Cigna Dental Care® – DHMO¹
Voluntary DHMO for Richardson ISD

Affordable, Easy-to-Use Dental Coverage

Under your plan, you have coverage for hundreds of dental procedures. This overview shows you a small sampling of covered services and what you will pay compared to your cost without coverage. See savings below!

Review your plan materials to understand how your plan works. For questions on the plan before enrollment, or to ask for a full list of covered services and exclusions and limitations, call 1.800.Cigna24 (1.800.244.6224) and select the “Enrollment Information” prompt.

Regular dental visits may do more than brighten your smile. Receiving regular dental care often catches minor problems before they become major and more expensive to treat.

And there’s a link between gum disease and other conditions, such as pre-term birth, heart disease, stroke, diabetes and other health issues. So taking good care of your teeth and gums may help you live a healthier life.

Get the most value from your plan

Take advantage of your plan’s preventive care services – most are covered at low cost or no cost to you. Your plan also covers many other dental services that can help you achieve and maintain a healthy mouth.

Eligibility: Full-time employee, spouse and children less than age 26

<table>
<thead>
<tr>
<th>Sampling of Procedures</th>
<th>Cost With Cigna Dental Care</th>
<th>Estimated Cost Without Dental Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult cleaning (Two per calendar year each at $0. Additional two cleanings available at $45 each)</td>
<td>$0</td>
<td>$66-$125 each</td>
</tr>
<tr>
<td>Child cleaning (Two per calendar year each at $0. Additional two cleanings available at $30 each)</td>
<td>$0</td>
<td>$49-$93 each</td>
</tr>
<tr>
<td>Periodic oral evaluation</td>
<td>$0</td>
<td>$94-$178</td>
</tr>
<tr>
<td>Comprehensive oral evaluation</td>
<td>$0</td>
<td>$37-$69</td>
</tr>
<tr>
<td>Topical fluoride</td>
<td>$0</td>
<td>$57-$108</td>
</tr>
<tr>
<td>X-rays - (bitewings) 2 films</td>
<td>$0</td>
<td>$26-$49</td>
</tr>
<tr>
<td>X-rays - panoramic film</td>
<td>$0</td>
<td>$30-$58</td>
</tr>
<tr>
<td>Sealant - per tooth</td>
<td>$16</td>
<td>$39-$74</td>
</tr>
<tr>
<td>Amalgam filling (silver colored) - 2 surfaces</td>
<td>$28</td>
<td>$110-$208</td>
</tr>
<tr>
<td>Composite filling (tooth-colored) - 1 surface</td>
<td>$33</td>
<td>$111-$211</td>
</tr>
<tr>
<td>Molar root canal (excluding final restoration)</td>
<td>$595</td>
<td>$800-$1,514</td>
</tr>
<tr>
<td>Periodontal (gum) scaling &amp; root planing - 1 quadrant</td>
<td>$135</td>
<td>$167-$316</td>
</tr>
<tr>
<td>Periodontal (gum) maintenance</td>
<td>$93</td>
<td>$102-$193</td>
</tr>
<tr>
<td>Removal/ extraction of erupted tooth</td>
<td>$64</td>
<td>$112-$211</td>
</tr>
<tr>
<td>Removal/ extraction of impacted tooth</td>
<td>$300</td>
<td>$349-$660</td>
</tr>
<tr>
<td>Crown – porcelain fused to high noble metal</td>
<td>$480</td>
<td>$797-$1,509</td>
</tr>
<tr>
<td>Implant crown – porcelain fused to high noble metal crown</td>
<td>$780</td>
<td>$1,025-$1,939</td>
</tr>
</tbody>
</table>

¹ DHMO is used to refer to product designs that may differ by state of residence of enrollee, including but not limited to prepaid plans, managed care plans, and plans with open access features.
² Costs listed for the Cigna Dental Care plan do not vary. Estimated costs without dental coverage may vary based on location and dentists’ actual charges. These estimated costs are based on charges submitted to Cigna in 2010 and are intended to reflect national average charges as of January 2013 assuming an annual cost increase of three percent. Estimates have been adjusted to reflect the 2010 Cigna DHMO geographical membership distribution.
Know what’s important to you

Key Plan Features

- There is a $5 office visit fee associated with your plan.
- No deductibles – you don’t have to reach a certain level of out-of-pocket expenses before your insurance kicks in.
- No dollar maximums – you don’t have to worry about your coverage running out after your covered expenses reach a certain dollar amount.
- Easy to understand plan – the fees you pay your dentist are clearly listed on your Patient Charge Schedule (PCS).
- There are no claim forms to file and no waiting periods for coverage.
- The network general dentist you choose will manage your overall dental care.
- Covered family members can choose their own network general dentists – near home, work or school.
- You don’t need a referral for children under seven to visit a network pediatric dentist. And you don’t need a referral to see a network orthodontist.
- There’s no age limit on sealants, which help prevent tooth decay.
- Your plan covers procedures to detect oral cancer in its early stages.
- 24/7 access to the Dental Information Line – this line will be staffed by trained health care professionals who can answer questions about dental treatment and clinical symptoms.

Finding a network dentist is easy.

There are several ways to choose your network general dentist:

Find a dentist at Cigna.com. Our online dental directory is updated weekly.

Call 1.800.Cigna24 (1.800.244.6224) to speak to a Customer Service representative. Our representatives can send you a customized dental directory listing via email.

make sure you read this important information

What’s covered

You can save money on a wide range of services, including:

- **Preventive care** – cleanings, fluoride, sealants, bitewing X-rays, full mouth X-rays, and more
- **Basic care** – tooth-colored fillings (called resin or composite) and silver-colored fillings (called amalgam)
- **Major services** – crowns, bridges, and dentures (including those placed over implants), root canals, oral surgery, extractions, treatment for periodontal (gum) disease, and more.
- **Specialty care** – at the same fee as general care, with an approved referral
- **Orthodontic care** – braces for children and adults
- **General anesthesia** – when medically necessary
- **Teeth whitening** – using take home bleaching trays and gel

Age and frequency limitations may apply to some covered services. Review the rest of your enrollment materials for more details

What’s not covered*

Your dental plan covers services that can help you maintain a healthy mouth and treat or manage dental conditions. But no plan covers everything. Here are some examples of services not covered:

- Services provided by a non-network dentist without prior approval from Cigna Dental (except emergencies)^3
- Replacement of fixed or removable bridges, dentures and orthodontic retainers that are lost, stolen, or damaged due to patient abuse, misuse or neglect
- Cosmetic dentistry unless specifically listed on your PCS
- Dental implant surgery or services associated with placement, repair removal, or restoration of a dental implant

*This is not a complete list. For a complete list of services not covered, refer to the rest of your enrollment materials or call 1.800.Cigna24 (1.800.244.6224) if you have questions or need more information.

^3 Minnesota and Oklahoma residents: See the enclosed brochure for information on your out of network coverage.

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