

Dental/Vision Plan

Dental

A Dental Program with a reimbursement and a discount component that gives employees more reasons to smile. This program provides reimbursement on 45 of the most common preventive and basic dental procedures giving eligible members the freedom to visit any providers. To enjoy greater savings, members are encouraged to visit any of the 69,000 participating CIGNA Dental providers.

In addition, enrolled members will also receive discounts on an additional 200+ dental procedures when they visit a participating CIGNA Dental network provider.

Reimbursement Coverage

- Includes the 45 most common preventive and basic procedures
- \$25 annual deductible

Dental Plan Reimbursement Chart \$25 per person annual deductible		
Maximum Covered Charge	Maximum Covered Charge	Maximum Covered Charge
Oral Examination	X-Ray and Pathology	Prophylaxis and Fluoride
D0120 Periodic Oral Exam* \$17	D0210 Entire Dental Series (Intraoral) Including Bitewings** \$40	D1110 Prophylaxis for age 14 and over* \$30
D0140 Limited Oral Exam/Problem Focused \$27	D0220 Single Film - Initial \$7	D1120 Prophylaxis for age under 14* \$20
D0150 Comprehensive Oral Exam † \$27	D0230 Single Film - Each Additional \$7	D1203 Topical Application of Fluoride, Child* \$12
D9110 Emergency - Palliative Treatment \$38	D0240 Intra-Oral Occlusal Film** \$10	D1204 Topical Application of Fluoride, Adult* \$12
Amalgam Restoration for Primary/Permanent Teeth	D0250 Extraoral - First Film \$11	D1351 Sealant, Per Tooth \$16
D2140 Amalgam Filling - 1 Surface \$35	D0260 Extraoral - Each Additional \$9	Periodontics
D2150 Amalgam Filling - 2 Surfaces \$45	D0270 Bitewing Film, One* \$8	D4341 Scaling and Root Planing, Per Quadrant \$72
D2160 Amalgam Filling - 3 Surfaces \$56	D0272 Bitewing Films, Two* \$12	D4355 Full Mouth Debridement to Enable Comprehensive Periodontal Evaluation \$50
D2161 Amalgam Filling - 4 or more Surfaces \$64	D0274 Bitewing Films, Four* \$17	D4910 Periodontal Maintenance \$53
Synthetic Restorations	Extractions	Endodontics (excluding final restoration)
D2330 Composite Resin - 1 Surface \$42	D7140 Extraction-Erupted tooth or exposed root \$39	D3220 Therapeutic Pulpotomy \$20
D2331 Composite Resin - 2 Surfaces \$55	D7220 Removal Impacted Tooth - Soft Tissue \$45	D3310 Root Canal - Anterior \$125
D2332 Composite Resin - 3 Surfaces \$67	D7230 Removal Impacted Tooth - Partially Bony \$70	D3320 Root Canal - Bicuspid \$135
D2335 Composite Resin - 4 or more Surfaces \$69	D7240 Removal Impacted Tooth - Completely Bony \$85	D3330 Root Canal - Molar \$140
D2390 Composite Resin Crown, Anterior \$77	D7241 Removal Impacted Tooth - Completely Bony w/Unusual Surgical Complications \$85	FOOTNOTES
D2391 Composite Resin - 1 Surface Posterior \$50	D7250 Removal Residual Tooth Roots \$30	* Limited to once every 6 months
D2392 Composite Resin - 2 Surfaces Posterior \$68	D7510 Incision & Drainage of Abscess \$45	† Limited to once every 12 months
D2393 Composite Resin - 3 Surfaces Posterior \$85	D9220 General Anesthesia \$52	** Limited to once every 3 years

Discounts for Member Savings

- Visit a CIGNA Dental network dentist for average savings of 35%¹
- Some of the deepest fee reductions in the marketplace
- Access to a nationwide network of more than 69,000 quality dentists who have contracted with CIGNA Dental to provide discounts

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Not available in WA. The benefits above are provided by policy form SBCII-GMP-02. Underwritten and administered by Connecticut General Life Insurance Company. Plan design and rates may vary. "CIGNA" and "CIGNA HealthCare" refer to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these operating subsidiaries and not by CIGNA Corporation. These operating subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc.

Reimbursement examples of Starbridge Select when visiting dentists contracted with CIGNA Dental to provide discounts

Code	Description of Dental Service	Usual Fee*	Fees Negotiated by CIGNA Dental**	Less Starbridge Select Reimbursement	Member's Cost**
D0120	Periodic Oral Exam	\$36	\$24	\$17	\$7
D0220	Single Film – Initial	\$20	\$13	\$7	\$6
D1351	Sealant – Per Tooth	\$41	\$27	\$16	\$11
D2332	Composite Resin – 3 Surfaces	\$171	\$106	\$67	\$39
D7230	Removal Impacted Tooth – Partially Bony	\$314	\$194	\$70	\$124
D3330	Root Canal – Molar	\$854	\$529	\$140	\$389

Discount¹ examples for services not on the reimbursement list available only through dentists contracted with CIGNA Dental

Code	Description of Dental Service	Usual Fee*	Fees Negotiated by CIGNA Dental**	Less Starbridge Select Reimbursement	Member's Savings**
D6065	Implant Supported Porcelain/Ceramic Crown	\$1263	\$850	\$0	\$413
D3348	Retreatment Previous Root Canal Therapy- Molar	\$1030	\$638	\$0	\$392
D6740	Crown – Porcelain/Ceramic	\$912	\$614	\$0	\$298

Vision

The vision discount program is not insurance.

When employees enroll in the Dental Plan, they also receive a membership in the Vision One discount network. Established in 1988, this program provides access to over 9,000 participating locations nationwide where insureds can save on their eye care needs.

- Save 45% - 60% on frames and lenses
- Save \$5 off routine exams and \$10 off contact lens exams
- Save 10% on disposable contact lenses, 20% on conventional contact lenses
- Toll-free number and online access to locate the nearest providers

¹ Average discount percentages are calculated by comparing nationwide average contracted rates to national average charge data. Actual savings will vary based upon procedure, geographic location, and the individual dentist's contracted fees.

* Usual fee may vary by region. Estimated usual fee without dental coverage based on Connecticut General Life Insurance Company national claims analysis, prepared September 2006.

** Actual fees/savings will vary based upon procedure, geographic location, and the individual dentist's contracted fees.

Current Dental Terminology® American Dental Association

DENTAL EXCLUSIONS

Benefits will not be paid for dental expenses arising from or in connection with:

- Services or supplies for which a charge is not customarily made in the absence of insurance.
- Injury arising out of or in the course of employment; or which is compensable (in South Dakota, which is paid) under any Workers' Compensation or Occupational Disease Act or Law.
- Declared or undeclared war, or act of war.
- A service furnished to a Covered Person for:
 - Cosmetic purposes, unless needed as a result of Injury. Facing on crowns, or pontics, posterior to the second bicuspid shall always be considered cosmetic;
 - Dental care of a congenital or developmental malformation (unless benefits for orthodontic services are specifically provided in the Schedule of Benefits).
- Replacement of lost or stolen appliances.
- Appliances, restorations, or procedures for the purpose of altering vertical dimension, restoring or maintaining occlusion, splinting, or replacing tooth structure lost as a result of abrasion or attrition, or treatment of disturbances of the temporomandibular joint. In Arkansas, treatment for the temporomandibular joint is not excluded.
- A service not furnished by a Dentist, except:
 - That performed by a Dental Hygienist under the supervision of a Dentist;
 - X-rays ordered by a Dentist.
- Any service furnished during the 30-day period starting on the date coverage

becomes effective for a Covered Person, unless needed as a result of Injury. This limitation applies only to a Covered Person who must submit evidence of good health before coverage becomes effective. This exclusion does not apply to Maryland residents.

TERMINATION

A Covered Person's coverage will terminate at 12:01 a.m. Standard Time at Your home on the earliest of the following:

- The date the Policy terminates;
- The date this Certificate terminates;
- The date coverage is terminated by Us for all certificate holders in Your state;
- The date We receive Your written request to have Your insurance terminated.
- The end of the period for which premium is paid, subject to the Grace Period.
- The date a Covered Person enters the armed forces of any country. Membership in the reserves or in the National Guard is not deemed entry into the armed forces. Active duty service in the reserves or National Guard for a period of 31 consecutive days or more will be deemed entry into the armed forces.
- With respect to a Dependent spouse, the date the spouse no longer qualifies as a Dependent, unless coverage is continued as stated in the Continuation of Coverage provision.
- With respect to a Dependent child, the date that child no longer qualifies as a Dependent, unless coverage is continued as stated in the Continuation of Coverage provision.

At least 60 days prior written notice will be given to You if We terminate Your coverage for any reason, except for nonpayment premium.