Cigna Dental Benefit Summary
Adelphi University
Plan Renewal Date: 1/01/2018

Insured 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.

### Benefit Plan Features

<table>
<thead>
<tr>
<th>Network Options</th>
<th>Total Cigna DPPO Network</th>
<th>Non-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cigna DPPO Advantage</td>
<td>Cigna DPPO</td>
</tr>
<tr>
<td>Reimbursement Levels</td>
<td>Fee Schedule</td>
<td>Discount on Fees</td>
</tr>
<tr>
<td>Calendar Year Benefits Maximum</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Applies to: Class I, II &amp; III expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calendar Year Deductible</td>
<td>Individual $50, Family $150</td>
<td>Individual $50, Family $150</td>
</tr>
</tbody>
</table>

### Benefit Highlights

<table>
<thead>
<tr>
<th>Class I: Diagnostic &amp; Preventive</th>
<th>Plan Pays</th>
<th>Plan Pays</th>
<th>Plan Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Evaluations</td>
<td>100%</td>
<td>No Deductible</td>
<td>80%</td>
</tr>
<tr>
<td>Prophylaxis: routine cleanings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-rays: routine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-rays: non-routine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluoride Application</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sealants: per tooth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Space Maintainers: non-orthodontic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Care to Relieve Pain</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Class II: Basic Restorative</th>
<th>Plan Pays</th>
<th>Plan Pays</th>
<th>Plan Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restorative: fillings</td>
<td>80%</td>
<td>After Deductible</td>
<td>80%</td>
</tr>
<tr>
<td>Endodontics: minor and major</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodontics: minor and major</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Surgery: minor and major</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anesthesia: general and IV sedation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Class III: Major Restorative</th>
<th>Plan Pays</th>
<th>Plan Pays</th>
<th>Plan Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inlays and Onlays</td>
<td>50%</td>
<td>After Deductible</td>
<td>50%</td>
</tr>
<tr>
<td>Prosthesis Over Implant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crowns: prefabricated stainless steel / resin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crowns: permanent cast and porcelain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bridges and Dentures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repairs: Bridges, Crowns and Inlays</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repairs: Dentures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denture Relines, Rebases and Adjustments</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Oral Health Integration Program (OHIP)**

Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with the following medical conditions: diabetes, heart disease, stroke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease. There’s no additional charge for the program. Those who qualify get reimbursed 100% of coinsurance for certain related dental procedures. Eligible customers can also receive guidance on behavioral issues related to oral health and discounts on prescription and non-prescription dental products. Reimbursements under this program are not subject to the annual deductible, but will be applied to and are subject to the plan annual maximum. Discounts on certain prescription and non-prescription dental products are available through Cigna Home Delivery Pharmacy only, and you are required to pay the entire discounted charge. For more information including how to enroll in this program and a complete list of program terms and eligible medical 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:** Benefit frequency limitations are based on date of service.

<table>
<thead>
<tr>
<th>Service</th>
<th>Limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missing Tooth Limitation</td>
<td>Teeth missing prior to coverage effective date are not covered.</td>
</tr>
<tr>
<td>Oral Evaluations</td>
<td>2 per calendar year</td>
</tr>
<tr>
<td>X-rays (routine)</td>
<td>Bitewings: 2 per calendar year</td>
</tr>
<tr>
<td>X-rays (non-routine)</td>
<td>Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months</td>
</tr>
<tr>
<td>Cleanings</td>
<td>2 per calendar year, including periodontal maintenance procedures following active therapy</td>
</tr>
<tr>
<td>Fluoride Application</td>
<td>1 per calendar year for children under age 19</td>
</tr>
<tr>
<td>Sealants (per tooth)</td>
<td>Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14</td>
</tr>
<tr>
<td>Space Maintainers</td>
<td>Limited to non-orthodontic treatment for children under age 19</td>
</tr>
<tr>
<td>Inlays, Crowns, Bridges, Dentures and Partials</td>
<td>Replacement every 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.</td>
</tr>
<tr>
<td>Denture and Bridge Repairs</td>
<td>Reviewed if more than once</td>
</tr>
<tr>
<td>Denture Relines, Rebases and Adjustments</td>
<td>Covered if more than 6 months after installation</td>
</tr>
<tr>
<td>Prosthesis Over Implant</td>
<td>1 every 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.</td>
</tr>
</tbody>
</table>

**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: veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars; Periodontics: bite registrations; splinting;
- Prosthodontics: precision or semi-precision attachments; initial placement of a complete or partial denture per plan guidelines;
- Implants: implants or implant related services; Orthodontics: orthodontic treatment;
- Procedures, appliances or restorations, except full dentures, whose main purpose is to: change vertical dimension; diagnose or treat conditions or dysfunction of the temporomandibular joint (TMJ); stabilize periodontally involved teeth; or restore occlusion;
- Athletic mouth guards; services performed primarily for cosmetic reasons; personalization; 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.

Cigna Dental PPO plans are insured and/or administered by Cigna Health and Life Insurance Company (CHLIC) or Connecticut General Life Insurance Company (CGLIC), with network management services provided by Cigna Dental Health, Inc. and certain of its subsidiaries. In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation “Cigna Home Delivery Pharmacy” refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C. Policy forms (for insured dental plans) in OK: HP-POL99 (CHLIC), GM6000 ELI288 et al (CGLIC); OR: HP-POL68; TN: HP-POL69/HC-CER2V1 et al (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.