



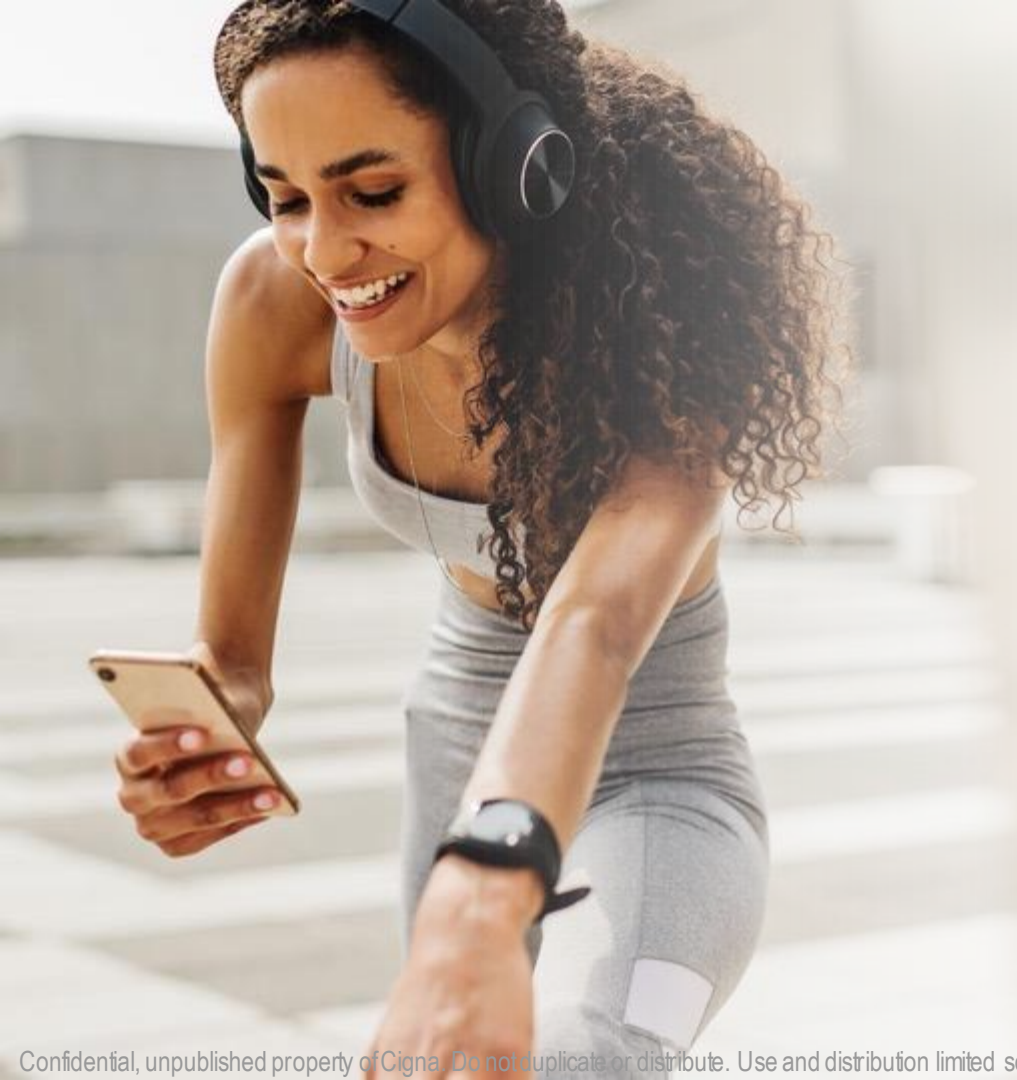
DENTAL PLAN OPTIONS

PLAN YEAR: 9/1/2022 – 8/31/2023



Offered by Cigna Health and Life Insurance Company,
Connecticut General Life Insurance Company, or their affiliates

963676 07/21



You go the extra mile to be healthy,
but you don't have to go it alone.

We'll be right by your side with the
coverage, tools and resources to help
you feel better and live healthier.

Together, all the way.™





DENTAL PLAN OPTIONS





Dental Preferred Provider Organization (DPPO)



Network: Select any licensed dentist but see bigger savings if you use a dentist in the Cigna Dental network. You don't need an ID card to receive care with network dentists because they are able to verify your coverage directly with Cigna



Specialist: See a specialist without a referral



Deductible: Pay an annual amount — a deductible — before your plan begins to pay for covered costs



Coinsurance: Once you meet your deductible and satisfy any waiting period, you'll pay a portion of your covered dental care costs — i.e., coinsurance. The plan pays the rest



Coverage: The amount paid by your plan depends on:

- The coinsurance level for the service you receive
- The dentist you visit
- Whether you've paid your deductible and/or reached your calendar year maximum



Maximums: Once you reach the plan's calendar year dollar maximum, your plan will no longer pay a portion of your costs during that plan year



YOUR COVERAGE

PERCENTAGE YOUR PLAN PAYS

	Sherman ISD – HIGH DPPO	Out-of-network ¹
Class I – Preventive care	100%, No Deductible	100%, No Deductible
Class II – Basic restorative ²	80%, After Deductible	80%, After Deductible
Class III – Major restorative ²	50%, After Deductible	50%, After Deductible
Class IV – Orthodontia ²	50%, No Ortho Deductible	50%, No Ortho Deductible
Class V – (Implants) ²	50%, After Deductible	50%, After Deductible
	Individual	Family
Annual deductible	\$50	\$150
Calendar-year dollar maximum	\$1500, Class 1 Applies	\$1500, Class 1 Applies
Calendar-year maximum: Implants	\$1500	\$1500
Lifetime maximum: Orthodontia	\$1000	\$1000

1. The amount your plan will pay for covered services received [through the Cigna DPPO network and] out-of-network will be subject to your plan's Maximum Reimbursable Charge or Maximum Allowable Charge provisions. When visiting a dentist in the Cigna DPPO network or going out-of-network, you may be balance-billed by the dentist for any charges that exceed what your plan reimburses for covered expenses.
2. Waiting periods may apply. Not all services are covered. **See Appendix A for a listing of related plan limitations and exclusions.**



YOUR COVERAGE

PERCENTAGE OF COVERED EXPENSES YOU PAY

	Sherman ISD - Low MAC Implants	Out-of-network ¹
Class I – Preventive care	100%, No Deductible	100%, No Deductible
Class II – Basic restorative ²	80%, After Deductible	80%, After Deductible
Class III – Major restorative ²	50%, After Deductible	50%, After Deductible
Class IV – Orthodontia ²	50%, No Ortho Deductible	50%, No Ortho Deductible
Class V – (Implants) ²	50%, After Deductible	50%, After Deductible
	Individual	Family
Annual deductible	\$50	\$150
Calendar-year dollar maximum	\$1500, Class 1 Applies	\$1500, Class 1 Applies
Calendar-year maximum: Implants	\$1500	\$1500
Lifetime maximum: Orthodontia	\$1000	\$1000

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2. Waiting periods may apply. Not all services are covered. **See Appendix A for a listing of related plan limitations and exclusions.**



YOUR RATES - MONTHLY

	Sherman ISD - Low MAC Implants	Sherman ISD - HIGH MRC Implants
Employee Only	\$23.13	\$35.29
Employee + Spouse	\$47.57	\$73.52
Employee + Child(ren)	\$60.56	\$82.03
Employee + Family	\$80.97	\$124.50

1. Rates are guaranteed from 9/1/2022 through 8/31/2024



YOUR ACCESS: THOUSANDS OF DENTISTS, ONE DIRECTORY



With the **Total Cigna DPPO network**, you have a choice of more than 150,000 dentists nationwide.¹



All participating dentists are consolidated into **one directory**, which you can easily search online at **Cigna.com**[®] and, once your benefits are active, on the **myCigna**[®] website or app.

1. NetMinder. DPPO data as of March 2019, reflecting Total Cigna DPPO counts of unique dentists. Data is subject to change. The Ignition Group makes no warranty regarding the performance of the data and the results that will be obtained by using.

ESTIMATE DENTAL CARE COSTS

Cigna dental estimator tools are easy to use, and help you avoid unexpected dental care costs. Whether you're choosing a dentist or planning for a procedure, you'll be in the know and ready to make the best decision for you.



Find care and costs:

- With a few taps of your phone or clicks of your mouse, you'll find dentists in your area
- Search by dentist name and type, even by the treatment you're looking for
- View provider backgrounds, credentials and patient reviews



The tool helps you:

- Find dentists near you
- Plan and budget
- Compare procedure costs, specific to your plan, among different in-network dentists

Ready to start estimating dental care costs?
Just log on to myCigna® website or app ► [Find Care & Costs](#)

The Treatment Cost Estimator is for informational purposes and provides rough calculations only, based on the treatment or procedure you choose. It does NOT guarantee the exact amount of your out-of-pocket costs and it does NOT guarantee coverage for any treatment or procedure or any dental benefit plan payment. Your actual out-of-pocket cost for dental care will depend on the specific terms of your dental benefit plan.





PROGRAMS AND SERVICES FOR BETTER ORAL HEALTH



CIGNA DENTAL ORAL HEALTH INTEGRATION PROGRAM[®]

Save money and help manage medical conditions with better oral care

- Oral health and overall health are connected in ways you may not even realize¹
- If you are pregnant or have been diagnosed with certain chronic medical conditions, you can enroll in the Cigna Dental Oral Health Integration Program. Then, you'll be eligible to be reimbursed for out-of-pocket costs for certain dental procedures²
- We also work with dental providers to help protect you and your family from medication misuse, addiction and overdose

1. Mayo Clinic, "Oral health: A window to your overall health." <https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental/art-20047475>. Last updated June 4, 2019.
2. This program provides reimbursement for certain eligible dental procedures for customers with qualifying medical conditions. Customers must enroll in the program prior to receiving dental services to be eligible for reimbursement. Reimbursement is applied to and subject to any applicable calendar year maximum. See your plan documents for program details.



CIGNA DENTAL ORAL HEALTH INTEGRATION PROGRAM[®]



More programs

Available to ALL Cigna Dental customers with qualifying condition(s) who enroll in the program



More wellness

Articles on behavioral issues linked to oral health

Procedure	Heart disease	Stroke	Diabetes	Pregnancy	Chronic kidney disease	Organ transplants	Radiation-head/neck cancers	Rheumatoid arthritis	Sjogren's syndrome	Lupus	Parkinson's disease	ALS	Huntington's Disease	Opioid misuse or addiction
Periodontal treatment and maintenance	●	●	●	●	●	●	●							●
Periodontal evaluation				●										
Oral evaluation				●										●
Cleaning				●										
Scaling in the presence of inflammation — full mouth				●										
Emergency palliative treatment				●										
Topical application of fluoride varnish					●	●	●	●	●	●	●	●	●	●
Topical application of fluoride excluding varnish					●	●	●	●	●	●	●	●	●	●
Sealants					●	●	●	●	●	●	●	●	●	●
Sealant repair — per tooth					●	●	●	●	●	●	●	●	●	●



CIGNA DENTAL VIRTUAL CARE¹

Get the dental care you need without leaving home


If you need dental care and are unable to reach your regular provider, you now have the option to consult with a licensed dentist through a video call.

- Available 24 hours a day, seven days a week, 365 days a year
- Helps address urgent dental situations like toothaches, infection, swelling, bleeding and more
- Identifies whether more involved procedures are needed, and helps guide care
- If necessary, prescribes medication² to be filled at your local pharmacy
- Processed as in-network claim on your plan, with no copay or coinsurance costs (but does apply to your plan's annual maximum, if applicable)

To access Cigna Dental Virtual Care, just log on to your [myCigna.com](https://mycigna.com)TM account and follow the prompts to the virtual care portal.

1. Cigna provides access to virtual care through national teledental care providers via myCigna.com as part of your plan. 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. See your plan materials for the details of your specific Dental plan. This service is separate from coverage for virtual dental care obtained by your Dental plan's network and may not be available in all areas. A referral is not required for this service.
2. Dentists are unable to prescribe opioid or narcotic medications, and are subject to all laws in your residence state regarding the prescribing of medication.





QUESTIONS AND ANSWERS

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), Connecticut General Life Insurance Company, Cigna HealthCare of Connecticut, Inc., and Cigna Dental Health, Inc. and its subsidiaries, including 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. 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 HP-POL-388 (CHLIC; DHM); DHMO: HP-POL115 (CHLIC); OR – Indemnity/DPPO/DEPO: HP-POL68/HP-POL352, DHMO: HP-POL121 04-10; TN – Dental Indemnity/PPO: HP-POL69/HC-CER2V1/HP-POL389, 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

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) panoramic 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.

