



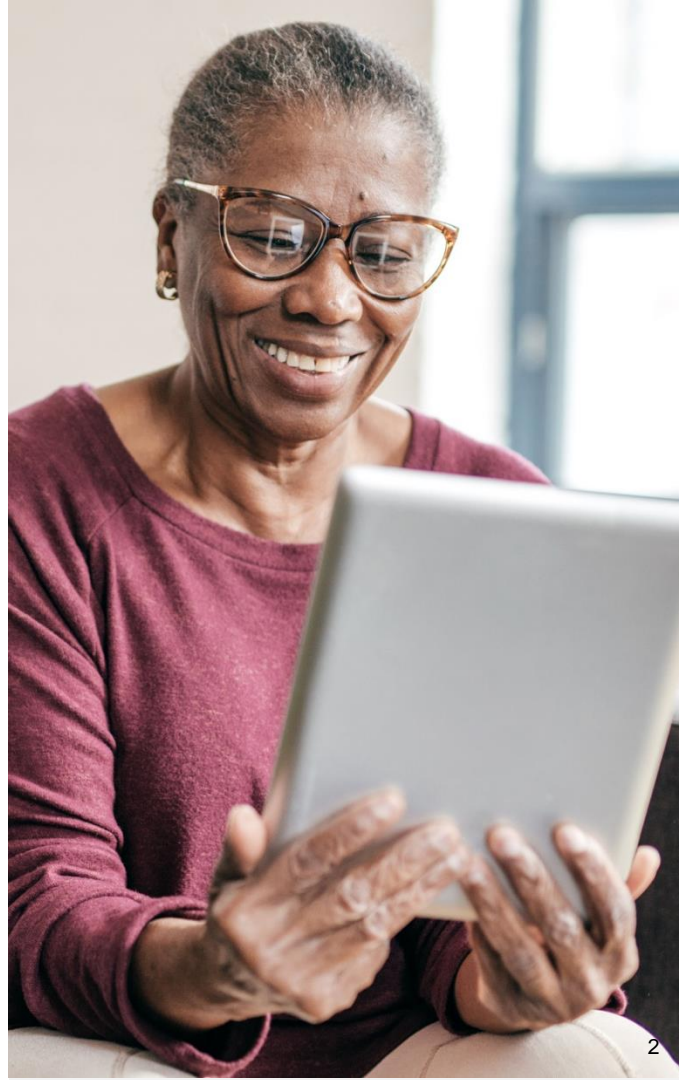
2022 Plan Options



Offered by Cigna Health and Life Insurance Company, or its affiliates.

All dental plans include:

- ✓ Routine preventive care services
 - Cleanings
 - Exams
 - Routine x-rays
- ✓ Fillings
- ✓ Periodontal care
- ✓ Root canals
- ✓ Crowns
- ✓ Oral surgery
- ✓ Cigna Dental Virtual Care
- ✓ Cigna Dental Oral Health Integration Program®



Basic Plan

You must pay an annual **deductible for certain services before the plan begins to pay for care.**

There is an **annual dollar maximum of \$1,000 per person (except ortho).** Once you reach this maximum, you are responsible for paying 100% of the charges.

Your costs are based on a **coinsurance.** This means you pay a percentage of the allowed cost for covered that service.

Final costs can vary depending on which dentist you use. You'll save by using a network dentist because they have agreed to reduce their fees for Cigna customers.

FOR EXAMPLE

	Network dentist	Out-of-network dentist
Regular fee	\$500	\$500
Discount for Cigna customer?	Yes, \$300	No, \$500
You pay 20% coinsurance	\$60	\$100



Basic Plan	In Network	Out-of-network
Annual Deductible	\$25 Individual / \$75 Family	
Calendar Year Maximum Applies to classes I, II & III	\$1,000, Class I applies No calendar year maximum for perio maintenance (Class VI) and perio scaling & root planing (Class VIII)	
Class I – Diagnostic & Preventive Deductible	\$0 No Deductible	\$0 No Deductible
Class II – Basic Restorative Deductible	20% After Deductible	20% After Deductible
Class III – Major Restorative Deductible	50% After Deductible	50% After Deductible
Class IV – Orthodontia Deductible <i>Coverage for employee and all dependents</i> Lifetime Benefits Maximum: \$1,500	50% No Deductible	50% No Deductible
Class VI – Periodontal Maintenance Deductible <i>No Maximum</i>	20% No Deductible	20% No Deductible
Class VIII – Periodontal Scaling and Root Planing Deductible <i>No Maximum</i>	50% After Deductible	50% After Deductible

Enhanced Plan

You must pay an annual **deductible for certain services before the plan begins to pay for care.**

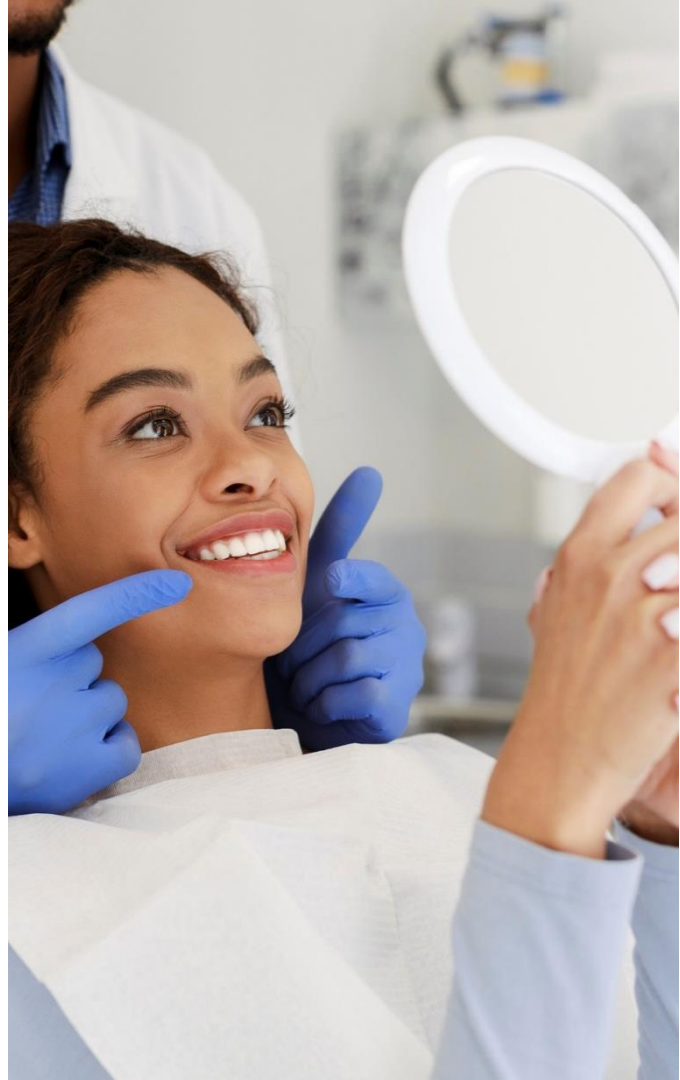
There is an **annual dollar maximum of \$3,000 per person.** Once you reach this maximum, you are responsible for paying 100% of the charges.

Your costs are based on **coinsurance.**

Final costs can vary depending on which dentist you use. You'll save by using a network dentist because they have agreed to reduce their fees for Cigna customers and cannot **balance bill** for the difference between their usual fees and the amount allowed by Cigna.

FOR EXAMPLE

	Network dentist	Out-of-network dentist
Regular fee	\$500	\$500
Discounts/allowed amount	\$300	\$300
You pay 20% coinsurance	\$60	\$60
Can they balance bill?	No	Yes, \$200
You pay	\$60	\$260



Enhanced Plan	In Network	Out-of-network
Annual Deductible	\$25 Individual / \$75 Family	
Calendar Year Maximum Applies to classes I, II, III, VII Dental Implants	\$3,000 No calendar year maximum for perio maintenance and perio scaling & root planing Dental Implants \$500	
Class I – Diagnostic & Preventive Deductible	\$0 No Deductible	\$0 No Deductible Maximum Allowable Charge
Class II – Basic Restorative Deductible	20% After Deductible	20% After Deductible Maximum Allowable Charge
Class III – Major Restorative Deductible	33% After Deductible	33% After Deductible Maximum Allowable Charge
Class IV – Orthodontia Deductible <i>Coverage for adults and dependent children</i> \$1,500 Lifetime Maximum	50% No Deductible	50% No Deductible Maximum Allowable Charge
Class VI – Periodontal Maintenance Deductible <i>No Maximum</i>	\$0 No Deductible	\$0 No Deductible Maximum Allowable Charge
Class VII – Prosthetics (Bridges, Dentures) Deductible	50% After Deductible	50% After Deductible Maximum Allowable Charge
Class VIII – Periodontal Scaling and Root Planning Deductible <i>No Maximum</i>	20% After Deductible	20% After Deductible Maximum Allowable Charge
Class IX – Implants Deductible <i>\$500 Calendar Year Maximum</i>	50% After Deductible	50% After Deductible Maximum Allowable Charge

Vision Plan	In Network	Out-of-network
Exam co-pay	\$15	up to \$45
Eyeglass lens allowance <i>One pair per frequency period</i> Single Lined Bifocal Lined Trifocal Lenticular Vision Lenses	Covered at 100% Covered at 100% Covered at 100% Covered at 100%	Up to \$40 Up to \$65 Up to \$75 Up to \$100
Contact lens allowance <i>One pair or single purchase per frequency period</i> Elective Therapeutic	Up to \$360 Covered at 100%	Up to \$345 Up to \$345
Frames – retail allowance <i>One per frequency period</i>	Up to \$175	Up to \$126

Frequency Period 12 Months. Your frequency period begins the first day following your last date of service.

Helping you stay healthy from your
teeth to your toes.

Additional programs and services

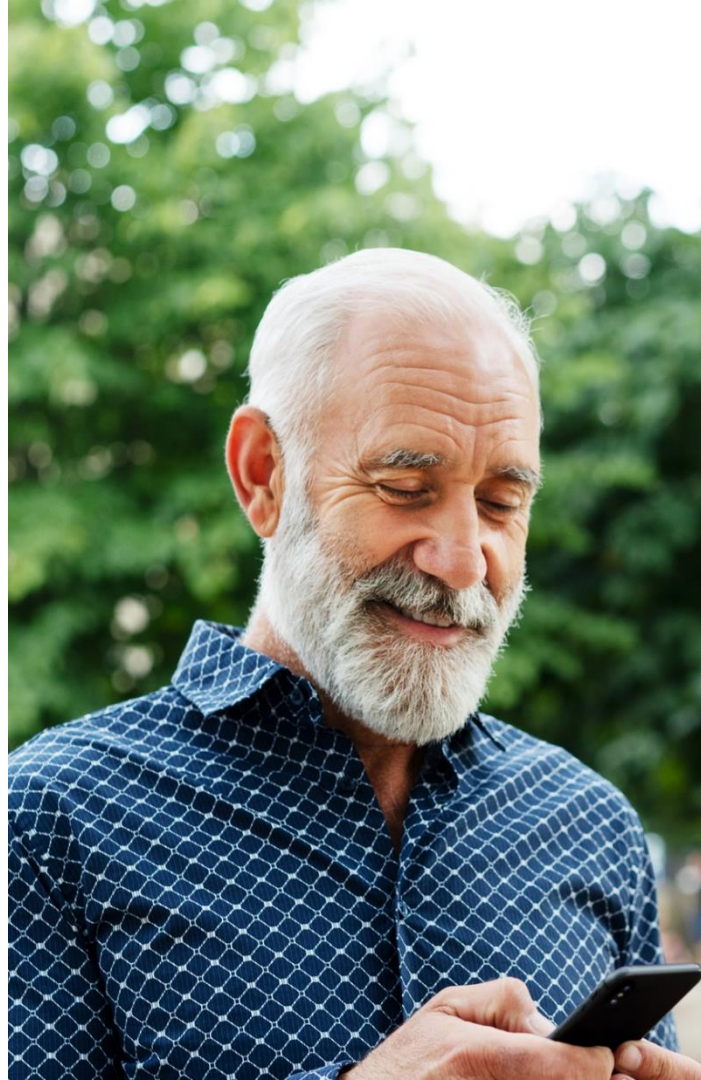


Dental care designed for our world.

Cigna Dental Virtual Care

**Consult with a dentist 24/7/365
through myCigna:**

- Urgent care needs: Tooth pain, gum inflammation, broken teeth, infection
- Non-narcotic medications and antibiotics prescribed with guided follow-up care
- No additional cost to use service



In 2021,

73%

**of customers who
used Cigna Dental
Virtual Care avoided
the ER***

*Internal reporting on Cigna Dental Virtual Care utilization for 2021.

Cigna provides access to virtual care through national teledental care providers via myCigna.com. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers and is a requirement for this service. This service is separate from coverage for virtual dental care obtained through your regular dentist. A referral is not required for this service.



Dental care for chronic medical conditions.

Cigna Dental Oral Health Integration Program[®]

- Proactive, personalized support for customers with certain medical conditions that can be impacted by oral health risks like gum disease and cavities.
- The program reimburses enrolled customers for costs associated with certain dental services designed to help them manage their condition.

Cigna covers complementary dental care services for **14 qualifying medical conditions.**

Members with active benefits can enroll at <http://www.stateofct.cigna.com>. Click on 'Programs and Services' to learn more.



Heart Disease

Stroke

Diabetes

Organ Transplant

ALS

Pregnancy

Lupus

Huntington's Disease

Parkinson's Disease

Radiation – Head/Neck Cancers

Chronic Kidney Disease

Rheumatoid Arthritis

Sjogren's Syndrome

Opioid Misuse or Addiction



Healthy Rewards

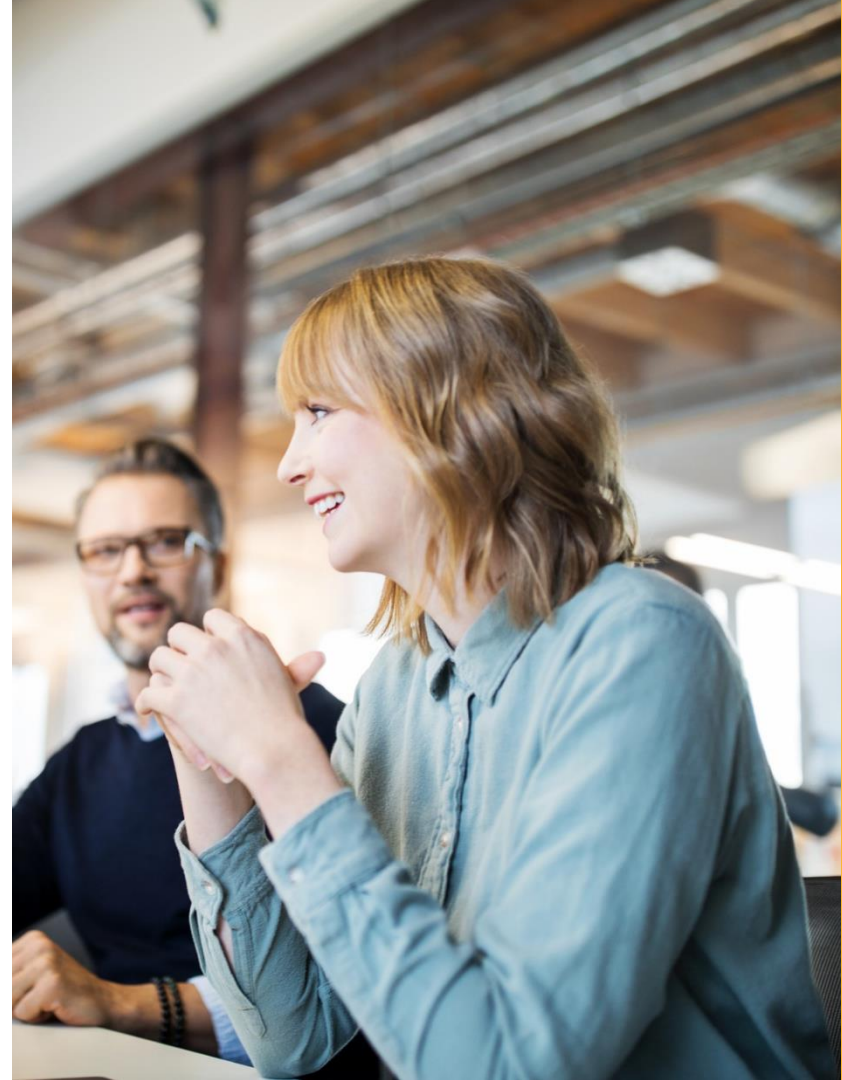
Healthy Rewards

Discounts on programs, products and services that can help you stay healthy.

- Lasik
- Fitness programs and supplies
- Hearing products
- And more

* Healthy Rewards is a discount program and is separate from your dental benefits. If your plan includes coverage for any of the services offered through Healthy Rewards, this program is in addition to, not instead of, your plan benefits. Some Healthy Rewards programs are not available in all states and may be discontinued at any time. **A discount program is NOT insurance, and you must pay the entire discounted charge.**

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We've got your back

Support on your schedule



Online, by phone or through the app

Phone

- Call anytime day or night for live customer service: **1-800-Cigna24**
- Ask for a Spanish-speaking representative or speak with us in your preferred language; interpreter service is available in over 200 languages
- Get help finding a dental office
- Check your eligibility

myCigna® — online or through the app

- Once your benefits are active and you register for your myCigna account, you'll be able to search for network dentists — compare costs, read verified patient reviews and get information about a dentist's experience, office features and more.
- Download a digital ID card or print temporary card
- DHMO customers can change their primary dentist anytime with the click of a button
- Find Healthy Rewards® discount information

* Actual features may vary by dentist and Cigna Dental plan type. Dentist directory features are for educational purposes only and should not be the sole basis for decision-making. They are not a guarantee of the quality of care that will be delivered to individual customers. Customers are encouraged to consider all relevant factors and to speak with their treating dentist when choosing where to receive dental care.

** The downloading and use of the myCigna Mobile App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

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The right dentist is just a click away

You're in the driver's seat. Use your personalized myCigna account to search for a network dentist who meets your specific needs.

- What do other patients have to say about their experience?
- Do any of my co-workers use this dentist?
- Is the dentist affordable?
- Does the dentist speak my language?
- Is the office open on Saturday?
- Will I have trouble getting in and out of the office with my wheelchair?

*The Brighter Score is an average rating based on patient experience and professional history. Quality designations are not a guarantee of the quality of care that will be delivered to individual patients. Dentists are solely responsible for any treatment provided. **Actual features may vary by dentist and Cigna Dental plan type. These and other dentist directory features are for educational purposes only and should not be the sole basis for decision making. They are not a guarantee of the quality of care that will be delivered to individual customers. Customers are encouraged to consider all relevant factors and to speak with their treating dentist when choosing where to receive dental care.

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Foundation of our network is built on a commitment to access, quality and value.



Brighter Scores make it easy to identify high-value providers with a good mix of experience, professional history and affordability.*



Choose providers who speak a certain language.



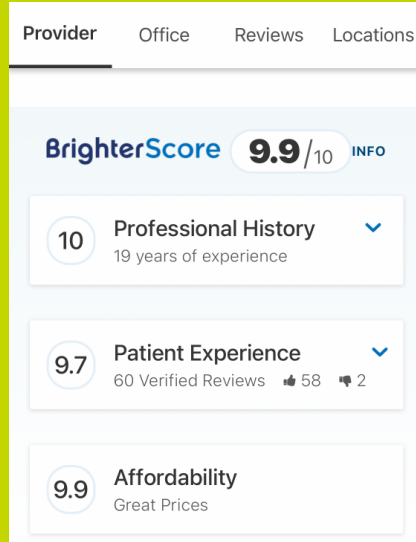
Choose providers who have specific office hours.



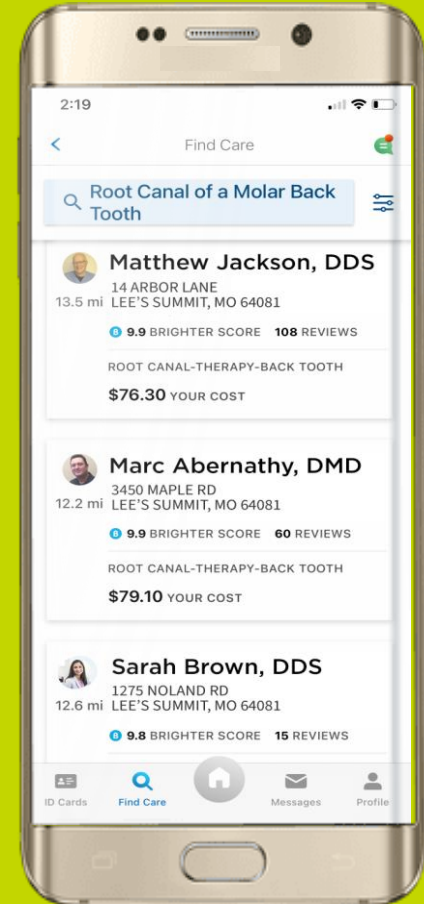
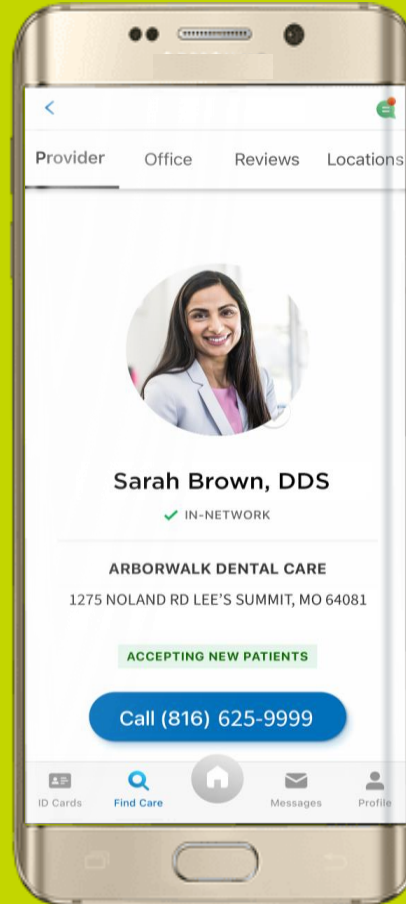
Using cost estimator, choose a dentist who offers lowest cost for the services needed.**

Maximize your plan benefits

myCigna.com



The Brighter Score is an average rating based on patient experience and professional history. Quality designations are not a guarantee of the quality of care that will be delivered to individual patients. Dentists are solely responsible for any treatment provided.



All images used for illustrative purposes.

Questions



Dentists who participate in Cigna's network are independent contractors solely responsible for the treatment provided and are not agents of Cigna. The information in this presentation summarizes the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's plan booklet, evidence of coverage, insurance certificate, or summary plan description – the official plan documents. If there are any differences between the information in this presentation and the plan documents, the information in the plan documents takes precedence.

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.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Cigna Behavioral Health, Inc., Express Scripts, Inc., and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc. (CHC-TN), and Cigna HealthCare of Texas, Inc. Policy forms: OK - HP-APP-1 et al., OR - HP-POL38 02-13, TN - HP-POL43/HC-CER1V1 et al. (CHLIC); GSA-COVER, et al. (CHC-TN). Cigna Dental Care® (DHMO) plans are insured by Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna Dental Health of Delaware, Inc., Cigna Dental Health of Florida, Inc., **a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes**, Cigna Dental Health of Kansas, Inc. (KS & NE), Cigna Dental Health of Kentucky, Inc. (KY & IL), Cigna Dental Health of Maryland, Inc., Cigna Dental Health of Missouri, Inc., Cigna Dental Health of New Jersey, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc., and Cigna Dental Health of Virginia, Inc. CHLIC policy forms: OK – HP-POL99/HP-POL-388, POL115; OR – HP-POL68/HP-POL352, HP-POL121 04-10; TN – HP-POL69/HC-CER2V1/HP-POL389, et al., HP-POL134/HC-CER17V1 et al. In other states, Cigna Dental Care® plans are insured by Cigna Health and Life Insurance Company (CHLIC), or Cigna HealthCare of Connecticut, Inc., and administered by Cigna Dental Health, Inc. Dental PPO plans are insured or administered by CHLIC or Connecticut General Life Insurance Company, with network management services provided by Cigna Dental Health, Inc. and certain of its subsidiaries. In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network. Policy forms: OK – Dental Indemnity/PPO: HP-POL99 (CHLIC); DHMO: HP-POL115 (CHLIC); OR – Indemnity/DPPO/DEPO: HP-POL68, DHMO: HP-POL121 04-10; TN – Dental Indemnity/PPO: HP-POL69/HC-CER2V1 et al. DHMO: HP-POL134/HC-CER17V1 et al. (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. All pictures are used for illustrative purposes only.

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Appendix A

Cigna Dental Care® for residents of Minnesota and Oklahoma

Minnesota Residents: When enrolling in a Cigna Dental Care® plan, you must visit your selected network dentist in order for the charges on the Patient Charge Schedule to apply. You may also visit other dentists that participate in our network or you may visit dentists outside the Cigna Dental Care® network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist's usual fee. We will pay 50% of the value of your network benefit for those services. You'll pay less if you visit your selected Cigna Dental Care® network dentist. Call customer service for more information.

Oklahoma Residents: Cigna Dental Care® for Oklahoma is an Employer Group Prepaid Dental Plan. You may also visit dentists outside the Cigna Dental Care® network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist's usual fee. We pay non-network dentists the same amount we'd pay network dentists for covered services. You'll pay less if you visit a network dentist in the Cigna Dental Care® network. Call customer service for more information.

Appendix B

DPPO limitations and exclusions

The following limitations apply to most DPPO plans: Two (2) cleanings per calendar year, one (1) bitewing x-ray per calendar year, one (1) full mouth x-ray every five calendar years, and one (1) panorex x-ray every five calendar years; crowns and inlays replacement of crowns and inlays is limited to once every five years; prosthesis over implants is limited to one (1) every five years if unserviceable and cannot be repaired; replacement of bridges is limited to once every five years; replacement of dentures and partials is limited to once every seven years; coverage for sealants is limited to posterior tooth, with one (1) treatment per tooth every three years up to a maximum age of 16; space maintainers are limited to non-orthodontic treatment.

The following are generally not covered unless included in your specific dental plan or required by law.

- (a) Services that are not medically necessary;
- (b) Experimental dentistry, cosmetic dentistry, or any services that do not meet common dental standards;
- (c) Replacement of a bridge or denture which can be made usable according to accepted dental standards;
- (d) 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;
- (e) Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars;
- (f) Bite registrations; precision or semi-precision attachments; splinting;
- (g) Surgical implant of any type; and
- (h) Charges for unnecessary care, treatment or surgery, or charges in excess of the reasonable and customary allowances.

Depending on your plan, the replacement of teeth that are missing prior to your effective date of coverage may not be covered. This is not a complete list and the terms of your specific dental plan may vary. Waiting periods may apply. See your plan documents for a complete list of plan terms, conditions, exclusions and limitations.

