



# Cigna Dental Benefit Summary

## Epic Games, Inc.

### Plan Effective Date: January 1, 2025

Administered 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.

Receiving regular dental care can not only catch minor problems before they become major and expensive to treat - it may even help improve your overall health. Gum disease is increasingly being linked to complications for pre-term birth, heart disease, stroke, diabetes, osteoporosis and other health issues. That's why this dental plan includes **Cigna Dental WellnessPlus<sup>SM</sup>** features. When you or your family members receive any preventive care service in one plan year, the annual dollar maximum will increase in the following plan year. When you or your family members remain enrolled in the plan and continue to receive preventive care, the annual dollar maximum will increase in the following plan year, until it reaches the level specified below. Please refer to your plan materials for additional information on this plan feature. **Your plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.**

DPPO				
Network Options	In-Network: Total Network		Out-of-Network: Non-Network Reimbursement	
Reimbursement Levels	Based on Contracted Fees		Based on Billed Charge	
<b>WellnessPlus<sup>SM</sup> Progressive Maximum Benefit:</b> When you or your family members receive any preventive care service during one plan year, the annual dollar maximum will increase in the following plan year; until it reaches the highest level specified below. Please refer to your plan materials for additional information on this plan feature.				
<b>Calendar Year Benefits Maximum</b> Applies to: Class II, III, & IX expenses	Year 1: \$5000 Year 2: \$5500 Year 3: \$6000 Year 4 & Beyond: \$6500		Year 1: \$5000 Year 2: \$5500 Year 3: \$6000 Year 4 & Beyond: \$6500	
<b>Calendar Year Deductible</b> Individual Family	\$0 \$0		\$0 \$0	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
<b>Class I: Diagnostic &amp; Preventive</b> Oral Evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Fluoride Application Sealants: per tooth Space Maintainers: non-orthodontic Emergency Care to Relieve Pain (Note: This service is administrated at the in network coinsurance level.)	100% No Deductible	No Charge	100% No Deductible	No Charge
<b>Class II: Basic Restorative</b> Restorative: fillings (Includes composite [white/tooth-colored] fillings on teeth) Endodontics: minor and major Periodontics: minor and major Oral Surgery: minor and major Anesthesia: general and IV sedation Repairs: bridges, crowns and inlays Repairs: dentures Denture Relines, Rebases and Adjustments	100% No Deductible	No Charge	100% No Deductible	No Charge

<b>Class III: Major Restorative</b> Inlays and Onlays Prosthesis Over Implant Crowns: prefabricated stainless steel / resin Crowns: permanent cast and porcelain Bridges and Dentures	100% No Deductible	No Charge	100% No Deductible	No Charge
<b>Class IV: Orthodontia</b> Coverage for Employee and All Dependents  Lifetime Benefits Maximum: \$5000.	100% No Deductible	No Charge	100% No Deductible	No Charge
<b>Class IX: Implants</b>  Plan Calendar Year Benefit Maximum.	100% No Deductible	No Charge	100% No Deductible	No Charge
<b>Benefit Plan Provisions:</b>				
<b>In-Network Reimbursement</b>	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.			
<b>Non-Network Reimbursement</b>	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Billed Charge.			
<b>Cross Accumulation</b>	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.			
<b>Calendar Year Benefits Maximum</b>	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.			
<b>Calendar Year Deductible</b>	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.			
<b>Pretreatment Review</b>	Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.			
<b>Alternate Benefit Provision</b>	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna HealthCare 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.			
<b>Oral Health Integration Program®</b>	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 <a href="http://www.mycigna.com">www.mycigna.com</a> or call customer service 24/7 at 1-800-Cigna24.			
<b>Timely Filing</b>	Out of network claims submitted to Cigna after 365 days from date of service will be denied.			
<b>Benefit Limitations:</b>				
Oral Evaluations/Exams	4 per calendar year.			
X-rays (routine)	Bitewings: 2 per calendar year.			
X-rays (non-routine)	Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months.			
Diagnostic Casts	Payable only in conjunction with orthodontic workup.			
Cleanings	4 per calendar year, including periodontal maintenance procedures following active therapy.			
Fluoride Application	4 per calendar year - No Age Limitation.			
Sealants (per tooth)	Limited to posterior tooth. 1 treatment per tooth every 36 months for children to age 16.			
Space Maintainers	Limited to non-orthodontic treatment for children under age 19.			
Crowns, Bridges, Dentures and Partial	Replacement every 24 months if unserviceable and cannot be repaired.			
Denture and Bridge Repairs	Reviewed if more than once.			
Denture Relines, Rebases and Adjustments	Covered if more than 6 months after installation.			
Prosthesis Over Implant	1 every 24 months if unserviceable and cannot be repaired.			

**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;
- Preventive Services: instruction for plaque control, oral hygiene and diet;
- Periodontics: bite registrations; splinting;
- Prosthodontic: precision or semi-precision attachments.
- Procedures, appliances or restorations, except full dentures, 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 Billed 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](#).

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