

Individual and Family Dental Plan Comparison

NEW YORK

DENTAL PLAN	Cigna Dental Preventive	Cigna Dental 1000	Cigna Dental 1500
	Advantage Network		
Individual Calendar-Year Deductible	Not applicable	\$50 per person	\$50 per person
Family Calendar-Year Deductible	Not applicable	\$150 per family	\$150 per family
Calendar-Year Maximum (For Class I, II and III services)	Not applicable	\$1,000 per person	\$1,500 per person
Lifetime Deductible (Separate per person for orthodontia)	Not applicable	Not applicable	\$50 per person
Lifetime Maximum (Separate per person for orthodontia)	Not applicable	Not applicable	\$1,000 per person
Class I: Preventive/Diagnostic Services			
Preventive/Diagnostic Services Waiting Period	Not applicable	Not applicable	Not applicable
Preventive/Diagnostic Services Oral Exams, Routine Cleanings, Routine X-Rays, Sealants, Fluoride Treatment, Space Maintainers (Non-orthodontic)	You pay \$0	You pay \$0	You pay \$0
Class II: Basic Restorative Services			
Basic Restorative Services Waiting Period	Not applicable	6-month waiting period ¹	6-month waiting period ¹
Basic Restorative Services Nonroutine X-Rays, Fillings, Routine Tooth Extraction, Emergency Treatment	You pay 100% of the provider's actual billed charges	You pay 20% of the provider's allowed amount (after deductible)	You pay 20% of the provider's allowed amount (after deductible)
Class III: Major Restorative Services			
Major Restorative Services Waiting Period	Not applicable	12-month waiting period ¹	12-month waiting period ¹
Major Restorative Services Periodontal (Deep) Cleaning, Periodontal Maintenance, Crowns, Root Canal Therapy, Extraction of Impacted Tooth, Complex Tooth Extraction, Dentures/Partials, Bridges	You pay 100% of the provider's actual billed charges	You pay 50% of the provider's allowed amount (after deductible)	You pay 50% of the provider's allowed amount (after deductible)
Class IV: Orthodontia			
Orthodontia Waiting Period	Not applicable	Not applicable	12-month waiting period ¹
Orthodontia	You pay 100% of the provider's actual billed charges	You pay 100% of the provider's actual billed charges	You pay 50% of the provider's allowed amount (after separate lifetime deductible)
Out-of-Network and Dental Terms	For out-of-network benefits and dental terms, see the Summary of Benefits	For out-of-network benefits and dental terms, see the Summary of Benefits	For out-of-network benefits and dental terms, see the Summary of Benefits

This summary contains highlights only. For additional plan information, including out-of-network benefits, view the Summary of Benefits.

If you choose to visit a dentist out-of-network, you will pay the out-of-network benefit and the difference between the amount that Cigna HealthcareSM reimburses for such services (Allowed Amount) and the amount charged by the dentist, except for emergency services as defined in the policy. This is known as balance billing.

1. Waiting periods for Class II and III may be waived at the individual member level if the application indicates that there were 12 months or more of prior dental coverage that included coverage for Class III, Major Restorative Services, and not more than 63 days have lapsed between the prior coverage and this plan. Any prior dental insurance plan that did not include Class III services will not count toward waiting period waiver. Orthodontia and Implant Waiting Periods are not eligible for waiver.

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Procedure	Frequency/Limitation
Oral Exams	1 per person per consecutive 6-month period
Routine Cleanings	1 routine prophylaxis or periodontal maintenance procedure per person per consecutive 6-month period (routine prophylaxis falls under Class I; periodontal maintenance procedure falls under Class III)
Routine X-Rays	Bitewings: 1 set in any consecutive 12-month period; limited to a maximum of 4 films per set
Sealants	1 treatment per tooth per lifetime; payable on unrestored permanent bicuspid or molar teeth for participants younger than age 14
Fluoride Treatment	1 per consecutive 12-month period for participants younger than age 14
Space Maintainers (Non-orthodontic)	Limited to non-orthodontic treatment for prematurely removed or missing teeth for participants younger than age 14
Nonroutine X-Rays	Full mouth or Panorex: 1 per consecutive 60-month period
Fillings	1 per tooth per consecutive 12-month period (applies to replacement of identical surface fillings only); no white/tooth-colored fillings on bicuspid or molar teeth
Periodontal (Deep) Cleaning	1 per quadrant per consecutive 36-month period
Periodontal Maintenance	Payable only if a consecutive 6-month period has passed since the completion of active periodontal surgery; 1 periodontal maintenance or routine prophylaxis procedure per person per consecutive 6-month period (periodontal maintenance procedure is Class III; routine prophylaxis is Class I)
Crowns	1 per tooth per consecutive 84-month period. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crown or bridges. Replacement must be indicated by major decay. For participants younger than age 16, benefits limited to resin or stainless steel.
Root Canal Therapy	1 per tooth per lifetime
Dentures and Partial	1 per arch per consecutive 84-month period
Bridges	1 per consecutive 84-month period. Benefits will be considered for the initial replacement of a necessary functioning natural tooth extracted while the person was covered under this plan.
Missing Teeth Limitation	There is no payment for replacement of teeth that are missing when a person first becomes insured. This payment limitation no longer applies after 12 months of continuous coverage.

This summary contains highlights only. For additional plan information, view the Summary of Benefits.

With our dental plans, there is more to smile about.

You get flexible benefits and premium levels to meet your needs and budget, plus:

- Access to the Advantage Network, with thousands of unique dental providers at hundreds of thousands of locations across the U.S.²
- No referral needed to see a specialist
- 15% discount on monthly premiums for any additional eligible dependents³ on the plan
- Availability for all ages, including those 65 and older
- No application or processing fees
- No waiting period for Class I services (Waiting periods may be waived for select procedures if you have had prior similar dental coverage.¹)
- No need to submit claims when you use an Advantage Network provider
- 24/7/365 customer service
- One-stop plan access and help choosing the right dentist with the Brighter Score⁴ feature on **myCigna.com**[®] or the **myCigna**[®] App⁵

You have freedom.

You are free to choose a provider from our large national network or from outside the network. Keep in mind, you'll save the most if you visit an Advantage Network provider. Find providers in our network at **Cigna.com/ifp-providers**.

To see how your savings may be greater when visiting an **Advantage Network** provider, see the Summary of Benefits.

[Cigna Dental Preventive plan NY](#)

[Cigna Dental 1000 plan NY](#)

[Cigna Dental 1500 plan NY](#)

Plan Exclusions and Limitations

No coverage is available under this policy for the following:

A. Cosmetic Services

We do not cover cosmetic services or surgery unless otherwise specified, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered child which has resulted in a functional defect. Cosmetic surgery does not include surgery determined to be medically necessary. If a claim for a procedure listed in 11 NYCRR 56 (e.g., certain plastic surgery and dermatology procedures) is submitted retrospectively and without medical information, any denial will not be subject to the utilization review process in the Utilization Review and External Appeals sections of this policy unless medical information is submitted.

B. Coverage in Canada or Mexico or Outside of the United States

We do not cover care or treatment provided in Canada or Mexico, or outside of the United States and its possessions, except for Emergency Dental Care as described in the policy.

C. Experimental or Investigational Treatment

We do not cover any health care service, procedure, treatment or device that is experimental or investigational. However, we will cover experimental or investigational treatments, including treatment for your rare disease or patient costs for your participation in a clinical trial, when our denial of services is overturned by an external appeal agent certified by the state. However, for clinical trials, we will not cover the costs of any investigational drugs or devices, non-health services required for you to receive the treatment, the costs of managing the research, or costs that would not be covered under the policy for non-investigational treatments. See the Utilization Review and External Appeal sections of this policy for a further explanation of your appeal rights.

D. Felony Participation

We do not cover any illness, treatment or medical condition due to your participation in a felony, riot or insurrection.

E. Government Facility

We do not cover care or treatment provided in a hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law.

F. Medical Services

We do not cover medical services or dental services that are medical in nature, including any hospital charges or prescription drug charges.

G. Medically Necessary

In general, we will not cover any dental service, procedure, treatment, test or device that we determine is not medically necessary. If an external appeal agent certified by the state overturns our denial, however, we will cover the service, procedure, treatment, test or device for which coverage has been denied to the extent that such service, procedure, treatment, test or device is otherwise covered under the terms of this policy.

H. Medicare or Other Governmental Program

We do not cover services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid).

I. Military Service

We do not cover an illness, treatment or medical condition due to service in the armed forces or auxiliary units.

J. No-Fault Automobile Insurance

We do not cover any benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable. This exclusion applies even if you do not make a proper or timely claim for the benefits available to you under a mandatory no-fault policy.

K. Services not Listed

We do not cover services that are not listed in this policy as being covered.

L. Services Provided by a Family Member

We do not cover services performed by a member of the covered person's immediate family. "Immediate family" shall mean a child, spouse, mother, father, sister or brother of you or your spouse.

M. Services Separately Billed by Hospital Employees

We do not cover services rendered and separately billed by employees of hospitals, laboratories or other institutions.

N. Services with No Charge

We do not cover services for which no charge is normally made.

O. War

We will not cover an illness, a treatment or a medical condition due to war, declared or undeclared.

P. Workers' Compensation

We do not cover services if benefits for such services are provided under any state or federal workers' compensation, employers' liability or occupational disease law.

2. Data as of December 2024. Subject to change.

3. For each additional eligible dependent, as defined by the policy, added to a primary policy, a 15% discount is applied to the standard rate. Discount is applied in the quote tool.

4. Brighter Score 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.

5. The downloading and use of the myCigna mobile app is subject to the terms and conditions of the app and the online store from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

Important Plan Disclosures

Cigna Healthcare Dental insurance coverage shall be only for the classes of service referred to in the Schedule of a purchased plan.

Dental plans are insured by Cigna Health and Life Insurance Company with network management services provided by Cigna Dental Health, Inc. Rates may vary based on age, family size, geographic location (residential zip code) and plan design.

In NY, dental rates are subject to change upon 30 days' prior notice. **Dental plans apply waiting periods to covered basic (6 months), major (12 months) and orthodontic (12 months) dental care services.** Some covered services are determined by age: topical application of fluoride or sealant, space maintainers, and materials for crowns and bridges. **If the plan covers replacement of teeth, there is no payment for replacement of teeth that are missing prior to coverage. In NY, payment limitation no longer applies after 12 months of continuous coverage.**

Notice to buyer: This policy provides dental coverage only. Review your policy carefully.

Dental preferred-provider insurance policies (NY: INDDENTPOLNY) have exclusions, limitations, reduction of benefits and terms under which a policy may be continued in force or discontinued.

The policy may be cancelled by Cigna Healthcare due to failure to pay premium, fraud, ineligibility, when the insured no longer lives in the service area or if we cease to offer policies of this type or any individual dental plans in this state, in accordance with applicable law. To cancel your policy, you must inform us in writing. Your policy will be cancelled on the first of the month following our receipt of your written notice. We reserve the right to modify this policy, including policy provisions, benefits and coverages, consistent with state or federal law. This individual plan is renewable monthly or quarterly.

For costs and additional details about coverage, contact Cigna Health and Life Insurance Company at 900 Cottage Grove Rd, Hartford, CT 06152 or call **866.Get.Cigna (866.438.2446)**.

Please contact your insurance carrier, agent/producer or the Health Insurance Marketplace if you wish to purchase PPACA-compliant pediatric dental coverage.