

**Cigna Dental Benefit Summary**  
**BorgWarner Inc. (Divested Retirees-DPO2)**  
**Plan Renewal Date: January 1, 2023**



Administered by: Cigna Health and Life Insurance Company

This material is for informational purposes only and is designed to highlight some of the benefits available under this plan. Consult the plan documents to determine specific terms of coverage relating to your plan. Terms include covered procedures, applicable waiting periods, exclusions and limitations. **Your DPPO plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.**

<b>Cigna Dental PPO</b>				
<b>Network Options</b>	<b>In-Network: Total Cigna DPPO Network</b>		<b>Non-Network: See Non-Network Reimbursement</b>	
<b>Reimbursement Levels</b>	Based on Contracted Fees		Maximum Reimbursable Charge	
<b>Calendar Year Benefits Maximum</b> Applies to: Class I, II & III expenses	\$1,200 per individual \$4,800 per family		\$1,200 per individual \$4,800 per family	
<b>Annual Deductible</b>	\$25 per individual \$100 per family		\$25 per individual \$100 per family	
<b>Benefit Highlights</b>	<b>Plan Pays</b>	<b>You Pay</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Class I: Diagnostic &amp; Preventive</b> Oral Evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Fluoride Application Sealants: per tooth Space Maintainers: non-orthodontic Emergency Care to Relieve Pain	100% No Deductible	No Charge	100% No Deductible	No Charge
<b>Class II: Basic Restorative</b> Restorative: fillings Endodontics: minor and major Periodontics: minor and major Oral Surgery: minor and major Anesthesia: general and IV sedation Repairs: Bridges, Crowns, Inlays/Onlays Repairs: Dentures Denture Relines, Rebases and Adjustments Crowns Inlays and Onlays	90% After Annual Deductible	10% After Annual Deductible	90% After Annual Deductible	10% After Annual Deductible
<b>Class III: Major Restorative</b> Bridges Dentures	50% After Annual Deductible	50% After Annual Deductible	50% After Annual Deductible	50% After Annual Deductible
<b>Class IV: Orthodontia</b> Coverage for Employee and All Dependents  Lifetime Benefits Maximum: \$1,000	50% After Annual Deductible	50% After Annual Deductible	50% After Annual Deductible	50% After Annual Deductible
<b>Class V: TMJ (non-surgical)</b> <ul style="list-style-type: none"> <li>Includes occlusal orthotic device/adjustment and injections other than those made directly into the temporomandibular joint.</li> <li>Surgical TMJ covered under medical plan.</li> </ul> Lifetime Benefits Maximum: \$1,000	80% After Annual Deductible	20% After Annual Deductible	80% After Annual Deductible	20% After Annual Deductible

<b>Benefit Plan Provisions:</b>	
<b>In-Network Reimbursement</b>	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.
<b>Non-Network Reimbursement</b>	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 90th percentile of all provider charges in the geographic area. The dentist may balance bill up to their usual fees.
<b>Cross Accumulation</b>	All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network.
<b>Calendar Year Benefits Maximum</b>	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.
<b>Calendar Year Deductible</b>	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.
<b>Pretreatment Review</b>	Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.
<b>Alternate Benefit Provision</b>	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.
<b>Oral Health Integration Program</b>	The Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with certain medical conditions. There is no additional charge to participate in the program. Those who qualify can receive reimbursement of their coinsurance for eligible dental services. Eligible customers can also receive guidance on behavioral issues related to oral health. Reimbursements under this program are not subject to the annual deductible, but will be applied to the plan annual maximum. For more information on how to enroll in this program and a complete list of terms and eligible conditions, go to <a href="http://www.mycigna.com">www.mycigna.com</a> or call customer service 24/7 at 1-800-Cigna24.
<b>Benefit Limitations:</b>	
Oral Evaluations/Exams	2 per 12 months
X-rays (routine)	Bitewings: 2 per 12 months
X-rays (non-routine)	Full mouth or panoramic, 1 every 36 months
Diagnostic Casts	Payable only in conjunction with orthodontic workup
Cleanings	2 per 12 months, including periodontal maintenance procedures following active therapy
Fluoride Application	1 per 12 months for children under age 19
Sealants (per tooth)	Limited to posterior tooth. 2 treatments per tooth per lifetime for children under age 19
Space Maintainers	Limited to non-orthodontic treatment for children under age 19
Periodontal Treatment	Various limitations depending on the service
Inlays, Crowns and Bridges	Replacement every 60 months if unserviceable and cannot be repaired
Dentures and Partials	Replacement every 60 months if unserviceable and cannot be repaired
Denture and Bridge Repairs	Reviewed if more than once
Denture Relines, Rebases and Adjustments	Covered if more than 6 months after installation
<b>Benefit Exclusions:</b>	
Covered Expenses will not include, and no payment will be made for the following:	
Procedures and services not included in the list of covered dental expenses;	
Diagnostic: cone beam imaging; Preventive Services: instruction for plaque control, oral hygiene and diet;	
Restorative: Veneers of porcelain, ceramic, resin or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and/or third molars;	
Periodontics: bite registrations; splinting; Prosthodontic: precision or semi-precision attachments;	
Implants: implants or implant related services;	
Procedures, appliances or restorations, except full dentures, whose main purpose is to: change vertical dimension; stabilize periodontally involved teeth; or restore occlusion;	
Athletic mouth guards; Replacement of appliance per benefit guidelines; Services performed primarily for cosmetic reasons; Personalization or decoration of any dental device or dental work;	
Services that are deemed to be medical in nature; Services and supplies received from a hospital; Drugs: prescription drugs	
Charges in excess of the Maximum Reimbursable Charge.	

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

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