

SUMMARY OF BENEFITS PLAN INFORMATION

Cigna Dental Preventive Plan

With Cigna there is more to smile about.

You get flexible benefits and premium levels to meet your needs and budget, plus:

- › Access to over 92,700¹ in-network dental providers in our Cigna DPPO Advantage Network
- › 309,000+ convenient locations across Cigna's large nationwide network¹
- › 15% discount on monthly premiums for any additional eligible dependents² on the plan
- › Available for all ages, including those 65 and older
- › No application or processing fees
- › No waiting period
- › No need to submit claims when you use a Cigna DPPO Advantage Network provider
- › 24/7/365 customer service
- › Online access with **myCigna.com**. You can view bills and claims online, anytime – and make a payment, too
- › Mobile access on the go. Find a dentist, check coverage and show your ID card with the myCigna[®] Mobile App.

You have freedom.

You are free to choose a provider from our large national network or one from outside the network. Keep in mind, you'll save the most if you visit a Cigna DPPO Advantage Network provider. Find providers in our network at **Cigna.com/ifp-providers**.

1. Cigna internal data as of July 2021. Subject to change.

2. For each additional eligible dependent, as defined by the policy, added to a primary policy, a 15% discount is applied to the standard rate. Discount is applied in the quote tool.

Cigna Dental Plans

Dental Terms

Below you will find easy-to-understand definitions for commonly used words.

Actual Billed Charges: The fee that a provider charges to a patient for a service who does not have dental insurance. If a patient has dental insurance and visits a Cigna DPPO Advantage Network provider, the provider charges the negotiated rate/contracted fee.

Allowed Amount (contracted fee): The maximum amount Cigna will pay for services or supplies covered under this policy, before any applicable copayment, deductible, or coinsurance amounts are subtracted. The Allowed Amount for Participating Providers will be the amount Cigna has negotiated (sometimes called a contracted fee). The Allowed Amount for Non-Participating Providers will be based on the rate we have negotiated with Participating Providers in the area. See example provided under Balance Billing.

Balance Billing: When a Non-Participating Provider bills you for the difference between the charges for a service, and the Allowed Amount. A Participating Provider may not Balance Bill you for covered services. The actual billed charge of a Non-Participating Provider may exceed Cigna's Allowed Amount and you must pay the difference. For example, an out-of-network provider may charge \$100 for a cleaning. If Allowed Amount is \$50 for that service Cigna will pay \$50. Because you are visiting an out-of-network provider, the provider may bill you the remaining \$50.

Cigna DPPO Advantage Network (Participating Provider): Dentists that have contracted with Cigna and agreed to accept a predetermined Allowed Amount for the services provided to Cigna customers. Visiting a provider in this network means you'll save the most money, because the fee is discounted.

Non-Participating Providers (Out-of-Network): Providers who have not contracted with Cigna to provide services to you. You will pay more to see a Non-Participating Provider. Covered expenses for Non-Participating Providers are based on the Allowed Amount which may be less than Actual Billed Charges. Non-Participating Providers can bill you for amounts exceeding covered expenses.

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| DENTAL BENEFIT | Cigna Dental Preventive Plan | |
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| | CIGNA DPPO ADVANTAGE NETWORK | OUT-OF-NETWORK Your out-of-pocket expenses will be higher; these providers have not agreed to offer Cigna customers our contracted or discounted fees. |
| Individual Calendar Year Deductible | None | |
| Family Calendar Year Deductible | None | |
| Calendar Year Maximum (For Class I, II, and III services) | None | |
| Payment levels | Based on provider's allowed amount | Based on provider's actual billed charges and the allowed amount ¹ |
| CLASS I: PREVENTIVE/DIAGNOSTIC SERVICES | | |
| Preventive/Diagnostic Services Waiting Period | None | |
| Preventive/Diagnostic Services Oral Exams, Routine Cleanings, Routine X-Rays, Sealants, Fluoride Treatment, Space Maintainers (non-orthodontic) | You pay \$0 | You pay the difference between the provider's actual billed charges and 100% of the allowed amount ¹ |
| CLASS II: BASIC RESTORATIVE SERVICES | | |
| Basic Restorative Services Nonroutine X-Rays, Fillings, Routine Tooth Extraction, Emergency Treatment | Not covered | |
| CLASS III: MAJOR RESTORATIVE SERVICES | | |
| Major Restorative Services Periodontal (Deep Cleaning), Periodontal Maintenance, Crowns, Root Canal Therapy, Extraction of Impacted Tooth, Complex Tooth Extraction, Dentures/Partials, Bridges | Not covered | |
| CLASS IV: ORTHODONTIA | | |
| Orthodontia | Not covered | |

This summary contains highlights only. For additional plan information, including out-of-network benefits, please refer to the Policy for details.

1. If you choose to visit a dentist out-of-network, you will pay the out-of-network benefit and the difference between the amount that Cigna reimburses for such services (Allowed Amount) and the amount charged by the dentist, except for emergency services as defined in the policy. This is known as balance billing. See the definitions for Allowed Amount and Balance Billing on the previous page. Refer to the policy for more details.

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| Cigna Dental Preventive Plan | |
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| PROCEDURE | FREQUENCY/LIMITATION |
| Oral Exams | 1 per person per consecutive 6-month period |
| Routine Cleanings | 1 routine prophylaxis or periodontal maintenance procedure per person per consecutive 6-month period (routine prophylaxis falls under Class I; periodontal maintenance procedure falls under Class III) |
| Routine X-Rays | Bitewings: 1 set in any consecutive 12-month period. Limited to a maximum of 4 films per set |
| Sealants | 1 treatment per tooth per lifetime. Payable on unrestored permanent bicuspid or molar teeth for participants less than age 14 |
| Fluoride Treatment | 1 per consecutive 12-month period for participants less than age 14 |
| Space Maintainers (non-orthodontic) | Limited to non-orthodontic treatment for prematurely removed or missing teeth for participants less than age 14 |
| Missing Teeth Limitation | There is no coverage for replacement of teeth that are missing prior to coverage. In NY, this payment limitation no longer applies after 12 months of continuous coverage. |

This summary contains highlights only. Please refer to the Covered Expenses section of the Policy for details.

Cigna Dental Plans

PLAN EXCLUSIONS AND LIMITATIONS

No coverage is available under this Policy for the following:

A. Cosmetic Services.

We do not Cover cosmetic services or surgery unless otherwise specified, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered Child which has resulted in a functional defect. Cosmetic surgery does not include surgery determined to be Medically Necessary. If a claim for a procedure listed in 11 NYCRR 56 (e.g., certain plastic surgery and dermatology procedures) is submitted retrospectively and without medical information, any denial will not be subject to the Utilization Review process in the Utilization Review and External Appeals sections of this Policy unless medical information is submitted.

B. Coverage in Canada or Mexico or Outside of the United States.

We do not Cover care or treatment provided in Canada or Mexico, or outside of the United States and its possessions, except for Emergency Dental Care as described in the Policy.

C. Experimental or Investigational Treatment.

We do not Cover any health care service, procedure, treatment, or device that is experimental or investigational. However, We will Cover experimental or investigational treatments, including treatment for Your rare disease or patient costs for Your participation in a clinical trial, when Our denial of services is overturned by an External Appeal Agent certified by the State. However, for clinical trials, We will not Cover the costs of any investigational drugs or devices, non-health services required for You to receive the treatment, the costs of managing the research, or costs that would not be Covered under the Policy for non-investigational treatments. See the Utilization Review and External Appeal sections of this Policy for a further explanation of Your Appeal rights.

D. Felony Participation.

We do not Cover any illness, treatment or medical condition due to Your participation in a felony, riot or insurrection.

E. Government Facility.

We do not Cover care or treatment provided in a Hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law.

F. Medical Services.

We do not Cover medical services or dental services that are medical in nature, including any Hospital charges or prescription drug charges.

G. Medically Necessary.

In general, We will not Cover any dental service, procedure, treatment, test or device that We determine is not Medically Necessary. If an External Appeal Agent certified by the State overturns Our denial, however, We will Cover the service, procedure, treatment, test or device for which coverage has been denied, to the extent that such service, procedure, treatment, test or device, is otherwise Covered under the terms of this Policy.

H. Medicare or Other Governmental Program.

We do not Cover services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid).

I. Military Service.

We do not Cover an illness, treatment or medical condition due to service in the armed forces or auxiliary units.

J. No-Fault Automobile Insurance.

We do not Cover any benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable. This exclusion applies even if You do not make a proper or timely claim for the benefits available to You under a mandatory no-fault policy.

K. Services not Listed.

We do not Cover services that are not listed in this Policy as being Covered.

L. Services Provided by a Family Member.

We do not Cover services performed by a member of the covered person's immediate family. "Immediate family" shall mean a child, spouse, mother, father, sister, or brother of You or Your Spouse.

M. Services Separately Billed by Hospital Employees.

We do not Cover services rendered and separately billed by employees of Hospitals, laboratories or other institutions.

N. Services with No Charge.

We do not Cover services for which no charge is normally made.

O. War.

We will not Cover an illness, treatment or medical condition due to war, declared or undeclared.

P. Workers' Compensation.

We do not Cover services if benefits for such services are provided under any state or federal Workers' Compensation, employers' liability or occupational disease law.

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PLAN IMPORTANT DISCLOSURES

Cigna Dental insurance coverage shall be only for the classes of service referred to in The Schedule of a purchased plan.

Dental Plans are insured by Cigna Health and Life Insurance Company with network management services provided by Cigna Dental Health, Inc. Rates may vary based on age, family size, geographic location (residential zip code) and plan design.

In NY, dental rates are subject to change upon 30 days' prior notice. Some covered services are determined by age: topical application of fluoride or sealant, space maintainers, and materials for crowns and bridges. **If the plan covers replacement of teeth, there is no payment for replacement of teeth that are missing prior to coverage.** In NY, payment limitation no longer applies after 12 months of continuous coverage. Temporomandibular Joint Dysfunction will be included to the extent that it is determined that such treatment is dental in nature and such treatment is regularly covered under the listed covered services.

Notice to Buyer: This policy provides dental coverage only. Review your policy carefully.

Dental preferred provider insurance policies (NY: INDDENTPOLNY) have exclusions, limitations, reduction of benefits and terms under which a policy may be continued in force or discontinued.

The policy may be cancelled by Cigna due to failure to pay premium, fraud, ineligibility, when the insured no longer lives in the service area, or if we cease to offer policies of this type or any individual dental plans in this state, in accordance with applicable law. You may cancel the policy, on the first of the month following our receipt of your written notice. We reserve the right to modify this policy, including policy provisions, benefits and coverages, consistent with state or federal law. This individual plan is renewable monthly or quarterly.

For costs, and additional details about coverage, contact Cigna Health and Life Insurance Company at 900 Cottage Grove Rd, Hartford, CT 06152 or call **866.GET.Cigna (866.438.2446)**.

Please contact your insurance carrier, agent/producer, or the Health Insurance Marketplace if you wish to purchase PPACA compliant pediatric dental coverage.

