

**DOWNEY UNIFIED SCHOOL DISTRICT
DENTAL PLAN BENEFIT SUMMARY
Cigna - Great West Group #053657**

This summary provides a general description of your dental benefits. The plan contains limitations and restrictions which could reduce the benefits payable under the plan.

Deductible	None
	Percentage Payable
Preventive and Basic Care	
- until the end of the calendar year in which coverage became effective	70%
- during the first full calendar year following the calendar year in which coverage became effective	80%
- during the second full calendar year following the calendar year in which coverage became effective	90%
- during each calendar year thereafter	100%
Major Care	50%
Calendar Year Benefit Maximum	
Preventive, Basic and Major Care	\$2,000
Accidental Injury	\$1,000

Allowable Covered Expenses

- All dental benefits are subject to allowable usual and customary guidelines. Members pay any amount over usual and customary charges.
- For specialist care and any other dental care expected to cost \$750 or more, your dentist should submit a treatment plan to Great West and call Member Services at 800.663.8081.
- All services are subject to medical necessity.

Preventive Care:

(including but not limited to)

- Oral examinations.
- Bite-wing x-rays.
- Topical application of fluoride solutions for dependent children under age 18.
- Prophylaxis (cleaning and scaling of teeth) twice in each calendar year, with 5 months in between services.
- Full-mouth series of x-rays once in each period of 12 consecutive months.
- Sealants for dependent children, covered once per tooth per 3 years and only on specific teeth.
- Space maintainers for members age 14 and under, covered once per tooth per 3 years and only for specific teeth.

Basic Care:

(including but not limited to)

- Simple extractions.
- Amalgam, silicate, acrylic and composite restorations.
- Dental Surgery.
- Diagnostic x-ray and laboratory procedures required for dental procedure.
- General anesthesia required for dental surgery when determined to be Medically Necessary.
- Care for relief of dental pain.
- Consultations required by the attending Dentist.
- Crowns, inlays and onlays.
- Endodontic and non-surgical periodontic services.
- Periodontic surgery and complex oral surgery.

Major Care:

(including but not limited to)

- Fixed bridge restorations.
- Removable partial or complete dentures.
- Repairs to existing dentures.
- Occlusal mouth guard.
- Initial placement of full or partial dentures or bridgework, including abutments.
- Replacement of existing full or partial dentures, bridgework or crowns, or the addition of teeth, inlays, onlays, crowns or gold restorations to these appliances only if:
 - The existing appliance cannot be repaired or restored to use; and
 - At least 5 years have passed since the last placement; or
 - The replacement:
 - Replaces an existing temporary appliance; and
 - Is placed within 12 months after a temporary appliance was placed; or
 - Is needed because of the pulling of additional natural teeth or Injury to natural teeth; and is completed within 12 months or the extraction or injury.

If a member has a partial denture, and a natural tooth adjacent to that tooth is pulled, the addition of another tooth to the Member's denture is covered.

For questions or additional information, go to: <https://www.mycignaforhealth.com>
or 866.494.2111

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains partial, general description of plan benefits and does not constitute a contract. Consult the Group Policy or Group Insurance Certificate for governing contractual provisions, including procedures, exclusions and limitation relating to the plan.