This dental benefits summary was prepared to help you understand the benefits available through your Cigna DHMO Option. If you want more details about your coverage and costs, you can find the complete terms in the plan documents. Your contact for plan information is the University’s Benefits Office at (718) 817-4932 or benefits@fordham.edu.

The DHMO is offered through a network of participating dental care providers. Within the network, you choose a general dentist to manage your care and refer you for specialty services—such as treatment of gum disease—if necessary. No coverage is available if you receive care from a provider who does not participate in the Cigna network.

The DHMO covers the full cost of preventive and diagnostic treatment, such as routine exams, cleaning, and x-rays. It also pays the full cost for basic fillings. You pay reduced fees according to a schedule for other restorative services, such as extractions, gum treatment, root canals, and dentures. The plan does not require any deductibles, coinsurance, or copays, and there is no out-of-pocket maximum (i.e., no limit on the amount of benefits payable by the plan). DHMO providers file claims for you, so the plan is easy to use.

You will find an extensive list of covered services in Cigna’s Dental Patient Charge Schedule, which is available at Fordham.edu/healthinsurance in the “2015 Dental and Vision Benefits” section. The list shows your cost for each service.

This summary describes key plan features. A chart with common dental events shows how you and the plan share costs when you have dental expenses.

<table>
<thead>
<tr>
<th>Plan feature</th>
<th>What it is</th>
<th>How it affects your plan benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider network</td>
<td>A group of dental care professionals who participate in the Cigna dental network. The network includes general dentists and specialists</td>
<td>You must receive all dental care within the Cigna network. Otherwise, no benefits will be paid by the plan. You choose a general dentist in-network to manage your dental care.</td>
</tr>
<tr>
<td>Dental Patient Charge Schedule (PCS)</td>
<td>A comprehensive list of covered dental services, including your cost for each procedure</td>
<td>The schedule shows your cost for all covered services, so you know what to expect before treatment begins. Services not listed on the PCS are not covered.</td>
</tr>
<tr>
<td>Specialty care</td>
<td>Dental treatment delivered in-network, by a specialist such as a periodontist (for gum treatment) or orthodontist (for teeth straightening, bite adjustment, or jaw alignment)</td>
<td>Referrals from your general dentist are required for specialty care. In most cases, specialty care requires payment authorization before services can be covered.</td>
</tr>
</tbody>
</table>
The chart that follows shows how you and the plan share costs, depending on the type of dental care services you need. Your covered dependents are eligible for the same benefits described below.

<table>
<thead>
<tr>
<th>Common dental events</th>
<th>Services you may need</th>
<th>How you and the plan share costs</th>
<th>Limitations and exclusions</th>
</tr>
</thead>
</table>
| **You get a routine dental checkup**             | • Oral exams and cleanings  
• Routine and nonroutine x-rays  
• Fluoride treatment and sealants  
• Space maintainers (non-orthodontic)  
• Emergency pain relief care | No cost to you; plan pays 100%                             | Covers two routine exams/cleanings and routine x-rays per calendar year; one annual fluoride treatment; sealants; full mouth x-rays once every three years |
| **You need basic restorative dental services**   | • Basic fillings  
• Amalgam (silver-colored)  
• Composite (tooth-colored)  
• Extractions (erupted teeth) | No cost to you; plan pays 100%                             |                                                                                                   |
| **You need major restorative dental services**   | • Extractions (impacted teeth)  
• Crowns and inlays  
• Treatment of gum disease  
• Bridges  
• Dentures and partials  
• Relines, rebases  
• Adjustments  
• Prostheses over implant  
• Temporomandibular joint (TMJ) treatment  
• Athletic mouth guard  
• Orthodontia for children and adults | You pay a reduced fee for services based on Cigna’s Dental Patient Charge Schedule (PCS). You may access the schedule at [Fordham.edu/healthinsurance](http://Fordham.edu/healthinsurance)  
See chart below for a representative list of services and costs | Replacement for crowns and inlays, dentures, and bridges, and prosthesis over implant, every five years  
Relines and rebases, one every 36 months  
Adjustments, four within the first six months after installation  
One TMJ device per 24 months  
One athletic mouth guard per 12 months |
Dental Patient Charge Schedule: Representative services and costs

The plan covers hundreds of dental services. This small sampling of common dental services will give you an idea of how the plan works and what you might expect to spend for certain procedures.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Your cost with Cigna DHMO</th>
<th>Estimated cost without dental coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleanings</td>
<td>$0</td>
<td>$70-$136 for adults</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$53-$102 for children</td>
</tr>
<tr>
<td>Comprehensive oral evaluation</td>
<td>$0</td>
<td>$62-$118</td>
</tr>
<tr>
<td>Fluoride treatment</td>
<td>$0</td>
<td>$28-$53</td>
</tr>
<tr>
<td>X-rays</td>
<td>$0</td>
<td>$33-$63 for bitewings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$84-$161 for panoramic</td>
</tr>
<tr>
<td>Sealant</td>
<td>$0</td>
<td>$42-$80 per tooth</td>
</tr>
<tr>
<td>Amalgam filling</td>
<td>$0</td>
<td>$118-$226</td>
</tr>
<tr>
<td>Composite filling</td>
<td>$0</td>
<td>$120-$231</td>
</tr>
<tr>
<td>Molar root canal (excluding final restoration)</td>
<td>$170</td>
<td>$852-$1,640</td>
</tr>
<tr>
<td>Comprehensive orthodontic treatment (banding)</td>
<td>$400</td>
<td>$1,042-$2,005</td>
</tr>
<tr>
<td>Gum scaling and root planning (per quadrant)</td>
<td>$50</td>
<td>$179-$344</td>
</tr>
<tr>
<td>Removal of impacted tooth</td>
<td>$70</td>
<td>$370-$712</td>
</tr>
<tr>
<td>Porcelain crown (fused to high noble metal)</td>
<td>$225</td>
<td>$849-$1,634</td>
</tr>
<tr>
<td>Fixed partial denture (implant supported retainer/porcelain fused to metal)</td>
<td>$525</td>
<td>$1,097-$2,112</td>
</tr>
<tr>
<td>TMJ appliance</td>
<td>$160</td>
<td>$640-$1,233</td>
</tr>
</tbody>
</table>
Referrals for specialty care

Referrals are required for specialty care services, such as treatment of gums by a periodontist and root canals performed by an endodontist. Your general dentist will make in-network referrals for you if specialist care is recommended. Except for pediatrics, orthodontics, and endodontics, specialty treatment plans require payment authorization before coverage is approved.

Finding an in-network provider

Find a dentist at the Cigna.com online dental directory or call (800) 244-6224 and speak with a customer service representative, who can send you a customized dental directory via email.

Benefit exclusions

The Cigna DHMO does not cover:

- Services that are not listed on your PCS
- Services provided by an out-of-network dentist without Cigna Dental’s prior approval (except emergencies as defined in the plan documents)

Unless the service is listed on your PCS, there is no coverage for:

- Services performed primarily for cosmetic reasons
- General anesthesia, sedation, and nitrous oxide
- Surgical implant
- The completion of an implant-supported prosthesis (including crowns, bridges, and dentures) already in progress on the effective date of your Cigna Dental coverage
- Bone grafting and/or guided tissue regeneration when performed at the site of a tooth extraction
Other exclusions include:

- Services in connection with an injury arising out of, or sustained in the course of, any employment for wage or profit
- Charges that would not have been made in any facility, other than a hospital or a correctional institution owned or operated by the United States government or by a state or municipal government, if the person had no insurance
- Payments that are unlawful where the person resides when expenses are incurred or services are received
- Charges that the person is not legally required to pay
- Charges that would not have been made if the person had no insurance
- Charges related to intentionally self-inflicted injuries
- Services related to an injury or illness paid under workers’ compensation, occupational disease, or similar laws
- Services provided or paid by or through a federal or state governmental agency or authority, political subdivision, or public program, other than Medicaid
- Services required while serving in the armed forces of any country or international authority or relating to a declared or undeclared war or acts of war
- Prescription medications
- Replacement of fixed and/or removable appliances (including fixed and removable orthodontic appliances) that have been lost, stolen, or damaged due to patient abuse, misuse, or neglect
- Services considered unnecessary or experimental in nature or that do not meet commonly accepted dental standards
- Procedures or appliances for minor tooth guidance or to control harmful habits
- Services and supplies received from a hospital
- The completion of crowns, bridges, dentures, or root canal treatment already in progress on the effective date of your Cigna Dental coverage
- Consultations and/or evaluations associated with services that are not covered
- Endodontic treatment and/or periodontal (gum tissue and supporting bone) surgery of teeth exhibiting a poor or hopeless periodontal prognosis
- Bone grafting and/or guided tissue regeneration when performed in conjunction with an apicoectomy or periradicular surgery
- Intentional root canal treatment in the absence of injury or disease solely to facilitate a restorative procedure
- Services performed by a prosthodontist
- Localized delivery of antimicrobial agents when performed alone or in the absence of traditional periodontal therapy
- Any localized delivery of antimicrobial agent procedures when more than eight of these procedures are reported on the same date of service
- Infection control and/or sterilization
- The recementation of any inlay, onlay, crown, post and core, or fixed bridge within 180 days of initial placement
- The recementation of any implant-supported prosthesis (including crowns, bridges, and dentures) within 180 days of initial placement
- Services to correct congenital malformations, including the replacement of congenitally missing teeth
- The replacement of a night guard beyond one per any 24 consecutive month period, when this limitation is noted on the PCS
- Crowns, bridges, and/or implant-supported prosthesis used solely for splinting
- Resin bonded retainers and associated pontics