

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 Summary Plan Document. 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. 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

Pre-treatment 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
- ❖ Charges in excess of the reasonable and customary allowances
- ❖ 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.

Benefits are insured and/or 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 Summary Plan Document. 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. 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	0%	0%

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. 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
- ❖ 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
- ❖ Charges in excess of the reasonable and customary allowances
- ❖ 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.

Benefits are insured and/or administered by Cigna HealthCare.

SCHOOLCARE DENTAL DP7B(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 Summary Plan Document. 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. 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	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

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 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 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
- ❖ Charges in excess of the reasonable and customary allowances
- ❖ 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.

Benefits are insured and/or administered by Cigna HealthCare.