CIGNA Dental

The McClatchy Company – Comprehensive Plan

CIGNA Dental PPO Benefit Summary Effective January 1, 2008

Benefits	*CIGNA Dental PPO*	
	In-network	*Out-of-network**
Class I – preventive and diagnostic services • *Oral exams (2 per calendar year)* • *Cleanings (2 per calendar year)* • *Full mouth X-rays (1 complete set every 3 calendar years)* • *Bitewing X-ray (2 per calendar year)* • *Panoramic X-ray (1 every 3 calendar years)* • *Fluoride application (1 per calendar year for participants under 19 years old)* • *Sealants (limited to posterior teeth for participants under 14 years old; 1 treatment per tooth every 3 calendar years)* • *Space maintainers (limited to non-orthodontic treatment)* • *Emergency care to relieve pain*	*100% of allowed amount* *no deductible*	*100% of R&C** *no deductible* *Emergency services are paid at in-network levels.*
Class II – basic restorative services *Fillings, root canal therapy, osseous surgery, periodontal scaling and root planing, denture adjustments and repairs, extractions, anesthetics, oral surgery*	*80% of allowed amount* *after deductible*	*80% of R&C** *after deductible*
Class III – major restorative services *Crowns, dentures, bridges*	*50% of allowed amount* *after deductible*	*50% of R&C** *after deductible*
Optional services[1] **Class IV –Orthodontia (children only up to age 19)** • *Deductible* • *Lifetime maximum*	*50% of allowed amount* *no deductible* *$1,500 Lifetime Max*	*50% of R & C** *no deductible* *$1,500 Lifetime Max*
Calendar year maximum[1] **(Class I, II, III expenses)**	*$1,500 per person*	
Calendar year deductible[1] • *Individual* • *Aggregate family maximum*	*$50 per person* *$150 per family*	

[1] All deductibles, plan maximums and service specific maximums (dollar and occurrence) cross accumulate in- and out-of-network.
****Out-of-network provider is paid at reasonable & customary rate; if out-of-network provider balance bills, CIGNA pays applicable percent of bill after participant files the balance bill claim form with CIGNA.***

Benefit exclusions (by way of example, but not limited to):

- *Services performed solely for cosmetic reasons.*
- *Replacement of a lost or stolen appliance.*
- *Replacement of a bridge or denture within five years following the date of its original installation.*
- *Replacement of a bridge or denture which can be made useable according to accepted dental standards.*
- *Procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, stabilize periodontally involved teeth, or restore occlusion*
- *Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second, and third molars.*
- *Bite registrations; precision or semi-precision attachments; splinting.*
- *Surgical implant of any type including any prosthetic device attached to it*
- *Instruction for plaque control, oral hygiene and diet.*
- *Dental services that do not meet common dental standards.*
- *Treatment of Temporomandibular Joint (TMJ) disorder*
- *Services that are deemed to be medical services.*
- *Services and supplies received from a hospital.*
- *Charges which the person is not legally required to pay.*
- *Charges made by a hospital which performs services for the U.S. government if the charges are directly related to a condition connected to a military service.*
- *Experimental or investigational procedures and treatments.*
- *Any injury resulting from, or in the course of, any employment for wage or profit.*
- *Any sickness covered under any workers' compensation or similar law.*

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 Connecticut General Life Insurance Company.

For more information please contact 1-800-CIGNA24 (1-800-244-6224).