Cigna Dental Benefit Summary
Magnolia ISD – High Plan
Effective Date: 09/01/2026

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.
Your plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.

Cigna Dental Choice Plan				
Network Options	***In-Network:*** **Total Network**		***Out-of-Network:*** **See Out-of-Network Reimbursement**	
Reimbursement Levels	Based on Contracted Fees		Maximum Reimbursable Charge	
Policy Year Benefits Maximum Applies to: Class I, II, III & IX expenses	$1,500		$1,500	
Policy Year Deductible Individual Family	$50 $150		$50 $150	
Benefit Highlights	***Plan Pays***	***You Pay***	***Plan Pays***	***You Pay***
Class I: Diagnostic & Preventive Oral Evaluations Prophylaxis: routine cleanings X-rays: bitewing Fluoride Application Emergency Care to Relieve Pain (Note: This service is administered at the in-network coinsurance level.)	100% No Deductible	No Charge	100% No Deductible	No Charge
Class II: Basic Restorative X-rays: full mouth X-rays: panoramic X-rays: periapical Restorative: fillings (Includes composite (white/tooth-colored) fillings on molars). Oral Surgery: simple extractions Sealants: per tooth Space Maintainers: non-orthodontic Endodontics: root canal therapy	80% After Deductible	20% After Deductible	80% After Deductible	20% After Deductible
Class III: Major Restorative Periodontal Maintenance Anesthesia: general and IV sedation Oral Surgery: oral surgical procedures Oral Surgery: extractions of impacted teeth Repairs: bridges, crowns and inlays Repairs: dentures Denture Relines, Rebases and Adjustments Inlays and Onlays Stainless Steel Crowns Resin Crowns (Includes composite (white/tooth-colored) fillings on molars). Crowns, Bridges and Dentures Prosthesis Over Implants Periodontics: scaling and root planing Periodontics: osseous surgery	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Class IV: Orthodontia Coverage for Dependent Children to age 26 Lifetime Benefits Maximum: $1,000	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible
Class IX: Implants	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible

Benefit Plan Provisions:	
In-Network Reimbursement	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.
Out-of-Network Reimbursement	For services provided by an out-of-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 90th percentile of all provider allowed amounts in the geographic area. The dentist may balance bill up to their usual fees.
Cross Accumulation	All deductibles, plan maximums, and service specific maximums 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.
Policy Year Benefits Maximum	The plan will only pay for covered charges up to the plan maximum, when applicable. Benefit-specific maximums may also apply.
Policy Year Deductible	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.
Late Entrant Limitation Provision	No Coverage except for Class I (as defined in these plans) 12 months.
Pretreatment Review	Pretreatment review is available on a voluntary basis when dental work in excess of $500 is proposed.
Alternate Benefit Provision	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses. This provision does not apply to composite (white/tooth-colored) fillings or porcelain or white/tooth-colored crowns on molars.
Oral Health Integration Program®	The Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with certain medical conditions. There is no additional charge to participate in 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 1-800-Cigna24.
Timely Filing	Out of network claims submitted to Cigna after 365 days from date of service will be denied.
Benefit Limitations:	
Oral Evaluations/Exams	1 per 6 consecutive months.
X-rays: bitewing	1 set per 12 consecutive months, limited to 4 films per set.
X-rays: full mouth or panoramic	1 per 60 consecutive months.
X-rays: periapical	4 per 12 consecutive months if not in conjunction with an operative procedure.
X-rays: intraoral occlusal	2 per 12 consecutive months.
Cleanings	1 prophylaxis (Class I) or periodontal maintenance (Class III) per 6 consecutive months.
Fluoride Application	1 per 12 consecutive months for children under age 14.
Sealants: per tooth	1 treatment per lifetime for children under age 16; payable on unrestored permanent bicuspid or molar teeth only.
Space Maintainers	Limited to non-orthodontic treatment for children under age 14.
Restoration: fillings	1 per 12 consecutive months; applies to replacement of identical surface fillings only, no composite, white/tooth colored fillings on bicuspid or molar teeth.
Crowns	Replacement limited to 1 per 84 consecutive months. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges. Replacement must be indicated by major decay. For people under age 16, benefits for crowns are limited to resin or stainless steel.
Stainless Steel and Resin Crowns	1 per 36 consecutive months for children under age 16. Only allowed on primary teeth.
Endodontic Treatment	Root canal retreatment 1 per 24 consecutive months, based on necessity.
Periodontal Scaling and Root Planning	1 per quadrant per 36 consecutive months.
Dentures and Partials	Replacement limited to 1 per 84 consecutive months, if unserviceable and cannot be repaired.
Denture Adjustments	Covered if more than 12 months after installation; 1 per 12 consecutive months.
Denture Repairs	Covered if more than 12 months after installation.
Denture Rebases and Relines	Covered if more than 12 months after installation; 1 per 36 consecutive months.
Prosthesis Over Implant	Replacement limited to 1 per 84 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.
Bridges	Replacement limited to 1 per 84 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 bridges.

Diagnostic Casts	Payable only in conjunction with orthodontic workup.

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: core buildup; veneers; precious or semi-precious metals for crowns, bridges and abutments; restoration of teeth which have been damaged by erosion, attrition or abrasion;
- Periodontics: bite registrations; splinting;
- Prosthodontics: precision or semi-precision attachments;
- Anesthesia: general anesthesia or intravenous sedation, when used for the purposes of anxiety control or patient management is not covered; may be considered only when medically or dentally necessary and when in conjunction with covered complex oral surgery;
- Procedures, appliances or restorations, 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;
- 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.

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.

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, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, and Cigna Dental Health, Inc.