2024 Dental Coverage

You have two dental plan options: the Cigna PPO and the Cigna Dental Care (DHMO) Access Plus. Both plans are designed to encourage preventive care by covering 100% of eligible in-network preventive care expenses.

PPO plan overview

Eligible expenses beyond preventive care are covered at a certain percentage after you meet the annual deductible, as shown in the chart on the next page. The PPO plan offers the benefits of using the Cigna Dental PPO Advantage Network while maintaining the option to visit any dentist you want. Once you reach the plan calendar year maximum, your plan will no longer pay a portion of your costs during that plan year. However, dentists in Cigna's dental network may still offer you discounts on certain services.

No referral is needed to see a dental specialist. If you use an out-of-network provider, you will be responsible for all amounts over the Reasonable and Customary (R&C) charge as described in the chart on the next page.

Cigna Dental Care (DHMO) Access Plus overview

The Cigna Dental Care (DHMO) plan has no deductible, and procedures such as fillings and root canal extractions are covered at 100%. As outlined in the chart on the next page, the DHMO has a lower monthly payroll contribution compared to the PPO Plan. **With this plan, you can only receive care from a Cigna Dental Care Access Plus network dentist.** Your primary care dentist will help facilitate referrals you may need for care with a network specialty dentist.

If you're thinking of enrolling in the DHMO, there are three actions you'll need to take:

1. **Check to see if your current provider is in the Dental Care Access Plus network** since you can only receive care from a participating dentist. The network is broad and includes a variety of dental specialties (endodontists, orthodontists, etc.).
2. **If your provider is not part of the network,** use the directory if you'd like to switch your provider and be sure to call their office to ensure they're accepting new patients.
3. **Designate a dentist** on the Cigna website between January 1, 2024 and January 31, 2024. You will be assigned a dentist if you do not make a designation.

Visit **cigna.com** and click on *Find a Doctor, Dentist or Facility*, then choose a directory by clicking on the *Employer or School* to find a dentist; when prompted, select *Cigna Dental Care Access Plus* from the menu.

Coverage

Please note that out-of-network benefits are available with the Dental PPO plan, although a higher annual deductible applies, along with different coinsurance amounts and plan limits. Out-of-network coverage is unavailable in the Cigna Dental Care (DHMO) Access Plus plan, except in emergencies.

Plan Features	PPO		DHMO
	In-Network	Out-of-Network[1]	In-Network Only[2]
Annual Deductible	$50 per individual (up to a family maximum of $150)	$100 per individual (up to a family maximum of $300)	Deductible not applicable
	The plan pays:		
Preventive and diagnostic care (e.g., annual exams, cleanings, x-rays)	100%; deductible does not apply (two visits per calendar year)	100% of R&C[1] charges; deductible does not apply (two visits per calendar year)	Covered at 100%
Basic restorative care (e.g., fillings, root canal, extractions, oral surgery)	80% after deductible	70% after deductible[1]	Covered at 100%
Major restorative care (e.g., bridges, crowns, implants)	50% after deductible	50% after deductible[1]	Covered at 50%
Orthodontia – children and adults (braces, retainers)	50% after deductible	50% after deductible[1]	Covered at 50%
Calendar year maximum per covered person (excluding orthodontia; accumulates across in- and out-of-network claims)	$3,000	$1,500	No maximum
Lifetime orthodontia maximum (per covered person)	$3,000	$1,500	No lifetime maximum[2]

Note: The Cigna Dental Care (DHMO) plan is not available in the following states: AK, ID, ME, MT, NH, NM, ND, PR, SD, VI, VT and WY. Approval to offer this plan in these states is expected in 2024.

2024 monthly pre-tax premiums

	PPO	DHMO
Employee	$38	$19
Employee + child or spouse/partner	$76	$38
Employee + spouse/partner and/or children	$114	$57

Out-of-network Reasonable and Customary (R&C) limitation

If you use an out-of-network provider, you will be responsible for all amounts over the Reasonable and Customary charge (also referred to as the Maximum Reimbursable Charge).[3] The Reasonable and Customary charge (R&C) is the amount that the insurance carrier determines is the general prevailing cost of a specific service or procedure within your geographic area. If the charges you (or your dentist) submit to Cigna are higher than the R&C charge, any amount above the R&C charge will be excluded from coverage. You will be responsible for paying this amount in addition to the deductible and coinsurance amounts outlined above.

For more information

Contact Cigna's Member Services department at +1-800-244 6224 or visit **my.cigna.com.** First-time users will need to

register on the site. You can call an enrollment specialist for:

- Information on specific plans
- Help finding participating dentists
- Comparisons of all Cigna plans and resources available to you

You can visit **cigna.com/ubs** for additional information.

If you have enrolled in the Cigna Dental Care Access Plus plan, a member ID card will be mailed to your home address on file. Please note that you will not be sent an ID card for the Dental PPO plan as it is not needed for coverage. However, if you would like one, you may print one directly from the Cigna website (**my.cigna.com**). To access this card and view personalized information, first-time users will need to register on the site. If you choose an out-of-network provider, you will be required to pay for the service in full and then submit a claim to Cigna for reimbursement according to program limits.

[1]When using an out-of-network provider, you are responsible for all amounts over the Reasonable and Customary (R&C) charge. This is in addition to any deductible and coinsurance amounts.

[2]Cases beyond 24 months require additional payment at 50% of the provider negotiated fee for retainer therapy if needed post orthodontia care. Cost for banding adjustment beyond 24 months is the negotiated provider rate.

[3]Reasonable and Customary charge is the average fee by a particular type of dental practitioner within a geographic area for a specific service or procedure. This is the amount of money the Dental Plan will consider for payment for a specific service or procedure.