Cigna Dental Benefit Summary
Missouri Educators’ Trust Option 2 Voluntary
Plan Effective Date: July 1, 2019

Insured by: Cigna Health and Life Insurance Company

Receiving regular dental care can not only catch minor problems before they become major and expensive to treat - it may even help improve your overall health. Gum disease is increasingly being linked to complications for pre-term birth, heart disease, stroke, diabetes, osteoporosis and other health issues. That’s why this dental plan includes Cigna Dental WellnessPlus features. When you or your family members receive any preventive care service in one plan year, the annual dollar maximum will increase in the following plan year. When you or your family members remain enrolled in the plan and continue to receive preventive care, the annual dollar maximum will increase in the following plan year, until it reaches the level specified below. Please refer to your plan materials for additional information on this plan feature.

**Cigna Dental PPO**

<table>
<thead>
<tr>
<th>Network Options</th>
<th>In-Network: Cigna DPPO Advantage Network</th>
<th>Out-of-Network: Non-Network Reimbursement</th>
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</thead>
<tbody>
<tr>
<td>Reimbursement Levels</td>
<td>Based on Contracted Fees</td>
<td>Maximum Reimbursable Charge</td>
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**Progressive Maximum Benefit:**
- Progressive Benefit Year 2: Increase contingent upon receiving Preventive Services in Plan Year 1.
- Progressive Benefit Year 3: Increase contingent upon receiving Preventive Services in Plan Years 1 and 2.
- Progressive Benefit Year 4: Increase contingent upon receiving Preventive Services in Plan Years 1, 2 and 3.

**Calendar Year Benefits Maximum**
Applies to: Class I, II & III expenses
- Year 1: $1,000 Year 2: $1,250
- Year 3: $1,500 Year 4: $1,750

**Calendar Year Deductible**
- Individual: $50 No Limit
- Family: $50 No Limit

**Benefit Highlights**

### Class I: Diagnostic & Preventive
- Oral Evaluations
- Prophylaxis: routine cleanings
- X-rays: routine
- X-rays: non-routine
- Fluoride Application
- Sealants: per tooth
- Space Maintainers: non-orthodontic
- Emergency Care to Relieve Pain

### Class II: Basic Restorative
- Restorative: fillings
- Oral Surgery: Simple extractions
- Oral Surgery: Surgical extractions
- Anesthesia: general and IV sedation

### Class III: Major Restorative
- Inlays and Onlays
- Prosthesis Over Implant
- Crowns: prefabricated stainless steel / resin
- Crowns: permanent cast and porcelain
- Bridges and Dentures
- Repairs: Dentures
- Denture Relines, Rebases and Adjustments
- Repairs: Bridges, Crowns and Inlays
- Oral Surgery: Impacted teeth
- Endodontics: minor and major
- Periodontics: minor and major

### Class IV: Orthodontia
- Coverage for Dependent Children to age 19
- Lifetime Benefits Maximum: $1,000

### Benefit Plan Provisions:

- **In-Network Reimbursement**: For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.
- **Non-Network Reimbursement**: For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 90th percentile of all provider charges in the geographic area.
- **Cross Accumulation**: All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network.

<table>
<thead>
<tr>
<th>Class</th>
<th>Plan Pays</th>
<th>You Pay</th>
<th>Plan Pays</th>
<th>You Pay</th>
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<tbody>
<tr>
<td>I</td>
<td>100%</td>
<td>0%</td>
<td>100%</td>
<td>0%</td>
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<tr>
<td>II</td>
<td>80%</td>
<td>20%</td>
<td>80%</td>
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<td>III</td>
<td>50%</td>
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<tr>
<td>IV</td>
<td>50%</td>
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Rates valid July 1, 2019 - June 30, 2024
- Employee Only: $27.77
- Employee & Spouse: $54.83
- Employee & Child(ren): $70.68
- Family: $105.31
The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.

This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.

Pretreatment review is available on a voluntary basis when dental work in excess of $200 is proposed.

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.

Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with the following medical conditions: diabetes, heart disease, stroke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease. There’s no additional charge for the program, those who qualify get reimbursed 100% of coinsurance for certain related dental procedures. Eligible customers can also receive guidance on behavioral issues related to oral health and discounts on prescription and non-prescription dental products. Reimbursements under this program are subject to the annual deductible, but will be applied to and are subject to the plan annual maximum. Discounts on certain prescription and non-prescription dental products are available through Cigna Home Delivery Pharmacy only, and you are required to pay the entire discounted charge.

For more information including how to enroll in this program and a complete list of program terms and eligible medical conditions, go to www.mycigna.com or call customer service 24/7 at 1.800.CIGNA24.

This document provides a summary only. It is not a contract. If there are any differences between this summary and the official plan documents, the terms of the official plan documents will prevail.

Cigna Dental PPO plans are insured and/or administered by Cigna Health and Life Insurance Company (CHLIC) or Connecticut General Life Insurance Company (CGLIC), with network management services provided by Cigna Dental Health, Inc. and certain of its subsidiaries. In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation “Cigna Home Delivery Pharmacy” refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C. Policy forms (for insured dental plans) in OK: HP-POL.99 (CHLIC), GM6000 ELI288 et al (CGLIC); OR: HP-POL.68; TN: HP-POL.69/HC-CER2V1 et al (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.