easy to help protect your health – and your smile – with the right dental care at the right price. You get a large national dental network, and online tools to help you to make more informed decisions about your dental care. We're with you every step of the way on your journey to better oral health.

How the plan works

The Total Cigna Healthcare DPPO network provides access to the largest network of dentists contracted to discounted fee arrangements.[1] This means more convenience and greater savings for you.

With GuideStone's Premier Dental Plan, you receive two levels of coverage, depending on which Total Cigna Healthcare DPPO network dentist you choose.

Cigna Healthcare DPPO Advantage – Highest benefit level. May result in a lower cost.

Cigna Healthcare DPPO – Lower benefit level than DPPO Advantage.

Additional considerations

- Network dentists will submit claims for you.
- You can visit another dentist for a second opinion and Cigna Healthcare will reimburse you according to your plan benefits.
- Your dentist can submit a treatment plan for predetermination of benefits so you can find out what your costs will be prior to treatment.
- You don't need a referral to receive care from a specialist.
- You don't need an ID card to receive dental care, but you can easily access it via the **myCigna®** website or app.
- Your plan includes coverage for preventive dental care services, including cleanings, X-rays and more, at no additional cost or at a reduced cost to you.
- You can check claim status online by registering on **myCigna.com** after you enroll.

After you enroll

Visit **myCigna.com** or the **myCigna® App** – anytime, just about anywhere – to discover:[2]

- **The Brighter Score® feature.** Use this score to compare dentists, based on affordability, patient experience and professional history.
- **Office reviews and comparisons.** Read verified patient reviews and view dentist profiles, including pictures and videos.
- **Online appointment scheduling.** If your dentist offers this service, you can book appointments online and then receive reminders.
- **Enhanced search and transparent pricing.** Search by dentist or procedures to estimate out-of-pocket costs, including coinsurance and deductibles, for your specific plan.

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Additional programs for our DPPO customers

Cigna Healthcare Healthy Rewards

The Cigna Healthcare Healthy Rewards®[3] program gives discounts on healthy programs and services. There's no time limit or maximum. Just visit a participating provider or shop online to enjoy these instant savings. No referrals or claim forms are needed. Get discounts on the health products and programs you use every day for:

- Weight and nutrition management
- Fitness
- Mind/body
- Vision and hearing care
- Alternative medicine
- A healthy lifestyle

After you enroll, you can learn more about Healthy Rewards by visiting the Healthy Rewards website: **Cigna.com/rewards** (password: savings) or by calling **800.870.3470.**

Cigna Healthcare Dental Oral Health Integration Program®

With this program, eligible members with certain medical conditions may receive 100% reimbursement of their out-of-pocket costs for select covered dental services.[4]

The qualifying medical conditions for this program are:

- Heart disease
- Stroke
- Diabetes
- Pregnancy
- Chronic kidney disease
- Organ transplants
- Head and neck cancer radiation

For additional information regarding this program, please visit **myCigna.com** after you enroll.

Premier DPPO plan	
Calendar year benefits maximum	
Per person, per plan year	$1,500 Calendar year maximum reduced to $1,500 for out-of-network coverage
Lifetime orthodontia maximum	$1,000
Coinsurance percentage per person	
Type I dental services	100%
Type II dental services	80%
Type III dental services	50%
Type IV dental services	50%
Deductible	
Per person, per plan year. This deductible applies to type II and type III services (waived for type I and type IV services)	$50



Type I Dental Services, including:

- Routine oral examinations – 2 times in a calendar year
- Routine dental cleanings – 2 times in a calendar year (frequencies combined with periodontal maintenance)
- Fluoride treatment – once per calendar year (only for children under age 14)
- Sealants – no more than once per tooth/per person only for permanent molar teeth (only for children under age 16)
- Space maintainer (includes adjustments within 6 months of installation) (only for children under age 16)
- Bitewing X-rays – once per calendar year

Type II Dental Services, including:

- X-rays:
  – Complete series – once every 60 months
  – Panoramic – once every 60 months (may also be payable in connection with the removal of impacted teeth)
  – Other X-rays
- New fillings; replacement fillings
- Simple extractions, removal of exposed roots, incision and drainage
- Certain lab tests, pain treatment, therapeutic drug injections

Type III Dental Services, including:

- Periodontal maintenance following active therapy
- Repair of bridges, crowns and inlays
- Periodontal prophylaxis – 2 per person per calendar year (combined with prophylaxis cleaning class I service)

Dental surgical implant coverage

- The surgical placement of the implant body or framework of any type
- Any device, index or surgical template guide used for implant surgery
- Prefabricated or custom implant abutments
- Removal of an existing implant; however, implant removal is covered only if the implant is not serviceable and cannot be repaired
- Endodontics (includes root canal therapy)
- Crowns, prefabricated stainless steel/resin
- Repairs of dentures
- Complex oral surgery; general anesthesia and IV sedation when medically required for such surgery
- Minor gum disease treatment (minor periodontics)
- Scaling and root planing
- Major gum disease treatment: (major periodontics) – gingivectomy, osseous surgery, other major periodontic procedures
- Porcelain crowns fused to metal
- Initial placement of inlays, onlays, fixed partial dentures (bridges), and partial and complete dentures

A prosthetic device, supported by an implant or implant abutment, is a covered expense. Replacement of any type of prosthesis with a prosthesis supported by an implant or implant abutment is only payable if the existing prosthesis is at least 60 consecutive months old, is not serviceable and cannot be repaired.

Type IV Dental Services, including:

- Limited orthodontic treatment
- Interceptive orthodontic treatment
- Comprehensive orthodontic treatment
- Minor treatment to control harmful habits

Other plan provisions

Benefit adjustments
Benefits will be coordinated with any other dental coverage. Under the Alternative Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care. If the cost of a proposed dental treatment plan exceeds $300, it should be submitted for an estimate of benefits payable.

Eligibility
Full-time employee, spouse and dependent children under age 26.
This is a brief description only. It is not a Certificate of Coverage. Limitations and exclusions apply.

DPPO exclusions and limitations

Procedure exclusions and limitations

Exams: 2 per calendar year

Prophylaxis (cleanings): 2 per calendar year, combined with periodontal maintenance maximum

Fluoride: 1 per calendar year for people under age 14

Histopathologic exams: Covered when oral biopsy is covered

Ceramic crowns and composite fillings on molars: Subject to the Alternate benefit

X-rays (routine) bitewings: 2 per calendar year

X-rays (non-routine) full mouth: 1 every 60 consecutive months; Panorex: 1 every 60 consecutive months

Model: Payable only when in conjunction with ortho workup

Minor perio (nonsurgical): Various limitations, depending on the service

Perio surgery: Various limitations, depending on the service

Crowns and inlays: Replacement every 5 years

Bridges: Replacement every 5 years

Dentures and partials: Replacement every 5 years
Relines, rebases: Covered if more than 6 months after installation

Adjustments: Covered if more than 6 months after installation

Repairs – bridges: Reviewed if more than once

Repairs – dentures: Reviewed if more than once

Sealants: Limited to posterior teeth. 1 treatment per tooth every 3 years to age 16

Space maintainers: Limited to non-orthodontic treatment for a person under age 16

Endodontics retreatment: Covered after 24 months have passed from initial treatment

Provisional splinting: Once every 12 months

Occlusal adjustments: Once every 12 months

Scaling and root planing: Once every 24 months per area

Periodontal maintenance: 2 per calendar year, combined with routine dental cleanings (prophylaxis)

Major periodontics: Once every 36 months per area

Prosthesis over implant: 1 per 60 consecutive 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

- Services performed primarily for cosmetic reasons
- Replacement of a lost or stolen appliance
- Replacement of a bridge or denture within 5 years following the date of its original installation
- Replacement of a bridge or denture which can be made usable 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
- 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
- To the extent that payment is unlawful where the person resides when the expenses are incurred
- Procedures performed by a dentist who is a member of the covered person's family (covered person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents)
- For charges which would not have been made if the person had no insurance
- For charges for unnecessary care, treatment or surgery
- To the extent that you or any of your dependents are in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid
- To the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a "no-fault" insurance law or an uninsured motorist insurance law. Cigna Healthcare will take into account any adjustment option chosen under such part by you or any one of your dependents.
- In addition, these benefits will be reduced so that the total payment will not be more than 100% of the charge made for the dental service, if benefits are provided for that service under this plan and any medical expense plan or prepaid treatment program sponsored or made available by your employer

1. NetMinder. DPPO data as of March 2018, reflecting Total Cigna Healthcare DPPO counts of unique dentists. Data is subject to change. The Ignition Group makes no warranty regarding the performance of the data and the results that will be obtained by using.
2. Actual features may vary by dentist. These and other dentist directory features are for educational purposes only and should not be the sole basis for decision making. They are not a guarantee of the quality of care that will be provided to individual patients and you should consider all relevant factors when selecting a dentist.
3. Healthy Rewards is a discount program. If your plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. Healthy Rewards programs are separate from your plan benefits. **A discount program is NOT insurance, and you must pay the entire discounted charge.** Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time.
4. You must enroll in the program prior to receiving services to be eligible for reimbursement. Your dental plan deductible does not apply, but reimbursements are applied to and subject to any applicable plan calendar year maximum.

This flyer provides only the highlights of your plan. For a complete list of covered and non-covered services, see your employer's official plan documents. If there are any differences between this flyer and the plan documents, the information in the plan documents will prevail.

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Policy forms: OK – HP-POL99/HP-POL-388, POL115; OR – HP-POL68/HP-POL352, HP-POL121 04-10; TN – HP-POL69/HC-CER2V1/HP-POL389, et al., HP-POL134/HC-CER17V1 et al.-CER2V1/HP-POL389, et al., HP-POL134/HC-CER17V1 et al. The Cigna Healthcare name, logo and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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