

SCHOOLCARE DENTAL DPK5A (SAU 65 CORE FLEX)

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 contract year – every July 1.

BENEFITS	Total Cigna DPPO (In Network)	Out-of-Network*
CONTRACT YEAR MAXIMUM (refreshes July 1) (Class I and II Expenses)	\$750	\$750
CONTRACT 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	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 Periodontal Maintenance Major Periodontics Minor Periodontics Root Canal Therapy/Endodontics Repairs – Dentures Emergency Care to Relieve Pain Crowns	100%, After Deductible	100%, After Deductible
CLASS III EXPENSES – MAJOR RESTORATIVE CARE Inlays/Onlays Relines, Rebases, and Adjustments - Dentures Repairs – Bridges, Crowns, and Inlays Dentures/Bridges Implants Occlusal Night Guards	Not Covered	Not Covered
CLASS IV EXPENSES – ORTHODONTIA	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 contract 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 DPK5A (SAU 65 CORE FLEX)

Cigna Dental PPO / Indemnity Exclusions and Limitations:

Procedures	Exclusions & Limitations
Exams	2 per Contract year
Prophylaxis (Cleanings)	2 per Contract year (routine or periodontal)
Fillings	Coverage is available for both amalgam and composite fillings with no alternate benefit.
Fluoride	1 per Contract year for people under 19
Histopathologic Exams	Various limits per Contract year depending on specific test
X-Rays (routine)	Bitewings: 1 per Contract 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 15
Space Maintainers	Limited to non-Orthodontic treatment up to age 16
Minor Perio (non-surgical)	Various limitations depending on the service
Perio Surgery	Various limitations depending on the service
Crowns	Covered with the reimbursement set as a four surface amalgam filling
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;
- ❖ 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 DPK5B (SAU 65 HIGH FLEX)

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 contract year – every July 1.

BENEFITS	Total Cigna DPPO (In Network)	Out-of-Network*
CONTRACT YEAR MAXIMUM (refreshes July 1) (Class I, II and III Expenses)	\$1,000	\$1,000
CONTRACT 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	100%, No Deductible	100%, No Deductible
CLASS II EXPENSES – BASIC RESTORATIVE CARE Emergency Care to Relieve Pain Fillings – Amalgam and Composite Oral Surgery – Simple Extractions Oral Surgery – All Except Simple Extractions Surgical Extraction of Impacted Teeth Anesthetics Periodontal Maintenance Major Periodontics Minor Periodontics Root Canal Therapy/Endodontics Repairs – Dentures	100%, After Deductible	100%, After Deductible
CLASS III EXPENSES – MAJOR RESTORATIVE CARE Crowns/Inlays/Onlays Relines, Rebases, and Adjustments Repairs – Bridges, Crowns, and Inlays Dentures/Bridges Implants Occlusal Night Guards	50%, After Deductible	50%, After Deductible
CLASS IV EXPENSES – ORTHODONTIA (Children & Adults) Lifetime Maximum	50%, No Ortho Deductible \$1,500	50%, No Ortho Deductible \$1,500

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The Program provides:

- 100% coverage for certain procedures (provided the maximum has not been depleted during the contract 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.

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SCHOOLCARE DENTAL DPK5B (SAU 65 HIGH FLEX)

Cigna Dental PPO / Indemnity Exclusions and Limitations:

Procedures	Exclusions & Limitations
Exams	2 per Contract year
Prophylaxis (Cleanings)	2 per Contract year (routine or periodontal)
Fillings	Covered for both amalgam and composite fillings. No alternate benefit is applied.
Fluoride	1 per Contract year for people under 19
Histopathologic Exams	Various limits per Contract year depending on specific test
Model	Payable only when in conjunction with Ortho workup and extensive Perio treatment
X-Rays (routine)	Bitewings: 1 per Contract 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 15
Space Maintainers	Limited to non-Orthodontic treatment up to age 16
Minor Perio (non-surgical)	Various limitations depending on the service
Perio Surgery	Various limitations depending on the service
Crowns	Replacement every 5 years. No alternate benefit is applied.
Inlays & Onlays	Replacement every 5 years
Dentures and Partial	Replacement every 5 years
Bridges	Replacement every 5 years
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 every 5 years 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.
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;
- ❖ 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.

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