

SCHOOLCARE DENTAL DP1(DED)

SUMMARY OF BENEFITS

Benefits outlined below are intended only as a general summary. All benefits are subject to the terms and conditions of your Dental Benefit Booklet. Your DPPO plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses. All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network. Plan maximum refreshes on a plan year – every July 1.

| BENEFITS | Total Cigna DPPO (In Network) | Out-of-Network* |
|---|----------------------------------|--------------------------|
| PLAN YEAR MAXIMUM (refreshes July 1) (Class I, II and III Expenses) | \$1,000 | \$1,000 |
| PLAN YEAR DEDUCTIBLE | | |
| Per Individual | \$25 | \$25 |
| Per Family | \$75 | \$75 |
| CLASS I EXPENSES – PREVENTIVE & DIAGNOSTIC CARE | 100%, No Deductible | 100%, No Deductible |
| Oral Exams Cleanings Routine X-Rays Fluoride Application Sealants Space Maintainers (limited to non-orthodontic treatment) Non-Routine X-Rays Emergency Care to Relieve Pain | | |
| CLASS II EXPENSES – BASIC RESTORATIVE CARE | 80%, After Deductible | 80%, After Deductible |
| Fillings – Amalgam and Composite Oral Surgery – Simple Extractions Oral Surgery – All Except Simple Extractions Surgical Extraction of Impacted Teeth Anesthetics Major Periodontics Minor Periodontics Root Canal Therapy/Endodontics Relines, Rebases, and Adjustments Repairs – Bridges, Crowns, and Inlays Repairs – Dentures | | |
| CLASS III EXPENSES – MAJOR RESTORATIVE CARE | 50%, After Deductible | 50%, After Deductible |
| Crowns/ Inlays/Onlays Dentures Bridges Implants Occlusal Night Guards | | |
| CLASS IV EXPENSES – ORTHODONTIA (Children & Adults) | 50%, No Ortho Deductible | 50%, No Ortho Deductible |
| Lifetime Maximum | \$1,500 | \$1,500 |

Pretreatment review is available on a voluntary basis when extensive dental work in excess of \$200 is proposed.

Dental Oral Health Integration Program (OHIP) – All dental customers = Clinical research shows an association between oral health and overall health. The Cigna Dental Oral Health Integration Program (OHIP) is designed to provide enhanced dental coverage for customers with certain eligible medical conditions. Eligible conditions for the program include cardiovascular disease, cerebrovascular disease (stroke), diabetes, maternity, chronic kidney disease, organ transplants, and head and neck cancer radiation.

The Program provides:

- 100% coverage for certain procedures (provided the maximum has not been depleted during the Plan year)
- Guidance on behavioral issues related to oral health
- Discounts on prescription and non-prescription dental products

For more information and to see the complete list of eligible conditions, go to www.mycigna.com or call customer service 24/7 at 1.800.CIGNA24.

* For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Contracted Fee Schedule. For services provided by an out-of-network dentist, Cigna Dental will pay as billed.

SCHOOLCARE DENTAL DP1(DED)

Cigna Dental PPO / Indemnity Exclusions and Limitations:

| Procedures | Exclusions & Limitations |
|--------------------------------|--|
| Exams | 2 per Plan year |
| Prophylaxis (Cleanings) | 4 per Plan year (routine or periodontal) |
| Fillings | Covered for both amalgam and composite fillings. No alternate benefit is applied. |
| Fluoride | 2 per Plan year for people under 19 |
| Histopathologic Exams | Various limits per Plan year depending on specific test |
| X-Rays (routine) | Bitewings: 2 per Plan year |
| X-Rays (non-routine) | Full mouth: 1 every 36 consecutive months. Panorex: 1 every 36 consecutive months |
| Sealants | Limited to posterior tooth. One treatment per tooth every three years up to age 14 |
| Space Maintainers | Limited to non-Orthodontic treatment |
| Model | Payable only when in conjunction with Ortho workup and extensive Perio treatment |
| Minor Perio (non-surgical) | Various limitations depending on the service |
| Perio Surgery | Various limitations depending on the service |
| Relines, Rebases & Adjustments | Covered if more than 6 months after installation |
| Repairs – Bridges | Reviewed if more than once |
| Repairs – Dentures | Reviewed if more than once |
| Prosthesis Over Implants | 1 per 60 consecutive months 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. |
| Crowns and Inlays | Replacement every 5 years |
| Bridges | Replacement every 5 years |
| Dentures and Partial | Replacement every 5 years |
| Alternate Benefit | 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. |

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 worker's compensation or similar law
- ❖ 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.

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. In the event of any inconsistency between this summary and the actual provisions of the plan, the provisions as defined in the Summary Plan Document, Amendments, and Riders will govern.

Benefits are administered by Cigna HealthCare.

SCHOOLCARE DENTAL DP7A(DED)

SUMMARY OF BENEFITS

Benefits outlined below are intended only as a general summary. All benefits are subject to the terms and conditions of your Dental Benefit Booklet. Your DPPO plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses. All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network. Plan maximum refreshes on a plan year – every July 1.

| BENEFITS | Total Cigna DPPO (In Network) | Out-of-Network* |
|--|----------------------------------|-----------------------|
| PLAN YEAR MAXIMUM (refreshes July 1) (Class I, II and III Expenses) | \$750 | \$750 |
| PLAN YEAR DEDUCTIBLE Per Individual Per Family | \$50 \$150 | \$50 \$150 |
| CLASS I EXPENSES – PREVENTIVE & DIAGNOSTIC CARE Oral Exams Cleanings Routine X-Rays Fluoride Application Sealants Space Maintainers (limited to non-orthodontic treatment) Non-Routine X-Rays Emergency Care to Relieve Pain | 100%, No Deductible | 100%, No Deductible |
| CLASS II EXPENSES – BASIC RESTORATIVE CARE Fillings – Amalgam and Composite Oral Surgery – Simple Extractions Oral Surgery – All Except Simple Extractions Surgical Extraction of Impacted Teeth Anesthetics Major Periodontics Minor Periodontics Root Canal Therapy/Endodontics Relines, Rebases, and Adjustments Repairs – Bridges, Crowns, and Inlays Repairs – Dentures | 70%, After Deductible | 70%, After Deductible |
| CLASS III EXPENSES – MAJOR RESTORATIVE CARE Crowns/ Inlays/Onlays Dentures Bridges Implants Occlusal Night Guards | Not Covered | Not Covered |

Pretreatment review is available on a voluntary basis when extensive dental work in excess of \$200 is proposed.

Dental Oral Health Integration Program (OHIP) – All dental customers = Clinical research shows an association between oral health and overall health. The Cigna Dental Oral Health Integration Program (OHIP) is designed to provide enhanced dental coverage for customers with certain eligible medical conditions. Eligible conditions for the program include cardiovascular disease, cerebrovascular disease (stroke), diabetes, maternity, chronic kidney disease, organ transplants, and head and neck cancer radiation.

The Program provides:

- 100% coverage for certain procedures (provided the maximum has not been depleted during the Plan year)
- Guidance on behavioral issues related to oral health
- Discounts on prescription and non-prescription dental products

For more information and to see the complete list of eligible conditions, go to www.mycigna.com or call customer service 24/7 at 1.800.CIGNA24.

* For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Contracted Fee Schedule. For services provided by an out-of-network dentist, Cigna Dental will pay as billed.

Cigna Dental PPO / Indemnity Exclusions and Limitations:

SCHOOLCARE DENTAL DP7A(DED)

| Procedures | Exclusions & Limitations |
|--------------------------------|--|
| Exams | 2 per Plan year |
| Prophylaxis (Cleanings) | 4 per Plan year (routine or periodontal) |
| Fillings | Covered for both amalgam and composite fillings. No alternate benefit is applied. |
| Fluoride | 2 per Plan year for people under 19 |
| Histopathologic Exams | Various limits per Plan year depending on specific test |
| X-Rays (routine) | Bitewings: 2 per Plan year |
| X-Rays (non-routine) | Full mouth: 1 every 36 consecutive months. Panorax: 1 every 36 consecutive months |
| Sealants | Limited to posterior tooth. One treatment per tooth every three years up to age 14 |
| Space Maintainers | Limited to non-Orthodontic treatment |
| Model | Payable only when in conjunction with Ortho workup and extensive Perio treatment |
| Minor Perio (non-surgical) | Various limitations depending on the service |
| Perio Surgery | Various limitations depending on the service |
| Relines, Rebases & Adjustments | Covered if more than 6 months after installation |
| Repairs – Bridges | Reviewed if more than once |
| Repairs – Dentures | Reviewed if more than once |
| Prosthesis Over Implants | 1 per 60 consecutive months 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. |
| Crowns and Inlays | Replacement every 5 years |
| Bridges | Replacement every 5 years |
| Dentures and Partial | Replacement every 5 years |
| Alternate Benefit | 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. |

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 worker's compensation or similar law
- ❖ 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.

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. In the event of any inconsistency between this summary and the actual provisions of the plan, the provisions as defined in the Summary Plan Document, Amendments, and Riders will govern.

Benefits are administered by Cigna HealthCare.

SCHOOLCARE DENTAL DP7B(DED)

SUMMARY OF BENEFITS

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| BENEFITS | Total Cigna DPPO (In Network) | Out-of-Network* |
|---|----------------------------------|--------------------------|
| PLAN YEAR MAXIMUM (refreshes July 1) (Class I, II and III Expenses) | \$1,000 | \$1,000 |
| PLAN YEAR DEDUCTIBLE | | |
| Per Individual | \$25 | \$25 |
| Per Family | \$75 | \$75 |
| CLASS I EXPENSES – PREVENTIVE & DIAGNOSTIC CARE | 100%, No Deductible | 100%, No Deductible |
| Oral Exams Cleanings Routine X-Rays Fluoride Application Sealants Space Maintainers (limited to non-orthodontic treatment) Non-Routine X-Rays Emergency Care to Relieve Pain | | |
| CLASS II EXPENSES – BASIC RESTORATIVE CARE | 80%, After Deductible | 80%, After Deductible |
| Fillings – Amalgam and Composite Oral Surgery – Simple Extractions Oral Surgery – All Except Simple Extractions Surgical Extraction of Impacted Teeth Anesthetics Major Periodontics Minor Periodontics Root Canal Therapy/Endodontics Relines, Rebases, and Adjustments Repairs – Bridges, Crowns, and Inlays Repairs – Dentures | | |
| CLASS III EXPENSES – MAJOR RESTORATIVE CARE | 60%, After Deductible | 60%, After Deductible |
| Crowns/ Inlays/Onlays Dentures Bridges Implants Occlusal Night Guards | | |
| CLASS IV EXPENSES – ORTHODONTIA (Children & Adults) | 50%, No Ortho Deductible | 50%, No Ortho Deductible |
| Lifetime Maximum | \$1,500 | \$1,500 |

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Dental Oral Health Integration Program (OHIP) – All dental customers = Clinical research shows an association between oral health and overall health. The Cigna Dental Oral Health Integration Program (OHIP) is designed to provide enhanced dental coverage for customers with certain eligible medical conditions. Eligible conditions for the program include cardiovascular disease, cerebrovascular disease (stroke), diabetes, maternity, chronic kidney disease, organ transplants, and head and neck cancer radiation.

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SCHOOLCARE DENTAL DP7B(DED)

Cigna Dental PPO / Indemnity Exclusions and Limitations:

| Procedures | Exclusions & Limitations |
|--------------------------------|--|
| Exams | 2 per Plan year |
| Prophylaxis (Cleanings) | 4 per Plan year (routine or periodontal) |
| Fillings | Covered for both amalgam and composite fillings. No alternate benefit is applied. |
| Fluoride | 2 per Plan year for people under 19 |
| Histopathologic Exams | Various limits per Plan year depending on specific test |
| X-Rays (routine) | Bitewings: 2 per Plan year |
| X-Rays (non-routine) | Full mouth: 1 every 36 consecutive months. Panorex: 1 every 36 consecutive months |
| Sealants | Limited to posterior tooth. One treatment per tooth every three years up to age 14 |
| Space Maintainers | Limited to non-Orthodontic treatment |
| Model | Payable only when in conjunction with Ortho workup and extensive Perio treatment |
| Minor Perio (non-surgical) | Various limitations depending on the service |
| Perio Surgery | Various limitations depending on the service |
| Relines, Rebases & Adjustments | Covered if more than 6 months after installation |
| Repairs – Bridges | Reviewed if more than once |
| Repairs – Dentures | Reviewed if more than once |
| Prosthesis Over Implants | 1 per 60 consecutive months 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. |
| Crowns and Inlays | Replacement every 5 years |
| Bridges | Replacement every 5 years |
| Dentures and Partials | Replacement every 5 years |
| Alternate Benefit | 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. |

Benefit Exclusions:

- ❖ Services performed primarily for cosmetic reasons
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- ❖ 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 worker's compensation or similar law
- ❖ 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.
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