



DENTAL & VISION

Dental

Through Cigna Healthcare, you have a choice of two PPO Dental options: Basic or Plus. Both options utilize the same in-network dentists and provide coverage for both in-network (contracted PPO dentist) and out-of-network (non-contracted dentist) providers. You will maximize your benefits and minimize your out-of-pocket expenses when you seek care from a contracted in-network dentist. Note: The deductible is waived for preventive and diagnostic services for both options. Orthodontia is available only on the Dental Plus plan option and is provided for both adults and children.

DENTAL COVERAGE COMPARISON

	PPO Dental Basic Plan (Both In- and Out-of-Network)*	PPO Dental Plus Plan (Both In- and Out-of-Network)*
Deductible (Single)	\$75	\$50
Deductible (Family)	\$225	\$150
Annual Plan Maximum (per person)	\$1,000	\$5,000
	Your Responsibility	Your Responsibility
Class I: Diagnostic and Preventive	Covered at 100% (No deductible)	Covered at 100% (No deductible)
Class II: Basic Services	20% after deductible	20% after deductible
Class III: Major Services	50% after deductible	50% after deductible
Class IV: Orthodontia Services for Adult & Children	N/A	50% after deductible to \$1,500 lifetime maximum
Class IX: Implants	50% after deductible	50% after deductible

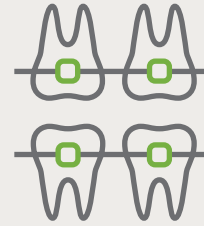
DENTAL WEEKLY PREMIUMS

Coverage Level	Basic Dental	Plus Dental
TM Only	\$2.54	\$7.62
TM + Spouse	\$7.62	\$12.69
TM + Child(ren)	\$6.35	\$12.69
Family	\$12.18	\$20.05

* Basic and Plus PPO: All Out-of-Network Class Services subject to balance billing

Out-of-network dentists may charge more than the Usual Customary & Reasonable (UCR) fees in the Cigna contract. You may locate participating (in-network) dental providers by logging on to www.mycigna.com or by calling Cigna directly at **800-244-6224**.

The reimbursement for out-of-network services is 90% of the Maximum Allowable Charge (MAC) for the Basic Plan and Reasonable and Customary (R&C) for the Plus Plan. This means that the Plus Plan provides a higher reimbursement than the Basic Plan if you go out of network.



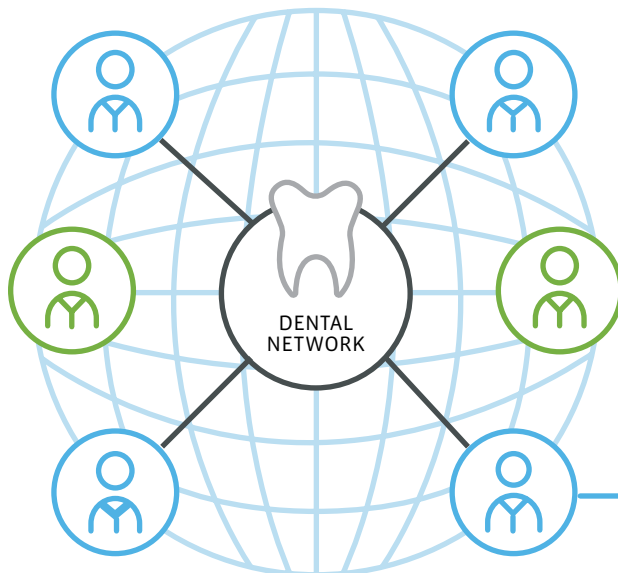
MEDICAL FSA REIMBURSEMENT PERTAINING TO ORTHODONTIA

Your child's Orthodontia will not be eligible for a full FSA reimbursement if paid in full up front prior to the expected completion of monthly services. Expenses are reimbursed periodically when submitted under a contract and as the periodic services are incurred. Please contact UHC at **844-562-6294** for eligibility and procedures.



IMPORTANT:

LATE ENTRANTS WHO ENROLL AFTER THEIR INITIAL ENROLLMENT PERIOD AS A NEW HIRE HAVE BENEFIT LIMITATIONS APPLY TO CLASS I FOR 12 MONTHS.



WHAT DOES A BALANCE BILL AMOUNT LOOK LIKE?

For example, Cigna covers \$600 for a crown.

Out-of-network dentist

An out-of-network dentist charges \$750 for a crown. If you go to that dentist, more than likely you will have to cover the additional \$150 difference on top of your coinsurance.

In-network dentist

An in-network dentist charges \$600. When you go in-network, you're covered because the provider agreed to Cigna's negotiated rate for crowns.