

Mesquite ISD - High Plan

Effective Date: September 01, 2026

Consecutive month frequency calculate limits using the date of the first service.

Benefits calculated on a 12 month calendar period

Cigna Dental Choice / Indemnity Exclusions and Limitations:

Procedure	Exclusions & Limitations
Oral Evaluations	2 per calendar year
Prophylaxis (routine cleaning)	2 routine prophy or perio maintenance procedures per calendar year
Fluoride Treatments	1 per calendar year for participants under age 19
Routine X-rays	Bitewings: limited to 2 sets per calendar year
Non-Routine X-rays	images: limited to a combined total of 1 per 36 months
Periapical X-rays:	No frequency limit
Intraoral Occlusal X-rays:	No frequency limit
Cone Beams	Not covered
Models	Payable only when in conjunction with Ortho workup
Space Maintainers	No frequency limit for participants under age 19.
Fillings	composite restorations on molar teeth are not covered.
Sealants	Payable on unrestored permanent bicuspid or molar teeth only
Perio Scaling and Root Planing	1 per quadrant per 24 consecutive months per quadrant
Perio Surgery	1 per quadrant per 24 consecutive months per area of the mouth (same service)
Connective Tissue Graft	1 per quadrant per 36 consecutive months for participants . Replacement limited to 1 per tooth per 60 consecutive months, if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.
Crowns	
Stainless Steel & Resin Crowns	1 per tooth per 12 consecutive months, primary teeth will be treated with Stainless Steel Crowns. No age limit.
Prosthesis over Implants	Replacement limited to 1 per tooth per 60 consecutive months, if unserviceable and cannot be repaired. Replacement limited to 1 per tooth per 60 consecutive months, if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.
Bridges	Replacement limited to 1 per arch per 60 consecutive months, if unserviceable and cannot be repaired.
Dentures and Partial	
Relines, Rebases & Adjustments	1 per tooth per 12 consecutive months
Repairs - Bridges	2 per tooth per 12 consecutive months
Repairs - Dentures	1 per tooth per 12 consecutive months
Alternate Benefit	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.
Orthodontia	For dependent children and adults
TMJ	Not covered

Missing Tooth Provision	The amount payable is 50% of the amount otherwise payable until insured for the first 12 months; thereafter, considered a Class III expense
Late Entrant Limit****	50% coverage on Class III, IV (if applicable), and IX for 12 months
Pre-Treatment Review	Available on a voluntary basis when extensive work in excess of \$200 is proposed

Benefit Exclusions:

- * Services performed primarily for cosmetic reasons; Replacement of a lost or stolen or damaged appliance;
- * Initial placement of a complete denture or partial denture unless it includes the replacement of a functioning natural tooth extracted while the person is covered
- * Any replacement of a crown, bridge, partial denture, or complete denture which is or can be made usable according to commonly accepted dental standards;
- * Veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper or lower first, second and/or third molars;
- * Dental services that do not meet commonly accepted dental standards; Services that are deemed to be medical services;
- * Procedures for which a charge would not have been made if the person had no insurance or for which the person is not legally required to pay;
- * Experimental or investigational procedures and treatments; Procedures which are not necessary and/or which do not have uniform professional endorsement;
- * Charges for or in connection with an injury or illness arising out of, or in the course of any employment for wage or profit;
- * Charges for or in connection with an injury or illness which is covered under any workers' compensation or similar law;
- * Charges in excess of the Maximum Allowed Charge allowances;
- * General anesthesia or intravenous sedation, when used for the purposes of anxiety control or patient management is not covered; may be considered only when medically or dentally necessary and when in conjunction with covered complex oral surgery;
- * Fees charged for broken appointments, claim form submission or sterilization; duplication of x-rays and exams required by a third party;
- * Services not included in the list of covered dental expenses;
- * Crowns, inlays, cast restorations, or other laboratory prepared or CAD/CAM prepared restorations on teeth unless the tooth cannot be restored with an amalgam or composite resin filling due to major decay or fracture; Replacement of teeth beyond the normal adult dentition of 32 teeth;
- * Prescription drugs; Athletic mouth guards; Myofunctional therapy;
- * Any charge for any treatment performed outside of the United States other than for Emergency Treatment;
- * Procedures that are a covered expense under any other medical plan which provides group hospital, surgical, or medical benefits whether or not on an insured basis;

*** In Texas, the insured dental product offered by CGLIC and CHLIC is referred to as the Cigna Dental Choice Plan, and this plan utilizes the national Cigna Dental PPO network.*

****Charges are based upon an independent third party organization that is the industry standard. Percentile data is based upon the third party organization's aggregated industry-wide claims data*

*****Late Entrant coverage limitation does not apply to New Mexico Residents for Insured Dental Products.*

This benefit summary highlights some of the benefits available under the proposed 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.

Benefits are insured and/or administered by Cigna HealthCare.

Did you know that most of Cigna's dental plans include the Cigna Dental Oral Health Integration Program? This program was designed to address research that supports the association of oral health to overall health and provides reimbursement of copays or coinsurance for customers with qualifying medical conditions for program eligible procedures. Additionally, registered program members can access articles on behavioral conditions that impact oral health.

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