

This is a summary of benefits for your dental plan.

All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network. Your DPPO plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.

(Class I, II, III, K. Expense) \$3000. Class I Applies \$3000. Class I Applies alendar Year Deductible \$75 \$75 Per Individual \$75 \$225 ass I Expenses - Preventive & Diagnostic Care 100%, No Deductible 100%, No Deductible Collass I Expenses - Preventive & Diagnostic Care 100%, No Deductible 100%, No Deductible Collass I Expenses - Preventive & Diagnostic Care 100%, No Deductible 100%, No Deductible Collass I Expenses - Major Restorative Care 100%, No Deductible 100%, No Deductible Status Spec Marchines (Imited on no-offindentic Vestment) \$90%, Atter Deductible \$90%, Atter Deductible Filinger, Care to Falleve Pain Spec Marchines (Imited on no-offindentic Page) \$90%, Atter Deductible \$90%, Atter Deductible Constant Surgery - Care to Falleve Pain Spec Marchines (Imited on no-offindentic Page) \$90%, Atter Deductible \$90%, Atter Deductible Constant Page - Single Extractors Spec Marchines (Imited on no-offindentic Page) \$90%, Atter Deductible \$90%, Atter Deductible Status Spec Marchines (Imited on no-offindentic Page) \$90%, Atter Deductible \$90%, Atter Deductible Spec Marchines (Imited on no-offindentic Page) \$90%, Atter Deductible \$90%, Atter Deductible \$90%, Atter Deductible Specand Spec Marchines (Imited on no-offindentic Page)	Plan Design	Total Cigna DPPO Network**	O ut-of-Network
al ender Yeer Deductible For Hodvalue Per Family \$75 Isse T Expenses - Preventive & Disgnostic Care 00%, No Deductible Oral Exams 100%, No Deductible Isse T Expenses - Preventive & Disgnostic Care 100%, No Deductible Oral Exams 100%, No Deductible Isse T Expenses - Brack Restorative Care 100%, No Deductible Filing - State Relieve Pain 100%, No Deductible Isse I Expenses - Basic Restorative Care 90%, After Deductible Filing - Gradue X-rays \$0%, After Deductible Filing - Gradue X-rays \$0%, After Deductible Sage I dirationes (initiate to non-orthodoritic treatment) \$0%, After Deductible Sage I dirationes (initiate to non-orthodoritic treatment) \$0%, After Deductible Sage I dirationes (initiate to non-orthodoritic treatment) \$0%, After Deductible Sage I dirationes (initiate to non-orthodoritic treatment) \$0%, After Deductible Sage I diration of impacted Least to an Advalues \$0%, After Deductible Sage Care I dirate Construct Decare (initiate to an Advalues) \$0%, After Deductible Safe Care I dirate A rays \$0%, After Deductible Safe Care I dirate A ran Advalue	alendar Year Maximum		
Per Individual Per Family 375 575 575 Base I Expenses - Preventive & Diagnostic Care Oral Exams 100%, No Deductive 100%, No Deductive Oral Exams 100%, No Deductive 100%, No Deductive Oral Exams 100%, No Deductive 100%, No Deductive State Statement 100%, No Deductive 100%, No Deductive Statement 100%, After Deductive 90%, After Deductive Oral Surger - Single Extraction 90%, After Deductive 90%, After Deductive Oral Surger - Alloy Restorative Care 90%, After Deductive 90%, After Deductive Oral Surger - Single Extraction 90%, After Deductive 90%, After Deductive States StudieRein Crowns Best II Expenses - Major Restorative Care 60%, After Deductive Converget for Extraction and Adults 90%, No Ortho Deductive 90%, No Ortho Deductive States StudieRein Crowns Best II Expenses - Unboante 90%, No Ortho Deductive Idefine Maximum 90%, No Ortho Deductive 90%, No Ortho Deductive Iterative Kapenses - Unboan	(Class I, II, III, IX Expenses)	\$3000, Class I Applies	\$3000, Class I Applies
Per Family S225 S225 2188 11 Expanses - Preventive & Diagnostic Care 100%, No Deductible 100%, No Deductible Clearings Rudine X-rays 100%, No Deductible 100%, No Deductible Starters Starters 100%, After Deductible Starters 90%, After Deductible 90%, After Deductible Starters Starters 90%, After Deductible Starters 90%, After Deductible 60%, After Deductible Starters Starters 60%, After Deductible Starters 5000 50%, After Deductible Detuttible 60%, After Deductible 60%, After Deductible Starters 5000 50%, No Ortho Deductible 50%, No Ortho Deductible Starters 5000 50%, Mer Deductible 5000 Starters 50	alendar Year Deductible		
Ord Examis 100%, No Deductible 100%, No Deductible Charing 100%, No Deductible 100%, No Deductible Routine X-rays 100%, No Deductible 100%, No Deductible Starting Starting 100%, No Deductible 100%, No Deductible Starting Starting 100%, After Deductible 100%, After Deductible Ord Starger, V-Krapi Starting 90%, After Deductible 90%, After Deductible Ord Starger, V-Ray Starter Deductible 90%, After Deductible 90%, After Deductible Ord Starger, V-Ray Starter Deductible 90%, After Deductible 90%, After Deductible Ord Starger, V-Ray Starter Deductible 90%, After Deductible 90%, After Deductible Starter Starter If Experiments 90%, After Deductible 90%, After Deductible Starter Starter If Experiments 60%, After Deductible 60%, After Deductible Starter Starter Coversage for Eligible Children and Adufts 50%, No Ortho Deductible 50%, No Ortho Deductible Starter Starter Starter Starter 60%, After Deductible 50%, No Ortho Deductible Starter Starter Starter Starter Starter 50%, No Ortho			
Ord Examis 100%, No Deductible 100%, No Deductible Charing 100%, No Deductible 100%, No Deductible Plancite Application Sealans 100%, No Deductible Sealans 100%, No Deductible 100%, No Deductible Starset Exception 100%, After Deductible Ord Surgey - Simple Extractions 90%, After Deductible 90%, After Deductible Ord Surgey - Minde Extractions 90%, After Deductible 90%, After Deductible Ord Surgey - Minde Extractions 90%, After Deductible 90%, After Deductible Oral Surgey - Minde Extractions 90%, After Deductible 90%, After Deductible Surgest Extraction of Imageted Tesh Anasthetics 90%, After Deductible May Periodomics Winder Anasthetics 90%, After Deductible Startest Subject, Crowns, and Iring's 80%, After Deductible 60%, After Deductible Startest Subject, Crowns 80%, After Deductible 60%, After Deductible Destures Startest Subject, Crowns 90%, After Deductible 60%, After Deductible Startest Subject, Crowns 80%, After Deductible 50%, No Ortho Deductible 50% Detuctible Adurative Startest Subject,	Close Levenses Breventive & Diagnostic Core		
Cleanings Routine Application Space Multificities (Initial Application Application of Imposed Teeh Application of Imposed Teeh Application of Imposed Teeh Application Applications Multificities (Initial Application Application of Imposed Teeh Application Application of Imposed Teeh Application Appli		100%. No Deductible	100%. No Deductible
Fluincia Application Space Maintainers (limited to non-orthodonic treatment) Non-Routine Xrays Emergency Care to Relieve Pain 90%, After Deductible 21ass II Expenses - Basic Restorative Care Oral Surgery - Simple Extractions Oral Surgery - Simple Extractions Surgeal Extractions (Impacted Teefn Ansemtetics Moor Periodonics Root Carel I Treagy / Endodonics Root Root Carel I Treagy / Endodonics Root Root Root Root Root Root Root Root			
Selaris Space Maintainers (limited to non-orthodontic treatment) Space Maintainers (limited to non-orthodontic treatment) Space Maintainers (limited to non-orthodontic treatment) Emergency Care to Relative Pain Status (Limited To the Status) 90%, After Deductible Filings Ortal Surgery - Single Extractions 90%, After Deductible 90%, After Deductible Ortal Surgery - All Exceptions Status (Limited To the Status) 90%, After Deductible 90%, After Deductible Ortal Surgery - Single Extractions Status (Limited To the Status) 90%, After Deductible 90%, After Deductible Minor Personation Minor Personation Relations, Relations, and Inlays Repairs - Deductible 90%, After Deductible Relations, Floates, and Adjustices Repairs - Deductible 60%, After Deductible 60%, After Deductible Statistics Steel/Resin Crowns Statistics Steel/Resin Crowns 60%, After Deductible 50%, No Ortho Deductible Statistics Steel/Resin Crowns Statistics Steel/Resin Crowns 50%, No Ortho Deductible 50%, After Deductible Statistics Steel/Resin Crowns Statistics Steel/Resin Crowns 50%, After Deductible 50%, After Deductible Coverage for Eligible Children and Adults Statistics Steel/Resin Crowns 50%			
Space Maintainers (Imited to non-orthodontic treatment) Non-Routex xrays Image: Construction of Maintaine Care Class II Expenses - Basic Restorative Care 90%, After Deductible 90%, After Deductible Oral Surgery - Simple Extractions Surgical Extractions of Impacted Teeth Ansettedics 90%, After Deductible 90%, After Deductible Oral Surgery - AltExcapt Simple Extractions Surgical Extraction of Impacted Teeth Ansettedics 90%, After Deductible 90%, After Deductible Root Carell Therapy / Enclocartics Root Root Root Root Root Root Root Root			
Non-Rodine X-rays Emergency Care to Releve Pain Energency Care to Releve Pain 90%, After Deductible Stargery - Single Extractions 90%, After Deductible Oral Suppry - Mit Exceptions of Impoded Teeth Ansethetics 90%, After Deductible Minor Periodratics 90%, After Deductible More Periodratics 90%, After Deductible Reparts - Biology, Conves, and Inlays 90%, After Deductible Reparts - Biology, Conves, and Inlays 80%, After Deductible Starless Starless, and Adjustments 80%, After Deductible Starless Starless - Outloadonts 80%, After Deductible Conversition of Impodenties 80%, After Deductible Starless Starless - Outloadonts 80%, After Deductible Starless Starless - Outloadonts 50%, No Ontho Deductible Starless Starless - Outloadonts 50%, No Ontho Deductible Coverage for Eligible Children and Aduits 50%, No Ontho Deductible Lifetime Maximum 60%, After Deductible Statless Starless 60%, After Deductible Statless Statless 60%, After Deductible Statless Statless 60%, After Deductible Statless Statless 60%, After Deductible Statles			
Emergency Care to Relieve Pain Class II Expenses - Basic Restorative Care Filings Oral Surger - Simple Extractions Migre Period Migre Period Migre Period Rotices, Rebases, and Adjustments Repairs - Dertures Bruish Blopey Stanless Studes, Crowns, and Inlays Bruish Blopey Class III Expenses - Major Restorative Care Crownspiriting/Schlays Bruish Blopey Stanless Students Detutes Bruish Blopey Coverage for Eligible Children and Adults Lifetime Maximum Class IX Expenses - Implants Oo%s, After Deductible Plin Calendar Year Max Dental Plan Relimbursement Levels Based on Contracted Fees 80th Percentile of Submitted Charges*** Vedtorial Member Responsibility in xx	Space Maintainers (limited to non-orthodontic treatment)		
Class II Expenses - Basic Restorative Care 90%, After Deductible Fillings 90%, After Deductible Oral Surger - Simple Extractions 90%, After Deductible Surger Extraction of Impacted Teeth Anaesthetics 90%, After Deductible Migor Periodratics 90%, After Deductible Migor Periodratics 90%, After Deductible Retines, Rebase, and Adjustments Repairs. Fordases, and Adjustments Repairs. Deductive 80%, After Deductible Stariates StealResin Crowns 80%, After Deductible Stariates StealResin C			
Filings 90%, After Deductible 90%, After Deductible Oral Surgery - Simple Extractions 90%, After Deductible 90%, After Deductible Surges Variables 90%, After Deductible 90%, After Deductible Minor Periodontics Main Periodontics 90%, After Deductible 90%, After Deductible Root Crant Therapy / Endochnics Repairs - Single Extraction 90%, After Deductible 90%, After Deductible Stars III Expenses - Major Restorative Care 60%, After Deductible 60%, After Deductible 60%, After Deductible Crownsinlays/Onlays Starilases Steat/Resin Crowns 60%, After Deductible 60%, After Deductible Dentures Endges 60%, After Deductible 60%, After Deductible Crownsinlays/Onlays Starilases Steat/Resin Crowns 60%, After Deductible Dentures Crownsinlays/Onlays 50%, No Ontho Deductible 50%, No Ontho Deductible Starilases Steat/Resin Crowns 50%, No Ontho Deductible 50%, No Ontho Deductible 50%, No Ontho Deductible Starilases Steat/Resin Children and Adults 50%, After Deductible 50%, After Deductible 50%, After Deductible Lifetime Maximum Starilase 60%, After Deductible 50%, After Deductible 50%, After Deductible Plan Calendar Year Max 8esed on Contracted Fees 80th Percentile of Submit	Emergency Care to Relieve Pain		
Oral Surgery - Simple Extractions Oral Surgery - All Except Simple Extraction Oral Surgery - All Except Simple Extraction Amsthetics Surgery - All Except Simple Extractions Amsthetics Minor Periodotnics Repairs - Bridges, Crowns, and Inlays Repairs - Bridges, Crowns, and Inlays Bo%s, After Deductible Repairs - Detrutors Bridges, Crowns, and Inlays Brush Biopsy Bo%s, After Deductible Stanless Site/Resin Crowns Bo%s, After Deductible Stanless Site/Resin Crowns Bo%s, After Deductible Stanless Site/Resin Crowns Bo%s, After Deductible Dentures Bridges Bridges Coverage for Eligible Children and Adults Lifetime Maximum S0%s, After Deductible States S1000 States S0%s, After Deductible States S000 States S1000 Itelement Levels Based on Contracted Fees States S000 Plan Calendar Year Max Based on Contracted Fees Odditional Member Responsibility in xcees of Colinsurance Yes, the difference between the member's dentists billed charges and the detail plan artificats billed charges and the detail plan <	•		
Oral Surgery - All Except Simple Extraction Surger Extraction of Impacted Teeth Aneshtetics Minor Periodontics More Periodontics Root Crant Threary / Enddontics Repairs - Detruces Brush Biopsy Collass III Expenses - Major Restorative Care Crowns/Inlays/Onlays Stariness Steel/Resin Crowns Bridges Coverage for Eligible Children and Adults Lifetime Maximum Class II Expenses - Implants Coverage for Eligible Children and Adults Lifetime Maximum Class IX Expenses - Implants Plan Calendar Yeer Max Ob/w, After Deductible Starting Brader Coverage for Eligible Children and Adults Lifetime Maximum Class IX Expenses - Implants Plan Calendar Yeer Max Ob/w, After Deductible Startes Based on Contracted Fees 80th Percentile of Submitted Charges*** Additional Member Responsibility in xxcess of Coinsurance		90%, After Deductible	90%, After Deductible
Surgical Extraction of Impacted Teeth Amethetics Amethetics Micro Periodontics Mode Periodontics Rot Canal Therapy / Endodontics Retines, Rebases, and Adjuments Repairs - Bridges, Crowns, and Inlays Repairs - Dentures Brush Biopsy Starless Files/Rebail/Tesin Crowns Dentures Bridges Bridges Coverage for Eligible Children and Adults Lifetime Maximum Coverage for Eligible Children and Adults Lifetime Maximum Statomes Plan Calendar Year Max Opental Plan Reimbursement Levels Based on Contracted Fees Additional Member Responsibility in vacces of Coinsurace None			
Anesthetics Mior Periodontics Mior Periodontics Mior Periodontics Root Crant Dreapy / Enddontics Reprises, Futnesses, and Adjustments Repairs - Dentures Brush Biopsy Brush Biopsy 60%, After Deductible Crowns/Initry/Gonlays 60%, After Deductible Stanless Steal/Resin Crowns 60%, After Deductible Stanless Steal/Resin Crowns 60%, No Ortho Deductible Dentures 50%, No Ortho Deductible Stanless Steal/Resin Crowns 50%, No Ortho Deductible Crowns/Initry/Gonlays 50%, No Ortho Deductible Stanless Steal/Resin Crowns 60%, After Deductible Stanless Steal/Resin Crowns 60%, After Deductible			
Minor Periodonics Minor Periodonics Rajor Periodonics Rod Canal Therapy Lindodonies Roparis - Bidges, Crowns, and Inlays Repairs - Dentures Brush Biopsy Bidges, Crowns, and Inlays Crownslintays/Onlays 60%, After Deductible Stainless Steal/Resin Crowns 60%, After Deductible Dentures Bridges Bridges Office Periodonia Coverage for Eligible Children and Adults 50%, No Ortho Deductible Stainless Steal/Resin Crowns Store Lifetime Maximum Store Coverage for Eligible Children and Adults 50%, No Ortho Deductible Store Store Plan Calendar Year Max 60%, After Deductible Plan Calendar Year Max 60%, After Deductible Store 80th Percentile of Submitted Charges*** Additional Member Responsibility in https://wccess.ofCoinsurance			
Root Caral Therapy / Endotonics Relines, Rebases, and Adjustments Repairs - Drutures Brush Biopsy Brush Biopsy Class III Expenses - Major Restorative Care Crowns/Inlays/Onlays Stariless Stee/Resin Crowns Bridges Crowns/Inlays/Onlays Stariless Stee/Resin Crowns Bridges Bridges Coverage for Eligible Children and Adults Lifetime Maximum Class IX Expenses - Implants Plan Calendar Year Max Opental Plan Reimbursement Levels Based on Contracted Fees Additional Member Responsibility in vaces of Coinsurance None			
Relines, Rebases, and Adjustments, Repairs - Dentures Brush Biopsy Class III Expenses - Major Restorative Care Crowns/Inlays/Onlays Stainless Suel/Resin Crowns Dentures Bridges Crowns/Inlays/Onlays Stainless Suel/Resin Crowns Dentures Bridges Coverage for Eligible Children and Adults Lifetime Maximum Class IX Expenses - Implants Plan Calendar Year Max Opental Plan Reimbursement Levels Based on Contracted Fees Additional Member Responsibility In process of Coinsurance Yes, the difference between the member's dential plan reimbursement Level***	Major Periodontics		
Repairs - Bridges, Crowns, and Inlays Repairs - Derives Brush Biopsy Class III Expenses - Major Restorative Care Crowns/Inlays/Onlays Stainless Steel/Resin Crowns Dertures Bridges Coverage for Eligible Children and Adults Lifetime Maximum Class IX Expenses - Implants Plan Calendar Year Max Pointal Plan Reimbursement Levels Based on Contracted Fees 80th Percentile of Submitted Charges*** Additional Member Responsibility in process of Coinsurance excess of Coinsurance	Root Canal Therapy / Endodontics		
Repairs - Dertures Brush Biopsy Brush Biopsy Class IVI Expenses - Major Restorative Care 60%, After Deductible Crowrns/Inlays/Onlays Stainless Stel/Resin Crowns Dentures Bridges 60%, After Deductible Class IV Expenses - Orthodonta 60%, No Ortho Deductible Coverage for Eligible Children and Adults 50%, No Ortho Deductible Lifetime Maximum 50%, No Ortho Deductible Class IX Expenses - Implants 60%, After Deductible Plan Calendar Year Max 60%, After Deductible Opental Plan Reimbursement Levels Based on Contracted Fees Additional Member Responsibility in excess of Coinsurance Yes; the difference between the member's dentist's billed charges and the dantal plan reimbursement level***			
Brush Biopsy Image: Class III Expenses - Major Restorative Care Crowns/Inlays/Onlays 60%, After Deductible Stainless Steel/Resin Crowns 60%, After Deductible Dentures 60%, After Deductible Bridges 60%, After Deductible Class IV Expenses - Orthodontia	Repairs - Bridges, Crowns, and Inlays		
Class III Expenses - Major Restorative Care Crowns/Inlays/Onlays Starliess Steel/Resin Crowns Dentures Bridges Coverage for Eligible Children and Adults Coverage for Eligible Children and Adults Lifetime Maximum Class IX Expenses - Orthodontia Coverage for Eligible Children and Adults Lifetime Maximum Class IX Expenses - Implants Plan Calendar Year Max Opental Plan Reimbursement Levels Based on Contracted Fees 80th Percentile of Submitted Charges and the dental plan crimbursement level** Vecess of Coinsurance			
Crowns/Inlays/Onlays 60%, After Deductible 60%, After Deductible Stainless Steel/Resin Crowns 60%, After Deductible 60%, After Deductible Dentures Bridges 50%, No Ortho Deductible 50%, No Ortho Deductible Coverage for Eligible Children and Adults 50%, No Ortho Deductible 50%, No Ortho Deductible Lifetime Maximum 50%, No Ortho Deductible 50%, No Ortho Deductible Class IX Expenses - Implants 60%, After Deductible \$1000 Plan Calendar Year Max 60%, After Deductible \$3000 Oental Plan Reimbursement Levels Based on Contracted Fees 80th Percentile of Submitted Charges*** Additional Member Responsibility in excess of Coinsurance Yees, the difference between the member's dentist's billed charges and the dental plan reimbursement level***	Brush Biopsy		
Crowns/Inlays/Onlays 60%, After Deductible 60%, After Deductible Stainless Steel/Resin Crowns 60%, After Deductible 60%, After Deductible Dentures Bridges 50%, No Ortho Deductible 50%, No Ortho Deductible Coverage for Eligible Children and Adults 50%, No Ortho Deductible 50%, No Ortho Deductible Lifetime Maximum 50%, No Ortho Deductible 50%, No Ortho Deductible Class IX Expenses - Implants 60%, After Deductible \$1000 Plan Calendar Year Max 60%, After Deductible \$3000 Oental Plan Reimbursement Levels Based on Contracted Fees 80th Percentile of Submitted Charges*** Additional Member Responsibility in excess of Coinsurance Yees, the difference between the member's dentist's billed charges and the dental plan reimbursement level***			
Crowns/Inlays/Onlays 60%, After Deductible 60%, After Deductible Stainless Steel/Resin Crowns 60%, After Deductible 60%, After Deductible Dentures Bridges 50%, No Ortho Deductible 50%, No Ortho Deductible Coverage for Eligible Children and Adults 50%, No Ortho Deductible 50%, No Ortho Deductible Lifetime Maximum 50%, No Ortho Deductible 50%, No Ortho Deductible Class IX Expenses - Implants 60%, After Deductible \$1000 Plan Calendar Year Max 60%, After Deductible \$3000 Oental Plan Reimbursement Levels Based on Contracted Fees 80th Percentile of Submitted Charges*** Additional Member Responsibility in excess of Coinsurance Yees, the difference between the member's dentist's billed charges and the dental plan reimbursement level***	lass III Expenses - Major Restorative Care		
Dentures Bridges Dentures Bridges Dentures Bridges Image: Signa Sig	Crowns/Inlays/Onlays	60%, After Deductible	60%, After Deductible
Bridges Bridges Class IV Expenses - Orthodontia Coverage for Eligible Children and Adults Lifetime Maximum Class IX Expenses - Implants Plan Calendar Year Max Plan Calendar Year Max Oental Plan Reimbursement Levels Based on Contracted Fees 80th Percentile of Submitted Charges*** Additional Member Responsibility in expression of Coinsurance			
Class IV Expenses - Orthodontia Coverage for Eligible Children and Adults Coverage for Eligible Children and Adults 50%, No Ortho Deductible \$1000 Lifetime Maximum 50%, No Ortho Deductible \$1000 Class IX Expenses - Implants 60%, After Deductible \$3000 Plan Calendar Year Max 60%, After Deductible \$3000 O ental Plan Reimbursement Levels Based on Contracted Fees Additional Member Responsibility in boxcess of Coinsurance Yes, the difference between the member's dentist's billed charges and the dental plan reimbursement level***			
Coverage for Eligible Children and Adults 50%, No Ortho Deductible \$1000 50%, No Ortho Deductible \$1000 Lifetime Maximum 50%, No Ortho Deductible \$1000 50%, No Ortho Deductible \$1000 Class IX Expenses - Implants 60%, After Deductible \$3000 60%, After Deductible \$3000 Plan Calendar Year Max 60%, After Deductible \$3000 60%, After Deductible \$3000 Dental Plan Reimbursement Levels Based on Contracted Fees 80th Percentile of Submitted Charges*** Additional Member Responsibility in excess of Coinsurance Yes, the difference between the member's dentist's billed charges and the dental plan reimbursement level***	Bridges		
Coverage for Eligible Children and Adults 50%, No Ortho Deductible \$1000 50%, No Ortho Deductible \$1000 Lifetime Maximum 50%, No Ortho Deductible \$1000 50%, No Ortho Deductible \$1000 Class IX Expenses - Implants 60%, After Deductible \$3000 60%, After Deductible \$3000 Plan Calendar Year Max 60%, After Deductible \$3000 60%, After Deductible \$3000 Dental Plan Reimbursement Levels Based on Contracted Fees 80th Percentile of Submitted Charges*** Additional Member Responsibility in paxcess of Coinsurance Yes, the difference between the member's dentist's billed charges and the dental plan reimbursement level***		-	
Lifetime Maximum \$1000 \$1000 Class IX Expenses - Implants Class IX Expenses - Implants Plan Calendar Year Max 60%, After Deductible 60%, After Deductible O ental Plan Reimbursement Levels Based on Contracted Fees 80th Percentile of Submitted Charges*** O dditional Member Responsibility in vxcess of Coinsurance Yes, the difference between the member's dentist's billed charges and the dental plan reimbursement level***		50%, No Ortho Deductible	50%, No Ortho Deductible
Class IX Expenses - Implants Plan Calendar Year Max Oental Plan Reimbursement Levels Based on Contracted Fees 80th Percentile of Submitted Charges*** Additional Member Responsibility in excess of Coinsurance			
Plan Calendar Year Max 60%, After Deductible 60%, After Deductible Plan Calendar Year Max 60%, After Deductible \$3000 Pental Plan Reimbursement Levels Based on Contracted Fees 80th Percentile of Submitted Charges*** Additional Member Responsibility in excess of Coinsurance Yes, the difference between the member's dentist's billed charges and the dental plan reimbursement level***	Lifetime Maximum		
Plan Calendar Year Max \$3000 Pental Plan Reimbursement Levels Based on Contracted Fees Additional Member Responsibility in xcess of Coinsurance Yes, the difference between the member's dentist's billed charges and the dental plan reimbursement level***	lass IX Expenses - Implants		•
Plan Calendar Year Max \$3000 Plan Calendar Year Max \$3000 Dental Plan Reimbursement Levels Based on Contracted Fees 80th Percentile of Submitted Charges*** Additional Member Responsibility in excess of Coinsurance Yes, the difference between the member's dentist's billed charges and the dental plan reimbursement level***		60%, After Deductible	
Dental Plan Reimbursement Levels Based on Contracted Fees 80th Percentile of Submitted Charges*** Additional Member Responsibility in excess of Coinsurance Yes, the difference between the member's dentist's billed charges and the dental plan reimbursement level***	Plan Calendar Year Max	\$3000	\$3000
A dditional Member Responsibility in Excess of Coinsurance None Yes, the difference between the member's dentist's billed charges and the dental plan reimbursement level***			
None dentist's billed charges and the dental plan reimbursement level***	ental Plan Reimbursement Levels	Based on Contracted Fees	80th Percentile of Submitted Charges***
excess of Coinsurance None dentist's billed charges and the dental plan reimbursement level***	dditional Member Responsibility in	<u> </u>	
tudent/Dependent Age 26/26		None	
	tudent/Dependent Age	יי זינ	6/26



Cigna Dental Choice / Indemnity Exclusions and Limitations:

Procedure Exams Prophylaxis (cleanings) Fluoride X-Rays (routine) X-Rays (non-routine) Cone Beams Model Minor Perio (non-surgical) Perio Surgery	Exclusions & Limitations Two per calendar year Two per calendar year 1 per calendar year 9 per calendar year Full mouth: 1 every 3 calendar years. Panorex: 1 every 3 calendar years Not covered Payable only when in conjunction with Ortho workup Various limitations depending on the service Various limitations depending on the service
Crowns and Inlays Prosthesis over Implants	Replacement every 5 years 1 per 5 years 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 Dentures and Partials Relines, Rebases Adjustments Repairs - Bridges Repairs - Dentures Sealants Space Maintainers Alternate Benefit	Replacement every 5 years Replacement every 5 years Covered if more than 6 months after i nstallation Covered if more than 6 months after i nstallation Reviewed if more than once Reviewed if more than once Limited to posterior tooth. One treatment per tooth every three years up to age 14 Limited to non-Orthodontic treatment. No frequency limit for participants under age 19. 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.
Missing Tooth Provision Late Entrant Limit Pre-Treatment Review	The amount payable is 50% of the amount otherwise payable until insured for 12 months; thereafter, considered a Class III expense 50% coverage on Class III, IV (if applicable), and IX for 12 months 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 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,
- diagnose or treat conditions of TMJ, 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
- * 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 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
- * Charges in excess of the reasonable and customary allowances
- * To the extent that payment is unlawful where the person resides when the expenses are incurred;
- * Procedures performed by a Dentist who is a member of the covered person's family (covered person's family is limited to a spouse,
- siblings, parents, children, grandparents, and the spouse's siblings and parents); For charges which would not have been made if the person had no insurance; 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;
- 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. Cigna HealthCare will take
- into account any adjustment option chosen under such part by you or any one of your Dependents.
- * 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.

** In Texas, the insured dental product offered by CQLIC and CHLIC is referred to as the Cigna Dental Choice Ran, 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

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.

Cigna is a registered service mark, and the "Tree of Life" logo is a service mark, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company, Cigna HealthCare of Connecticut, Inc., and Cigna Dental Health, Inc. and its subsidiaries.

Dental coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna Nondiscrimination Complaint Coordinator PO Box 188016 Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, DC 20201 1.800.368.1019, 800.537.7697 (TDD) Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (Ios usuarios de TTY deben llamar al 711).

91110510/17 © 2017 Cigna.

Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Chinese – 注意:我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶,請致電您的 ID 卡背面的號碼。其 他客戶請致電 1.800.244.6224 (聽障專線:請撥 711)。

Vietnamese – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주십시오.

Tagalog – PAUNAW A: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

Russian – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

Arabic – برجاء اللنتباه خدمات الترجمة المجانية متاحة لكم. لعمالء Cigna الحاليين برجاء االتصال بالرقم المدون على ظهر بطاقتكم الشخصية.

او اتصل بTTY) 1.800.244.6224 (تصل ب 711).

French Creole – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

French – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

Portuguese – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

Polish – UW AGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecniklienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

Japanese – 注意事項:日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224(TTY: 711)まで、お電話にてご連絡ください。

Italian – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

German – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

> **Persian (Farsi)** – توجه: خدمك كمك زبانی, به صورت رایگان به شما ارائه میشود. برای مشتریان فعلی Cigna, لطفاً با شمارهای كه در پشت كارت شناسایی شماست تملس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوایان: شماره [71را شمار هگیری كنیا).