

## IU Dental Plan Distinguishing Features

The IU Dental Plan provides PPO benefits with the CIGNA network dentists. The plan pays benefits when members receive covered services from any licensed dentist; however, a higher level of benefit is paid when a PPO network dentist is used. PPO network dentists can be identified at the CIGNA Web site at <http://cigna.benefitnation.net>.

	When you use a PPO Network Dentist	When you use an Out-of-Network Dentist
<b>Maximum Covered Charges</b>	Billed charges up to negotiated fee schedule. No "balance billing"* other than the applicable deductible and copays.	Billed charges up to Usual & Reasonable (U&R). Member is responsible for any "balance billing"* by the dentist.
<b>Annual Benefit Limit per Calendar Year</b>	\$1,200 per member (combined In- and Out-of-Network).	\$1,200 per member (combined In- and Out-of-Network).
<b>Annual Deductible</b>	\$25 per member. (Does not apply to preventive.)	\$25 per member.
<b>Diagnosis/Preventive Services</b>	Two routine cleanings/exams per calendar year at 100% (not subject to deductible).	Two routine cleanings/exams per calendar year at 100% of U&R (subject to deductible).
<b>Basic and Major Dental Services (such as fillings, crowns, dentures)</b>	50% of covered charges (subject to deductible).	50% of covered charges (subject to deductible).
<b>Orthodontics</b>	Child Orthodontia covered at 50% up to \$750 lifetime limit (subject to deductible).	Child Orthodontia covered at 50% up to \$750 lifetime limit (subject to deductible).
<b>Exclusions/Limitations</b>	Some services are not covered, for example: cosmetic services, implants, and any services not listed as a covered benefit in the Plan Description. Other services may be limited by age or frequency; for example, cleanings. See plan booklet for full details.	

\* Balance billing refers to charging for amounts above the maximum covered charge. (For example, billing patients for amounts above Usual & Reasonable (U&R) charges or a negotiated fee schedule.)

*Eligible employees are able to elect dental coverage with or without electing medical coverage. This also means that eligible dependents that are not enrolled in medical coverage may be enrolled in dental as long as the employee is enrolled. If dental benefits are not elected at the time of initial eligibility, enrollment may not occur until the Open Enrollment period of the following year.*

This sheet is designed to summarize the IU Dental Plan being offered by Indiana University to eligible employees and is not intended to provide a detailed description of coverage. Detailed information is available at:

**[www.indiana.edu/~uhrs/benefits](http://www.indiana.edu/~uhrs/benefits)**

You may contact the UHRS Publications Coordinator at (812) 855-2985 to have a copy of this plan book mailed to you.