



NDPERS Dental Plan

UNDERWRITTEN BY **CIGNA DENTAL**
EFFECTIVE JANUARY 1, 2007



CIGNA Dental is pleased to announce that **North Dakota Public Employees Retirement System (NDPERS)** will be offering its employees the CIGNA Dental

Indemnity plan effective January 1, 2007. CIGNA is excited about being the dental carrier for North Dakota PERS and looks forward to working with you and helping you to realize your goals. Since you are currently participating in the NDPERS dental plan (ING/ReliaStar) your dental plan participation will automatically transfer to CIGNA HealthCare on January 1, 2007. You do not need to re-enroll. CIGNA Dental would like to take the opportunity to provide you with information regarding frequently asked questions.

Are there benefit changes for North Dakota PERS employees with CIGNA Dental?

Beginning January 1, 2007, CIGNA Dental is offering the employees improved benefits by waiving the previous waiting periods, the \$10 copay for Diagnostic and Preventive procedures, waiting periods for all classification of services, and no more age limit on orthodontic services. CIGNA will pay claims at the 90th percentile of Reasonable and Customary charges. Additionally, CIGNA's plan removes any age limits for sealants.

- **No more waiting periods**
- **No more deductible on Preventive & Diagnostic services**
- **No age limit on Orthodontic services**
- **Claims paid at 90th percentile of Reasonable and Customary charges**
- **Reduced premium with a 2-year rate guarantee**
- **Freedom to use any licensed dentist**

Please call for additional plan information **▶▶▶**

CIGNA Dental refers to the following operating subsidiaries of CIGNA Corporation: Connecticut General Life Insurance Company, and CIGNA Dental Health, Inc., and its operating subsidiaries and affiliates.

CIGNA HealthCare

PO Box 188037
Chattanooga, TN 37422-8037
(800) 244-6224
Reference policy #3328472

Where does my Dentist send my claims?

CIGNA Dental
PO Box 188037
Chattanooga, TN 37422-8037

What is the North Dakota PERS Group Number?

It is 3328472.

The following premiums are in effect January 1, 2007 through December 31, 2008:

Employee/Retiree only	\$ 32.20
Employee/Retiree. & spouse	\$ 62.16
Employee/Retiree. & child(ren)	\$ 72.16
Family (employee/retiree, spouse & child(ren))	\$102.12

Plan design:

<i>Dental plan annual maximum benefit per person: \$1,000</i>		
<i>Orthodontia lifetime maximum benefit per person: \$1,500</i>		
<i>The deductible includes total expenditures per person for all basic and major treatment combined.</i>		
Services	Deductible	Coinsurance
<i>Preventive and Diagnostic Care:</i> oral exam, cleaning, bitewing X-rays, fluoride application, sealants, full-mouth X-rays, panoramic X-rays, emergency care to relieve pain, histopathologic exams.	None	100%
<i>Basic Restorative Care:</i> fillings, oral surgery, surgical extraction of impacted teeth, anesthetics, major & minor periodontics, root canal/therapy, relines, rebases, and adjustments, repairs to bridges, crowns & inlays, and repairs to dentures.	\$50 Per person, per year	80%
<i>Major Restorative Care:</i> crowns, bridges, dentures.	\$50 Per person, per year	50%
<i>Orthodontia:</i> Coverage for eligible children and adults.	None	50%

How do I obtain a plan handbook and ID card?

Members enrolled in the Dental plan and registered on myCIGNA.com, can print an ID card from any printer. Once a member logs on to myCIGNA.com, go to the main Dental page. Click the "Print Dental ID Card" link on the right side of the screen. Click the "Print" button at the bottom of the screen—it's as simple as that. The plan handbook will be available on the NDPERS website at www.nd.gov/ndpers by January 1, 2007.

What about non-orthodontic treatment in progress?

Generally, root canal treatment, crown and bridge work, and dentures in progress are not covered under the CIGNA Dental plan. You should complete these procedures by December 31, 2006 under your ING/ReliaStar dental insurance plan.

“Orthodontics in Progress” refers to orthodontic care in progress at the time your dental coverage becomes effective. If a member of your family is in the midst of orthodontic treatment when you join the plan, you may be eligible for some insurance benefits. Following are some frequently asked questions about Orthodontics in Progress under the CIGNA Dental Care (DHMO) plan:

Q: What if I already have a financial agreement with my orthodontist?

A: Your enrollment in the CIGNA Dental Care plan does not modify any obligation you may have under an agreement you executed with an orthodontist prior to your enrollment. Only treatment beginning after your plan effective date at an orthodontist will be covered based on the patient charges listed in the Patient Charge Schedule.

Q: Will participation in the CIGNA Dental Care plan lower my current orthodontic expense?

A: It may. Insurance benefits may be available towards your dentist's fees. Please call Member Services for details at 1.800.CIGNA24 (1.800.244.6224).

Q: How can I find out about my specific situation?

A: Call Member Services at 1.800.CIGNA24 for more detailed information or request the Orthodontics in Progress information form. Once you complete the form and return it to CIGNA Dental, we will send you a determination explaining the details of any available benefits. You must know the phase of treatment and the number of months of treatment remaining after the effective date of your plan.

Q: How will CIGNA Dental pay the orthodontist?

A: CIGNA Dental payments will be made quarterly to your orthodontist. If you have prepaid your bill, you can request that we pay you directly.

What is myCIGNA.com

With all of your day-to-day responsibilities, CIGNA wants to make it easy for you to manage your dental benefits so you can make the most of your time. At myCIGNA.com, you have convenient access to personalized information and plenty of resources. Everything is available to you at one place, one time. At myCIGNA.com you can:

- › View screen shots of your personal individual and family maximums and deductibles
- › Get answers related to common dental procedures
- › Check the status of a claim
- › Use the convenient 'cost calculator' to help you determine your out-of-pocket costs once your dental insurance is applied to your claim
- › Review your dental plan information

And much much more!

CIGNA Traditional Exclusions and Limitations

Exclusions

Covered expenses will not include, and no payment will be made for, expenses incurred for:

- Services performed solely for cosmetic reasons;
- Replacement of a lost or stolen appliance;
- Replacement of a bridge, crown or denture within five years after the date it was originally installed unless: (a) such replacement is made necessary by the placement of an original opposing full denture or the necessary extraction of natural teeth; or (b) the bridge, crown or denture, while in the mouth, has been damaged beyond repair as a result of an injury received while a person is insured for these benefits;
- Any replacement of a bridge, crown or denture which is or can be made useable according to common dental standards;
- Procedures, appliances or restorations (except full dentures) whose main purpose is to (a) change vertical dimension; (b) diagnose or treat

conditions or dysfunction of the temporomandibular joint; (c) stabilize periodontally involved teeth; or (d) restore occlusion;

- Porcelain or acrylic veneers of crowns or pontics on or replacing the upper and lower first, second or third molars;
- Bite registrations; precision or semi-precision attachments; or splinting;
- A 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;
- Services for which benefits are not payable according to the "General Limitations" section.

In addition, these benefits will be reduced so that the total payment will not be more than 100% of the charge made for the Dental Service if benefits are provided for that service under this plan and any medical expense plan or prepaid treatment program sponsored or made available by your Employer.

General Limitations

No payment will be made for expenses incurred for you or any one of your Dependents:

- For or in connection with an injury arising out of, or in the course of, any employment for wage or profit;
- For or in connection with a sickness which is covered under any workers' compensation or similar law;
- For charges made by a Hospital owned or operated by or which provides care or performs services for the United States Government, if such charges are directly related to a military service connected condition;
- To the extent that payment is unlawful where the person resides when the expenses are incurred;
- For charges which the person is not legally required to pay;
- To the extent that they are more than either the applicable Contracted Fee, applicable Reasonable or Customary Charges or applicable Scheduled Amount;
- For charges for unnecessary care, treatment or surgery;
- To the extent that you or any of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid; or
- For or in connection with experimental procedures or treatment methods not approved by the American Dental Association or the appropriate dental specialty society.

No payment will be made for expenses incurred by you or any one of your Dependents to the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a "no-fault" insurance law or an uninsured motorist insurance law. Connecticut General Life Insurance Company will take into account any adjustment option chosen under such part by you or any one of your Dependents.

This Fee Overview highlights some of the benefits available under your plan. A complete description regarding the terms of coverage, exclusions and limitations, including benefits will be provided in your insurance certificate or plan description. In case of discrepancy between this Fee Overview and your plan documents, the plan documents will prevail.