

## *Valassis Communications, Inc.*

### **Dental Preferred Provider Organization Benefit Summary – Buy Up Plan**

This is a summary of benefits for your Dental Preferred Provider Organization plan. *All deductibles, plan maximums and service specific maximums (dollar and occurrence) cross accumulate between in and out-of network.*

<i>Benefits</i>	<i>CIGNA HealthCare Preferred Provider Organization Dental Plan</i>	
	<i>In-Network</i>	<i>Out-of-Network</i>
<i>Calendar Year Maximum (Class I, II, III Expenses)</i>	\$1,500 per person	
<i>Calendar Year Deductible</i> Individual	\$50 per person	
Aggregate Family Maximum	\$150 maximum per family	
<i>Class I Expenses - Preventive &amp; Diagnostic Care</i> Oral Exams (Two per Calendar Year) Cleanings (Two per Calendar Year) Full Mouth X-rays (One complete set per every three Calendar Years) Bitewing X-rays (Two per Calendar Year) Panoramic X-ray (One per every three Calendar Years) Fluoride Application (One per Calendar Year for persons under 19 years old) Sealants (Limited to posterior teeth / One treatment per tooth per every three Calendar Years) Spaces Maintainers (Limited to non-orthodontic treatment) Emergency Care to relieve pain	100% no deductible	100% no deductible
<i>Class II Expenses - Basic Restorative Care</i> Fillings including composite Root Canal Therapy, with x-rays and cultures Anterior teeth/Bicuspid teeth Stainless Steel Crowns Periodontal Scaling and Root Planing Extractions Gingivectomy Incision and drainage of abscess Uncomplicated extractions Surgical removal of erupted tooth Surgical removal of impacted tooth (soft tissue) Denture Adjustments and Repairs Osseous Surgery Surgical removal of impacted tooth (partial bony/full bony) General anesthesia/intravenous sedation	80% after deductible	80% after deductible

<b><i>Class III Expenses - Major Restorative Care</i></b>		
Crowns Dentures Bridges Inlays (except stainless steel) Onlays (except stainless steel) Pontics	50% after deductible	50% after deductible
<b><i>Optional Services</i></b> <b><i>Class IV Expenses - Orthodontia</i></b> (Coverage for adult and child)	50% no deductible	50% no deductible
Lifetime Maximum	\$1,500 per person	
<b><i>Class V Expenses - TMJ</i></b> Limited to Occusal guard and palliative treatment	80% after deductible	80% after deductible
<b><i>Missing Tooth Provision</i></b>	Not Applicable	
<b><i>Pretreatment Review</i></b>	Available on a voluntary basis when extensive dental work in excess of \$200 is proposed.	

## **Benefit Exclusions (*by way of example, but not limited to*):**

- < Services performed solely for cosmetic reasons
- < Replacement of a lost or stolen appliance
- < Replacement of a bridge or denture within five years following the date of its original installation
- < Replacement of a bridge or denture which can be made useable according to dental standards
- < Procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of TMJ (*other than TMJ/Occulsal guard and palliative treatment*), stabilize periodontally involved teeth, or restore occlusion
- < Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars
- < Bite registrations; precision or semi-precision attachments; splinting
- < Surgical implant of any type
- < Instruction for plaque control, oral hygiene and diet
- < Dental Services that do not meet common dental standards
- < Services that are deemed to be medical services
- < Services and supplies received from a hospital
- < Charges which the person is not legally required to pay
- < Charges made by a hospital which performs services for the U.S. Government if the charges are directly related to a condition connected to a military service
- < Experimental or investigational procedures and treatments
- < Any injury resulting from, or in the course of, any employment for wage or profit
- < Any sickness covered under any workers= compensation or similar law
- < Charges in excess of the reasonable and customary allowances
- < Reasonable and customary other than the 80th percentile

***This Benefit Summary highlights some of the benefits which are available under your plan. A complete description regarding the terms of coverage, exclusions and limitations, including legislated benefits, will be provided in your insurance certificate or plan description.***

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