



HealthSpring of Alabama, Inc. 05661-00301, 00302
HealthSpring of Florida, Inc. 05661-02318
HealthSpring of Tennessee, Inc. 05661-01301, 01302
Cigna HealthCare of Georgia, Inc. 05661-03301
Cigna HealthCare of North Carolina 05661-04301
Cigna HealthCare of South Carolina 05661-05301

("Cigna-HealthSpring®")

Effective Date: January 1, 2011

Revised Date: January 1, 2016

**COMPREHENSIVE OPTIONAL SUPPLEMENTAL BENEFITS PLAN
(Encore Package)**

Delta Dental Insurance Company

Medicare has neither reviewed nor endorsed this information.

Cigna-HealthSpring is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna-HealthSpring depends on contract renewal.

Delta Dental Insurance Company

HealthSpring of Alabama, Inc. Medicare Advantage Dental Program

HealthSpring of Florida, Inc. Medicare Advantage Dental Program

HealthSpring of Tennessee, Inc. Medicare Advantage Dental Program

Cigna HealthCare of Georgia, Inc. Medicare Advantage Dental Program

Cigna HealthCare of North Carolina Medicare Advantage Dental Program

Cigna HealthCare of South Carolina Medicare Advantage Dental Program

("Cigna-HealthSpring")

Evidence of Dental Coverage

This Evidence of Coverage is a summary of policies and coverage as shown in the above Programs. Please read it carefully. It only summarizes the detailed provisions of the group dental contract issued by Delta Dental Insurance Company ("Delta Dental") and cannot modify the Contract in any way.

If you have questions about your dental benefits, you may contact Delta Dental Insurance Company's Customer Service by calling toll-free (866) 496-2369 Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Standard Time. If you are hearing impaired, you may call our toll-free TDD/TTY number at 711.

TABLE OF CONTENTS

Introduction	3
<i>Using this Booklet</i>	3
<i>Welcome! About the Dental Program</i>	3
<i>Premiums</i>	4
<i>Customer Service</i>	4
<i>Multilingual Services</i>	5
<i>Member Identification Card</i>	5
<i>Delta Dental's Address and Telephone Number</i>	5
Definitions	5
Accessing Care	7
<i>Physical Access</i>	7
<i>Access for the Hearing Impaired</i>	7
<i>The Americans with Disabilities Act of 1990</i>	7
<i>Disability Access Grievances</i>	7
Using the Dental Plan	7
<i>Facilities Locations</i>	7
<i>Choosing a Network Dentist</i>	8
<i>Scheduling Appointments</i>	8
<i>Changing Your Network Dentist</i>	8
<i>Enrollee Liabilities</i>	9
<i>Continuation of Benefits</i>	9
Benefits and Exclusions	9
<i>Deductible</i>	9
<i>Maximum</i>	9
<i>Exclusions</i>	15
Grievance and Appeals Process	16
General Information	16
<i>Coordination of Benefits</i>	16
<i>Reimbursement Provisions – If You Receive a Bill</i>	17
<i>Notifying You of Changes in the Program</i>	17
<i>Privacy Practices</i>	17

Introduction

Using this Booklet

This booklet, called the Evidence of Coverage or “EOC”, contains detailed information about Cigna-HealthSpring Medicare Advantage Dental Plans (which may hereinafter be referred to in this booklet as “Dental Program” or “Cigna-HealthSpring Dental Program”) underwritten and administered by Delta Dental Insurance Company, how to obtain benefits, and the rights and responsibilities of Enrollees. Please read this booklet carefully and keep it on hand for future reference.

Throughout this booklet, “you,” “your,” and “Enrollee” refers to the individual enrolled in the Program. “We,” “us,” and “our” always refers to Delta Dental Insurance Company (Delta Dental). “Your provider” refers to the Network Dentist who you choose to provide dental services.

Welcome! About the Dental Program

Welcome to the Dental Program. Our goal is to provide you with high quality dental care and help you maintain good dental health. We encourage you not to wait until you have a problem to see your Network Dentist - see your Network Dentist on a regular basis. When you choose a dentist from the list of Network Dentists, you can receive Covered Services at that location.

This EOC provides optional supplemental comprehensive dental only benefits (Encore Package) for Cigna-HealthSpring members in the following Plans and residing in the listed counties:

- HealthSpring of Alabama, Inc.’s Optional Supplemental Benefits (Encore Package): H0150-024-001 **Cigna-HealthSpring Preferred (HMO)** residing in the following **Alabama** counties:

Autauga, Baldwin, Bibb, Blount, Chilton, Colbert, Cullman, Dallas, Elmore,
Jackson, Jefferson, Lauderdale, Lawrence, Lowndes, Marshall, Mobile,
Montgomery, Morgan, Shelby, Talladega, Walker

- HealthSpring of Alabama, Inc.’s Optional Supplemental Benefits (Encore Package): H0150-024-002 **Cigna-HealthSpring Preferred (HMO)** residing in the following **Alabama** counties:

Cherokee, DeKalb, Etowah, Limestone, Madison, St. Clair, Tuscaloosa

- Cigna HealthCare of North Carolina’s Optional Supplemental Benefits (Encore Package): H9725-001 **Cigna-HealthSpring Preferred (HMO)** residing in the following **North Carolina** counties:

Alexander, Cabarrus, Catawba, Cleveland, Davidson, Davie, Forsyth, Gaston,
Guilford, Iredell, Lincoln, Polk, Rowan, Stokes, Union, Yadkin

- Cigna HealthCare of South Carolina’s Optional Supplemental Benefits (Encore Package): H7020-001 **Cigna-HealthSpring Preferred (HMO)** residing in the following **South Carolina** counties:

Cherokee, Chester, Greenville, Lancaster, Spartanburg, Union, York

-
- HealthSpring of Florida, Inc.'s Optional Supplemental Benefits (Encore Package): H5410-018 **Cigna-HealthSpring Premier (HMO-POS)** residing in the following **Florida** counties:

Bay, Escambia, Okaloosa, Santa Rosa, Walton

- HealthSpring of Tennessee, Inc.'s Optional Supplemental Benefits (Encore Package): H4407-025-002 **Cigna-HealthSpring Preferred SMS (HMO)** residing in the following **Mississippi** counties:

Covington, Forrest, Jones, Lamar, Marion, Perry, Stone

- HealthSpring of Tennessee, Inc.'s Optional Supplemental Benefits (Encore Package): H4407-025-001 **Cigna-HealthSpring Preferred SMS (HMO)** residing in the following **Mississippi** counties:

Attala, George, Hancock, Harrison, Hinds, Jackson, Leake, Madison, Pearl River, Rankin

- Cigna HealthCare of Georgia Inc.'s Optional Supplemental Benefits (Encore Package): H0439-001 **Cigna-HealthSpring Preferred (HMO)** residing in the following **Georgia** counties:

Baldwin, Banks, Barrow, Bartow, Butts, Chattooga, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Elbert, Fayette, Floyd, Forsyth, Franklin, Fulton, Gordan, Greene, Gwinnett, Habersham, Hall, Hart, Henry, Jackson, Jasper, Lamar, Lumpkin, Madison, Morgan, Newton, Oconee, Oglethorpe, Paulding, Pickens, Pike, Polk, Putnam, Rabun, Rockdale, Spalding, Stephens, Walton, White, Wilkes

Premiums

Please refer to your Cigna-HealthSpring *Evidence of Coverage* for more information on your Optional Supplemental Benefit enrollment, premiums and payment information.

We are proud to be the dental plan for Cigna-HealthSpring.

Customer Service

Your introduction to the Program begins with Customer Service. This department can answer any questions you have about obtaining dental care and help you:

- Find a Network Dentist,
- Receive assistance and information on all your dental plan services,
- Receive assistance with filing grievances.

A representative is available by telephone Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Standard Time. You can contact Customer Service by calling toll-free (866) 496-2369. If you are hearing impaired, you may call our toll-free TDD/TTY number at 711.

We want you to understand the Program and its benefits, the services you can receive, the services that are not covered and any limitations on Covered Services.

This booklet will help you understand how the Program works and how you obtain dental care. Please read this booklet completely and carefully before calling a Network Dentist to schedule your first examination. Keep this booklet in a convenient place so you can refer to it again.

Multilingual Services

If you or your representative prefer to speak in any language other than English, call us toll free at (866) 496-2369 (TDD/TTY for the hearing impaired at 711) and our Customer Services Representative will assist you.

Member Identification Card

All Enrollees of the Program are given an identification card. This card contains important information regarding your dental benefits. If you have not received or if you have lost your identification card, please call us at (866) 496-2369 (TDD/TTY for the hearing impaired at 711) and we will send you a new card. Please show your identification card to your Network Dentist when you receive dental care.

Only the Enrollee is authorized to obtain dental services using his or her identification card. If a card is used by or for an individual other than the Enrollee, that individual will be billed for the services he or she receives. Additionally, if you let someone else use your identification card, Delta Dental may not be able to keep you in the Program.

Delta Dental's Address and Telephone Number

Delta Dental Insurance Company
P.O. Box 1809
Alpharetta, GA 30023
(866) 496-2369 (TDD/TTY for the hearing impaired at 711)

For claims, eligibility and benefit questions, call our Customer Service department toll-free at the number above. Customer Service Representatives are available Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Standard Time to answer your questions.

Definitions

Certain words that you will see in this booklet have specific meaning. These definitions should make your dental program easier to understand.

Benefits (Covered Services) - Dental services and supplies that an Enrollee is entitled to receive pursuant to the terms of the Program. The list of Covered Dental Services is shown under the Benefits and Exclusions section.

Benefit Year - The twelve (12) month period commencing January 1 of each year at 12:01 a.m.

Applies to NC divisions:

Cigna-HealthSpring Medicare Advantage Network Dentist (Network Dentist) - is a dentist contracted to participate in the Cigna-HealthSpring Medicare Advantage Network provided by Delta Dental Insurance Company and agrees to accept Delta Dental Insurance Company's payment under this plan and Enrollee's copayment as payment in full under the Contract.

Delta Dental Provider Directory (Directory) - The directory of all the Network Dentists from whom you may choose to obtain Covered Dental Services.

Dental Insurer - Delta Dental Insurance Company (Delta Dental).

Effective Date - the date your eligibility for Benefits begins.

Enrollee - A person who is enrolled in the Program and receives dental care from a Network Dentist.

Enrollee Identification Card - The identification card provided to Enrollees by Delta Dental that includes the Enrollee's number and important telephone numbers.

Evidence of Coverage (EOC) - This booklet is the Evidence of Coverage that describes your coverage and benefits.

Exclusion - Any dental treatment or service for which the Program offers no coverage.

Grievance - A written or oral expression of dissatisfaction regarding the plan and/or a Network Dentist, including quality of care concerns, and shall include a complaint, dispute, request for reconsideration or appeal made by an Enrollee or the Enrollee's representative. Where the plan is unable to distinguish between a grievance and an inquiry, it shall be considered a grievance.

Limitations - A description of the number or type of services, if medically appropriate, allowed as a Benefit under the Program.

Network Dentist -

Applies to AL, FL, MS and SC divisions:

is a participating Delta Dental PPO Dentist or a participating Delta Dental Premier Dentist who contracts with Delta Dental for the Cigna-HealthSpring Medicare Advantage Program and agrees to accept Delta Dental's payment under this plan and Enrollee's copayment as payment in full under the Contract.

Applies to GA divisions:

is a participating Delta Dental PPO Dentist who contracts with Delta Dental for the Cigna-HealthSpring Medicare Advantage Program and agrees to accept Delta Dental's payment under this plan and Enrollee's copayment as payment in full under the Contract.

Delta Dental PPO and Delta Dental Premier Dentists agree to comply with Delta Dental's administrative guidelines.

Non-Covered Service - A dental procedure or service that you choose to have performed even though it is not a covered benefit under this Program.

Applies to NC divisions:

Non-Network Dentist - A dentist who has not contracted to participate in the Cigna-HealthSpring Medicare Advantage Network provided by Delta Dental Insurance Company.

Non-Participating Provider or Non-Network Dentist -

Applies to AL, FL, MS and SC divisions:

A dentist who has not contracted with Delta Dental. A Non-Network Dentist also includes a Delta Dental Dentist (PPO or Premier) who has agreed not to provide services under the Cigna-HealthSpring Program.

Applies to GA divisions:

A Delta Dental Premier Dentist or a dentist who has not contracted with Delta Dental. A Non-Network Dentist also includes a Delta Dental PPO Dentist who has agreed not to provide services under the Cigna-HealthSpring Program.

Programs are the following:

- HealthSpring of Alabama, Inc.'s Optional Supplemental Benefits (Encore Package): H0150-024-001 Cigna-HealthSpring Preferred (HMO) and H0150-024-002 Cigna HealthSpring Preferred (HMO).
- HealthSpring of Florida, Inc.'s Optional Supplemental Benefits (Encore Package): H5410-018 Cigna-HealthSpring Premier (HMO-POS).
- HealthSpring of Tennessee, Inc.'s Optional Supplemental Benefits (Encore Package): H4407-025-002 Cigna-HealthSpring Preferred SMS (HMO) and H4407-025-001 Cigna-HealthSpring Preferred SMS (HMO).
- Cigna HealthCare of Georgia, Inc.'s Optional Supplemental Benefits (Encore Package): H0439-001 Cigna-HealthSpring Preferred (HMO).
- Cigna HealthCare of North Carolina's Optional Supplemental Benefits (Encore Package): H9725-001 Cigna HealthSpring Preferred (HMO).
- Cigna HealthCare of South Carolina's Optional Supplemental Benefits (Encore Package): H7020-001 Cigna-HealthSpring Preferred (HMO).

Table of Enrollee Copayments and Covered Dental Services - the list of covered dental services showing the copayment amount to be paid by the Enrollee for each covered Single Procedure at time of treatment. The table is listed under the Benefits and Exclusions section of this EOC.

Accessing Care

Physical Access

We have made every effort to ensure that Network Dentist's offices and facilities are accessible to the disabled.

Access for the Hearing Impaired

The hearing impaired may contact us through the TDD/TTY number at 711.

The Americans with Disabilities Act of 1990

We comply with the Americans with Disabilities Act of 1990 (ADA). This Act prohibits discrimination based on disability. The Act protects Enrollees with disabilities from discrimination concerning Program services. In addition, section 504 of the Rehabilitation Act of 1973 states that no qualified disabled person shall be excluded, based on disability, from participation in any program or activity which receives or benefits from federal financial assistance, nor be denied the benefits of, or otherwise be subjected to discrimination under such a program or activity.

Disability Access Grievances

If you believe the plan or a Network Dentist has failed to respond to your disability access needs, please call us with your concerns at the number on the front of this booklet. If your disability access complaint remains unresolved, you may file a grievance with Cigna-HealthSpring as described later in this booklet.

Using the Dental Plan

Facilities Locations

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS DENTAL CARE MAY BE OBTAINED.

As an Enrollee in this Program, you have been sent an identification card and this handbook.

You may access Delta Dental's dentist directory for Cigna-HealthSpring on Delta Dental's website at deltadentalins.com/cignahealthspring or if you need help finding a Network Dentist in your area, or require assistance in finding a Network Dentist contact our Customer Service department toll-free at (866) 496-2369.

Choosing a Network Dentist

You can choose any Network Dentist for your dental care. You must go to a Network Dentist because only the services by a Network Dentist are covered by the Program. If you go to a dentist who is **not** a Network Dentist, you must pay all of the cost of treatment. You are responsible for verifying whether the selected Dentist is a Network Dentist.

Network Dentist

- The Network Dentist has agreed to provide services under the Program.
- The Network Dentist must accept assignment of Benefits, meaning they will be paid directly by Delta Dental after the Enrollee pays the applicable copayment for covered services.
- The Network Dentist will complete the dental Claim Form and submit it to Delta Dental for reimbursement.

Scheduling Appointments

After you have selected a Network Dentist, call the dentist's office to schedule an appointment. Tell the dentist you are covered by Delta Dental Insurance Company and confirm they are still a participating Network Dentist.

During your first appointment, be sure to give your Network Dentist the following information:

- Your program number (on your ID Card);
- Your identification number;
- Your date of birth; and,
- Any other dental coverage you have.

Changing Your Network Dentist

You can choose any Network Dentist at any time. If you wish to change Network Dentists, simply review the Directory for Network Dentists in your area and call to schedule an appointment.

Emergency Dental Care Services

Emergency dental care for services: received from a Non-Participating or Non-Network Dentist; and are listed as covered services under the Table of Enrollee Copayments and Covered Dental Services as indicated in the Benefits and Exclusions section of this EOC, are covered under this Program.

You will be reimbursed by Delta Dental once the claim is received. Reimbursement is based on Delta Dental's Maximum Plan Allowance. As with any dental plan, this reimbursement may not cover the entire cost of the treatment rendered.

Non-Covered Services

The Program does not cover: dental services that are not shown in the Table of Enrollee Copayments and Covered Dental Services; dental services that are received from a Non-Network Dentist; items listed in the Exclusion Section or dental services that exceed frequency limitations. You will be responsible for all charges related to these services.

Enrollee Liabilities

You must pay for any non-covered or optional dental services that you choose to have done. This program is designed to cover treatment that is consistent with good professional practice. You will be responsible for the cost of services you receive that are not Covered Services as listed in the Table of Enrollee Copayments and Covered Dental Services in this EOC, as well as the cost of any services received that are greater than the limits specified in this EOC.

Missed or broken appointments

Your Network Dentist may charge you a fee if you fail to cancel an appointment at least 24 hours prior to the appointment. We will not pay any benefit or be responsible for any charge for a missed, cancelled or broken appointment.

Continuation of Benefits

We will not pay for benefits for any Covered Services received after your coverage ends. But, we will pay for Covered dental Services incurred while you were covered if such procedures are completed within 31 days of the date coverage ends.

Benefits and Exclusions

This section lists the dental benefits and services you are allowed to obtain through this Program, subject to the exceptions and limitations listed below, in the Table of Enrollee Copayments and Covered Dental Services and in the Exclusions section of this EOC.

Deductible

There is no deductible under this plan.

Maximum

\$1,500 per Enrollee for each Calendar Year

Diagnostic and Preventive Benefits are not subject to the Calendar Year Maximum.

**TABLE OF ENROLLEE COPAYMENTS AND COVERED DENTAL SERVICES
FOR
COMPREHENSIVE OPTIONAL SUPPLEMENTAL BENEFITS PLAN
(Encore Package)**

<i>Procedure Code</i>	<i>Procedure Description</i>	<i>Frequency</i>	<i>Copayment</i>
Diagnostic			
<i>Clinical Oral Evaluations</i>			
D0120	Periodic Oral Evaluation - established patient	One every 6 months	\$0.00
D0140	Limited Oral Evaluation - problem focused	One per Calendar Year(s) per patient	\$0.00
D0150	Comprehensive Oral Evaluation - new or established patient	One per Calendar Year(s) per patient. One every 36 months per provider per tax id number	\$0.00
<i>Radiographs/Diagnostic Imaging</i>			
D0210	Intraoral - Complete Series of radiographic images	One of (D0210 and D0330) every 36 months	\$0.00
D0220	Intraoral - Periapical first radiographic image	One every Calendar Year	\$0.00
D0230	Intraoral - Periapical each additional radiographic image	One every Calendar Year	\$0.00
D0272	Bitewings - two radiographic images	One every Calendar Year	\$0.00
D0274	Bitewings - four radiographic images	One every Calendar Year	\$0.00
D0330	Panoramic radiographic image	One of (D0210 or D0330) every 36 months	\$0.00
Preventive			
<i>Dental Prophylaxis</i>			
D1110	Prophylaxis - Adult	One every 6 months	\$0.00
Restorative			
<i>Amalgam Restorations (Including Polishing)</i>			
D2140	Amalgam, one surface, primary or permanent	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months. Per patient, per tooth per surface.	\$20.00
D2150	Amalgam, two surfaces, primary or permanent	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months. Per patient, per tooth per surface.	\$20.00
D2160	Amalgam, three surfaces, primary or permanent	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months. Per patient, per tooth per surface.	\$20.00

<i>Procedure Code</i>	<i>Procedure Description</i>	<i>Frequency</i>	<i>Copayment</i>
D2161	Amalgam, four or more surfaces, primary or permanent	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months. Per patient, per tooth per surface.	\$20.00
<i>Resin-Based Composite Restorations - Direct</i>			
D2330	Resin-based composite - one surface, anterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months. Per patient, per tooth per surface.	\$20.00
D2331	Resin-based composite - two surfaces, anterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months. Per patient, per tooth per surface.	\$20.00
D2332	Resin-based composite - three surfaces, anterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months. Per patient, per tooth per surface.	\$20.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months. Per patient, per tooth per surface.	\$20.00
D2391	Resin-based composite - one surface, posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months. Per patient, per tooth per surface.	\$20.00
D2392	Resin-based composite - two surfaces, posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months. Per patient, per tooth per surface.	\$20.00
D2393	Resin-based composite - three surfaces, posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months. Per patient, per tooth per surface.	\$20.00
D2394	Resin-based composite - four or more surfaces, posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months. Per patient, per tooth per surface.	\$20.00

<i>Procedure Code</i>	<i>Procedure Description</i>	<i>Frequency</i>	<i>Copayment</i>
D2740	Crown - porcelain/ceramic substrate	One D2740 per 60 months per patient per tooth. One of (D2510, D2520, D2530, D2710, D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2960, D2961) per 60 months per patient per tooth.	\$195.00
D2750	Crown - porcelain fused to high noble metal	One D2750 per 60 months per patient per tooth. One of (D2510, D2520, D2530, D2710, D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2960, D2961) per 60 months per patient per tooth.	\$195.00
D2751	Crown - porcelain fused to predominantly base metal	One D2751 per 60 months per patient per tooth. One of (D2510, D2520, D2530, D2710, D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2960, D2961) per 60 months per patient per tooth.	\$195.00
D2752	Crown - porcelain fused to noble metal	One D2752 per 60 months per patient per tooth. One of (D2510, D2520, D2530, D2710, D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2960, D2961) per 60 months per patient per tooth.	\$195.00
D2790	Crown- full cast high noble metal	One D2790 per 60 months per patient per tooth. One of (D2510, D2520, D2530, D2710, D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2960, D2961) per 60 months per patient per tooth.	\$195.00
D2791	Crown - full cast predominantly base metal	One D2791 per 60 months per patient per tooth. One of (D2510, D2520, D2530, D2710, D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2960, D2961) per 60 months per patient per tooth.	\$195.00
D2792	Crown - full cast noble metal	One D2792 per 60 months per patient per tooth. One of (D2510, D2520, D2530, D2710, D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2960, D2961) per 60 months per patient per tooth.	\$195.00
D2920	Recement or rebond crown		\$10.00
D2940	Protective restoration		\$10.00

<i>Procedure Code</i>	<i>Procedure Description</i>	<i>Frequency</i>	<i>Copayment</i>
Periodontic			
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	One D4341 per 24 months per patient per quadrant.	\$55.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis		\$20.00
D4910	Periodontal maintenance	Two D4910(s) per 12 months per patient. Not allowed within 90 days of D4341.	\$10.00
Prosthodontic			
D5110	Complete denture - maxillary	One D5110 per 60 months per patient. One of (D5110, D5130) per 60 months per patient.	\$0.00
D5120	Complete denture - mandibular	One D5120 per 60 months per patient. One of (D5120, D5140) per 60 months per patient.	\$0.00
D5130	Immediate denture - maxillary (in lieu of D5110)	One D5130 per 60 months per patient. One of (D5110, D5130) per 60 months per patient.	\$0.00
D5140	Immediate denture - mandibular (in lieu of D5120)	One D5140 per 60 months per patient. One of (D5120, D5140) per 60 months per patient.	\$0.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	One D5211 per 60 months per patient. One of (D5211, D5213, D5225) per 60 months per patient.	\$0.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	One D5212 per 60 months per patient. One of (D5212, D5214, D5226) per 60 months per patient.	\$0.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	One D5213 per 60 months per patient. One of (D5211, D5213, D5225) per 60 months per patient.	\$0.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	One D5214 per 60 months per patient. One of (D5212, D5214, D5226) per 60 months per patient.	\$0.00
D5410	Adjust complete denture - maxillary		\$25.00
D5411	Adjust complete denture - mandibular		\$25.00
D5421	Adjust partial denture - maxillary		\$25.00
D5422	Adjust partial denture - mandibular		\$25.00
D5510	Repair broken complete denture base		\$25.00
D5520	Replace missing or broken teeth - complete denture (each tooth)		\$25.00
D5610	Repair resin denture base		\$25.00
D5620	Repair cast framework		\$25.00

<i>Procedure Code</i>	<i>Procedure Description</i>	<i>Frequency</i>	<i>Copayment</i>
D5630	Repair or replace broken clasp - per tooth		\$25.00
D5640	Replace broken teeth - per tooth		\$25.00
D5650	Add tooth to existing partial denture		\$25.00
D5660	Add clasp to existing partial denture - per tooth		\$25.00
D5730	Reline complete maxillary denture (chair-side)	One per 36 months per patient.	\$25.00
D5731	Reline complete mandibular denture (chair-side)	One per 36 months per patient.	\$25.00
D5740	Reline maxillary partial denture (chair-side)	One per 36 months per patient.	\$25.00
D5741	Reline mandibular partial denture (chair-side)	One per 36 months per patient.	\$25.00
D5750	Reline complete maxillary denture (laboratory)	One per 36 months per patient.	\$25.00
D5751	Reline complete mandibular denture (laboratory)	One per 36 months per patient.	\$25.00
D5760	Reline maxillary partial denture (laboratory)	One per 36 months per patient.	\$25.00
D5761	Reline mandibular partial denture (laboratory)	One per 36 months per patient.	\$25.00
Oral Surgery			
D7140	Extraction - erupted tooth or exposed root (elevation and/or forceps removal)		\$35.00
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		\$75.00
D7220	Removal of impacted tooth - soft tissue		\$75.00
D7230	Removal of impacted tooth - partially bony	One per 1 lifetime per patient per tooth.	\$75.00
D7240	Removal of impacted tooth - completely bony		\$75.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications		\$75.00
D7250	Surgical removal of residual tooth roots (cutting procedure)		\$75.00
D7260	Oroantral Fistula Closure		\$75.00
D7261	Primary Closure of a Sinus Perforation		\$75.00
D7286	Incisional biopsy of oral tissue - soft		\$50.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	One of D7310 per 1 lifetime per patient per tooth. One of (D7310, D7320) per 1 lifetime per patient per tooth.	\$75.00

<i>Procedure Code</i>	<i>Procedure Description</i>	<i>Frequency</i>	<i>Copayment</i>
D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	One of D7320 per 1 lifetime per patient per tooth. One of (D7310, D7320) per 1 lifetime per patient per tooth.	\$75.00
D7510	Incision and drainage of abscess - Intraoral soft tissue		\$75.00
D7520	Incision and drainage of abscess - Extraoral soft tissue		\$75.00
D7970	Excision of Hyperplastic Tissue - Per Arch		\$75.00
Note: The above codes and nomenclature are copyright of the American Dental Association.			

Exclusions

The following dental services are excluded under the Program:

- Any dental treatment not covered under the contract is excluded.
- Services not included in the Table of Enrollee Copayments and Covered Dental Services as indicated in this EOC.
- Services or supplies rendered by a dentist that is not a Network Dentist.
- Cosmetic surgery or dentistry for purely cosmetic reasons.
- Services for congenital (hereditary) or developmental (following birth) malformations, including but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth).
- Treatment to restore tooth structure lost from wear, erosion or abrasion; treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion; or treatment to stabilize the teeth. Examples include but are not limited to: equilibration, periodontal splinting or occlusal adjustment.
- Any Single Procedure started prior to the date the person became covered for such services under this program.
- Prescribed drugs, medication, pain killers or experimental procedures.
- Charges by any hospital or other surgical or treatment facility and any additional fees charged by the Network Dentist for treatment in any such facility.
- Charges for anesthesia or IV sedation.
- Extraoral grafts (grafting of tissues from outside the mouth to oral tissues).
- Treatment performed by someone other than a Network Dentist or a person who by law may work under a Network Dentist's direct supervision.
- Charges incurred for oral hygiene instruction, a plaque control program, dietary instruction, x-ray duplications, cancer screening or broken appointments.

-
- Services or supplies covered by any other health plan of Cigna-HealthSpring.
 - Treatment rendered by a person who ordinarily resides in your household or who is related to you (or to your spouse) by blood, marriage or legal adoption.
 - Services for Orthodontic treatment (treatment of malocclusion of teeth and/or jaws) or for any disturbances of the temporomandibular (jaw) joints.

Grievance and Appeals Process

Our commitment to you is to ensure not only quality of care, but also quality in the treatment process. This quality of treatment extends from the professional services provided by Network Dentists to the courtesy extended you by our telephone representatives. If you have questions about the services you receive from a Network Dentist, we recommend that you first discuss the matter with your Network Dentist. If you continue to have a concern regarding any service you received, call the Delta Dental Customer Service Department at the number listed in this booklet. If you think you have not received services to which you are entitled or if you have been billed for a charge you do not think you owe, you have the right to file an appeal. If you are not satisfied, you have the right to file a grievance or appeal with Cigna-HealthSpring at any time. See your Cigna-HealthSpring Medicare Advantage Evidence of Coverage for information on the grievance and appeal processes or contact Cigna-HealthSpring Medicare Advantage at the number on your member ID card.

General Information

Coordination of Benefits

This dental plan coverage is not designed to duplicate any dental benefits. Coverage provided under this Program is secondary to all other coverage. Benefits paid under this Program are determined after benefits have been paid as a result of enrollment in any other dental care program.

By enrolling in the Program each Enrollee agrees to complete and submit to Delta Dental such consents, releases, assignments and any other document reasonably requested by Delta Dental in order to assure and obtain reimbursement and to coordinate coverage with other dental plans or insurance policies. The payable Benefits will be reduced when benefits are available to an Enrollee under such other plan or policy whether or not claim is made for the same.

Be sure to advise your Network Dentist of all dental programs under which you have coverage so that you will receive all benefits to which you are entitled. For further information, contact our Customer Service department.

Payment for Covered Services

Delta Dental will pay Network Dentists directly. Our agreement with Network Dentists makes sure that you will not be responsible for any money for a Covered Service listed in this booklet other than the copayments shown in the Table of Enrollee Copayments and Covered Dental Services.

Your Network Dentist does not receive payment for any procedure, which is a Covered Service, until the procedure is complete. Delta Dental does not pay Network Dentists any incentive as any inducement to deny, reduce, limit or delay any medically appropriate service.

If your Network Dentist files a claim for Covered Services more than 12 months after the date you received these services, payment may be denied. If the payment is denied because your Network Dentist failed to turn the claim in on time, you are not responsible for that payment.

Network Dentists must certify that the services listed on the treatment form have been personally provided to the patient by the Network Dentist or, under their direction, by another person(s) eligible under the Program to provide Covered Services, and such person(s) must be designated on the treatment form. The Network Dentist must also certify that the Covered Services were, to the best of the Network Dentist's knowledge, necessary to the health of the patient. The Network Dentist must further acknowledge that they understand payment for Covered Services rendered will be made from Federal and/or State funds and that any falsification or concealment of a material fact may be prosecuted under Federal and/or State laws.

Completed claim forms should be mailed to the following address:

Delta Dental Insurance Company
P.O. Box 1809
Alpharetta, GA 30023

Reimbursement Provisions – If You Receive a Bill

If you have any questions about what your Network Dentist is charging you, Delta Dental's processing policies and/or what is paid, contact Customer Service toll-free at (866) 496-2369. The hearing impaired may contact us through our TDD/TTY number at 711.

Notifying You of Changes in the Program

We may send you updates about changes in the Program. This can include updates for the Network Dentist Directory or this EOC. We will keep you informed and are available to answer any questions you may have. Call us toll-free (866) 496-2369 if you have any questions about changes in the Plan. The hearing impaired may contact us through our TDD/TTY number at 711.

Privacy Practices

We are prohibited by law from disclosing an Enrollee's medical or dental information without the Enrollee's authorization. However, there are some important exceptions to this law that allow plans to disclose member information, such as the purposes of diagnosis or treatment, billing, or peer review committees.

Delta Dental's Notice of Privacy Practices regarding our policies and procedures for preserving the confidentiality of medical records is attached for your reference.

HIPAA Notice of Privacy Practices

CONFIDENTIALITY OF YOUR HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is required by law to inform you of how Delta Dental and its affiliates ("Delta Dental") protect the confidentiality of your health care information in our possession. Protected Health Information (PHI) is defined as individually identifiable information regarding a patient's health care history, mental or physical condition or treatment. Some examples of PHI include your name, address, telephone and/or fax number, electronic mail address, social security number or other identification number, date of birth, date of treatment, treatment records, x-rays, enrollment and claims records. Delta Dental receives, uses and discloses your PHI to administer your benefit plan or as permitted or required by law. Any other disclosure of your PHI without your authorization is prohibited.

We follow the privacy practices described in this notice and federal and state privacy requirements that apply to our administration of your benefits. Delta Dental reserves the right to change our privacy practice effective for all PHI maintained. We will update this notice if there are material changes and redistribute it to you within 60 days of the change to our practices. We will also promptly post a revised notice on our website. A copy may be requested anytime by contacting the address or phone number at the end of this notice. You should receive a copy of this notice at the time of enrollment in a Delta Dental program and will be informed on how to obtain a copy at least every three years.

PERMITTED USES AND DISCLOSURES OF YOUR PHI

Uses and disclosures of your PHI for treatment, payment or health care operations

Your explicit authorization is not required to disclose information about yourself for purposes of health care treatment, payment of claims, billing of premiums, and other health care operations. If your benefit plan is sponsored by your employer or another party, we may provide PHI to your employer or plan sponsor to administer your benefits. As permitted by law, we may disclose PHI to third-party affiliates that perform services for Delta Dental to administer your benefits, and who have signed a contract agreeing to protect the confidentiality of your PHI, and have implemented privacy policies and procedures that comply with applicable federal and state law.

Some examples of disclosure and use for treatment, payment or operations include: processing your claims, collecting enrollment information and premiums, reviewing the quality of health care you receive, providing customer service, resolving your grievances, and sharing payment information with other insurers. Some other examples are:

- Uses and/or disclosures of PHI in facilitating treatment. *For example, Delta Dental may use or disclose your PHI to determine eligibility for services requested by your provider.*
- Uses and/or disclosures of PHI for payment. For example, Delta Dental may use and disclose your PHI to bill you or your plan sponsor.
- Uses and/or disclosures of PHI for health care operations. *For example, Delta Dental may use and disclose your PHI to review the quality of care provided by our network of providers.*

Other permitted uses and disclosures without an authorization

We are permitted to disclose your PHI upon your request, or to your authorized personal representative (with certain exceptions), when required by the U. S. Secretary of Health and Human Services to investigate or determine our compliance with the law, and when otherwise required by law. Delta Dental may disclose your PHI without your prior authorization in response to the following:

- Court order;
- Order of a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority;
- Subpoena in a civil action;
- Investigative subpoena of a government board, commission, or agency;
- Subpoena in an arbitration;
- Law enforcement search warrant; or
- Coroner's request during investigations.

Some other examples include: to notify or assist in notifying a family member, another person, or a personal representative of your condition; to assist in disaster relief efforts; to report victims of abuse, neglect or domestic violence to appropriate authorities; for organ donation purposes; to avert a serious threat to health or safety; for specialized government functions such as military and veterans activities; for workers' compensation purposes; and, with certain restrictions, we are permitted to use and/or disclose your PHI for underwriting, provided it does not contain genetic information. Information can also be de-identified or summarized so it cannot be traced to you and, in selected instances, for research purposes with the proper oversight.

Disclosures Delta Dental makes with your authorization

Delta Dental will not use or disclose your PHI without your prior written authorization unless permitted by law. If you grant an authorization, you can later revoke that authorization, in writing, to stop the future use and disclosure. The authorization will be obtained from you by Delta Dental or by a person requesting your PHI from Delta Dental.

YOUR RIGHTS REGARDING PHI

You have the right to request an inspection of and obtain a copy of your PHI.

You may access your PHI by contacting Delta Dental at the address at the bottom of this notice. You must include (1) your name, address, telephone number and identification number, and (2) the PHI you are requesting. Delta Dental may charge a reasonable fee for providing you copies of your PHI. Delta Dental will only maintain that PHI that we obtain or utilize in providing your health care benefits. Most PHI, such as treatment records or x-rays, is returned by Delta Dental to the dentist after we have completed our review of that information. You may need to contact your health care provider to obtain PHI that Delta Dental does not possess.

You may not inspect or copy PHI compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or PHI that is otherwise not subject to disclosure under federal or state law. In some circumstances, you may have a right to have this decision reviewed. Please contact Delta Dental as noted below if you have questions about access to your PHI.

You have the right to request a restriction of your PHI.

You have the right to ask that we limit how we use and disclose your PHI, however, you may not restrict our legal or permitted uses and disclosures of PHI. While we will consider your request, we are not legally required to accept those requests that we cannot reasonably implement or comply with during an emergency. If we accept your request, we will put our understanding in writing.

You have the right to correct or update your PHI.

You may request to make an amendment of PHI we maintain about you. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. If your PHI was sent to us by another, we may refer you to that person to amend your PHI. For example, we may refer you to your dentist to amend your treatment chart or to your employer, if applicable, to amend your enrollment information. Please contact the privacy office as noted below if you have questions about amending your PHI.

You have the right to opt out of Delta Dental using your PHI for fundraising and marketing.

Delta Dental does not use your PHI for either marketing or fundraising purposes. If we change our practice, we must give you the opportunity to opt-out.

You have the right to request or receive confidential communications from us by alternative means or at a different address.

Alternate or confidential communication is available if disclosure of your PHI to the address on file could endanger you. You may be required to provide us with a statement of possible danger, as well as specify a different address or another method of contact. Please make this request in writing to the address noted at the end of this notice.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.

You have a right to an accounting of disclosures with some restrictions. This right does not apply to disclosures for purposes of treatment, payment, or health care operations or for information we disclosed after we received a valid authorization from you. Additionally, we do not need to account for disclosures made to you, to family members or friends involved in your care, or for notification purposes. We do not need to account for disclosures made for national security reasons, certain law enforcement purposes or disclosures made as part of a limited data set. Please contact us at the number at the end of this notice if you would like to receive an accounting of disclosures or if you have questions about this right.

You have the right to get this notice by email.

A copy of this notice is posted on the Delta Dental website. You may also request an email copy or paper copy of this notice by calling our Customer Service number listed at the bottom of this notice.

You have the right to be notified following a breach of unsecured protected health information.

Delta Dental will notify you in writing, at the address on file, if we discover we compromised the privacy of your PHI.

COMPLAINTS

You may file a complaint with Delta Dental and/or with the U. S. Secretary of Health and Human Services if you believe Delta Dental has violated your privacy rights. Complaints to Delta Dental may be filed by notifying the contact below. We will not retaliate against you for filing a complaint.

CONTACTS

You may contact Delta Dental at 866-530-9675, or you may write to the address listed below for further information about the complaint process or any of the information contained in this notice.

Delta Dental
P.O. Box 997330
Sacramento, CA 95899-7330

This notice is effective on and after January 1, 2015.

Note: Delta Dental's privacy practices reflect applicable federal law as well as known state law and regulations. If applicable state law is more protective of information than the federal privacy laws, Delta Dental protects information in accordance with the state law.

LANGUAGE ASSISTANCE

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at the Member/Customer Service telephone number on the back of your Delta Dental ID card, or 1-866-530-9675.

IMPORTANTE: ¿Puede leer esta carta? Si no, podemos hacer que alguien le ayude a leerla. También puede recibir esta carta en su idioma. Para ayuda gratuita, por favor llame inmediatamente al teléfono de Servicios al miembro/cliente que se encuentra al reverso de su tarjeta de identificación de Delta Dental o al 1-866-530-9675. (Spanish)

重要通知：您能讀懂這封信嗎？如果不能，我們可以請人幫您閱讀。這封信也可以用您所講的語言書寫。如需幫助，請立即撥打登列在您的Delta Dental ID卡背面上的會員/客戶服務部的電話，或者撥打電話 1-866-530-9675。
(Chinese)

Last Significant Changes to this notice:

- Updated contact information (mailing address and phone number) – effective July 1, 2013
- Updated Delta Dental's duty to notify affected individuals if a breach of their unsecured PHI occurs – effective July 1, 2013
- Clarified that Delta Dental does not and will not sell your information without your express written authorization – effective July 1, 2013
- Clarified several instances where the law requires individual authorization to use and disclose information (e.g., fundraising and marketing as noted above) – effective July 1, 2013
- Clarified that Delta Dental's privacy policy reflect federal and state requirements. – effective January 1, 2015

DELTA DENTAL AND ITS AFFILIATES

Delta Dental of California offers and administers fee-for-service dental programs for groups headquartered in the state of California.

Delta Dental of New York offers and administers fee-for-service programs in New York.

Delta Dental of Pennsylvania and its affiliates offer and administer fee for-service dental programs in Delaware, Maryland, Pennsylvania, West Virginia and the District of Columbia. Delta Dental of Pennsylvania's affiliates are Delta Dental of Delaware; Delta Dental of the District of Columbia and Delta Dental of West Virginia.

Delta Dental Insurance Company offers and administers fee-for-service dental programs to groups headquartered or located in Alabama, Florida, Georgia, Louisiana, Mississippi, Montana, Nevada, Texas and Utah and vision programs to groups headquartered in West Virginia.

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, ME, MI, NC, NH, OK, OR, RI, SC, SD, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN and WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania; VA — Delta Dental of Virginia. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

Dentegra Insurance Company.