

### Dental Schedule of Benefits

	DHMO Plan	Standard Plan (PPO)		Premium Plan (PPO)	
	In-Network Only	Network	Out-of-Network	Network	Out-of-Network
<b>Annual Deductible</b>	None	\$50 Per Individual \$150 Per Family	\$200 Per Individual \$600 Per Family	\$50 Per Individual No Family Limit	\$50 Per Individual No Family Limit
<b>Calendar Year Max</b>	None	Year 1 - \$1,000 Year 2 - \$1,150 Year 3 - \$1,300 Year 4 - \$1,450  Applies to Class I, II, III Services	Year 1 - \$500 Year 2 - \$650 Year 3 - \$800 Year 4 - \$950  Applies to Class I, II, III Services	Year 1 - \$1,500 Year 2 - \$1,650 Year 3 - \$1,800 Year 4 - \$1,950  Applies to Class I, II, III Services	Year 1 - \$1,000 Year 2 - \$1,150 Year 3 - \$1,300 Year 4 - \$1,450  Applies to Class I, II, III Services
<b>Class I – Preventative &amp; Diagnostic Services</b> • Oral Exam, Routine Cleaning, Routine X-Rays, Fluoride, Sealants, Space maintainers (limited to orthodontic treatment), Non-Routine X-rays, Emergency care to relieve pain	Fixed Copay on Patient Charge Schedule	You Pay 0%, No Deductible	You Pay 50%, After deductible	You Pay 0%, No Deductible	You Pay 0%, No Deductible
<b>Class II – Basic Restorative Services</b> • Fillings, Oral Surgery-Simple Extractions, Relines, Rebases and Adjustments, Repairs-Bridges	Fixed Copay on Patient Charge Schedule	You Pay 20%, No Deductible	No coverage	You Pay 20%, After Deductible	You Pay 30%, After Deductible
<b>Class III – Major Restorative Services</b> • Oral Surgery-All Except Simple Extractions, Anesthetics, Major & Minor Periodontics, Root Canal Therapy/Endodontics, Crowns/Inlays/Onlays, Dentures, Bridges, Prosthesis Over Implants	Fixed Copay on Patient Charge Schedule	You Pay 50%, No Deductible	No coverage	You Pay 50%, After Deductible	You Pay 50%, After Deductible
<b>Class IV – Orthodontia</b>	Fixed Copay on Patient Charge Schedule	You Pay 50%, No Deductible <i>Eligible Children Only</i>	You Pay 50%, No Deductible <i>Eligible Children Only</i>	You Pay 40%, No Deductible <i>Eligible Children and Adults</i>	You Pay 50%, No Deductible <i>Eligible Children and Adults</i>
<b>Orthodontia Lifetime Maximum</b>	None	\$1000	\$ 750	\$1500	\$1000
<p><i>For complete coverage listing, refer to the Summary Plan or contact Cigna Dental prior to services (800)244.6224.</i></p> <p><i>Exclusions and limitations may apply. To locate a listing of Cigna Dental Providers visit Cigna's website at <a href="http://www.Cigna.com">www.Cigna.com</a>.</i></p> <p><i>A Patient Charge Schedule under the DHMO Plan will be mailed to you after enrolling in the Plan.</i></p>					

### Oral Health Integration Program

#### More coverage – dental services for participants with associated medical conditions

The table below shows covered dental services by medical condition

Covered Dental Services	Cardio	Stroke	Diabetes	Maternity	Chronic Kidney Disease	Organ Transplants	Head & Neck Cancer Radiation
<b>Periodontal Treatment &amp; Maintenance</b> D4341,D4342,D4910 <sub>1</sub>	X	X	X	X	X	X	X
<b>Periodontal Evaluation</b> D0180				X			
<b>Oral Evaluation</b> D0120 <sub>2</sub> ,D0140,D0150 <sub>2</sub>				X			
<b>Cleaning</b> D1110 <sub>3</sub>				X			
<b>Emergency Palliative Treatment</b> D9110 <sub>4</sub>				X			
<b>Fluoride – topical application &amp; varnish</b> D1203 <sub>5</sub> ,D1204 <sub>5</sub> ,D1206 <sub>5</sub>					X	X	X
<b>Sealants</b> D1351 <sub>5</sub>					X	X	X
<p><i>1. Four times per year. 2. One additional evaluation. 3. One additional cleaning. 4. No limitations. 5. Age limits removed, all other limitations apply.</i></p>							