The Evangelical Alliance Mission Dental and Vision Coverage

Effective 01/01/2024



Dental Plans

Premier and Cigna Dental Care DHMO Plans

Plan Comparison

Dental Plan Benefits	Premier Dental Care	Cigna Dental Care DHMO
Providers	May use any dentist or save money by using in-network providers	Benefits available exclusively from Cigna DHMO network dentists – No out-of-network benefits
Deductible (per person, per year)	\$50	No deductible
Annual maximum benefit (applies to all classes)	\$1,200	No annual maximum benefit
Preventive services	0%	\$5 office visit co-pay, plus applicable fee (if any) ¹
Basic services	20%	\$5 office visit co-pay, plus applicable fee ¹
Major services	50% \$5 office visit co-pay, plus applicable fee ¹	
Orthodontic maximum	50% with a lifetime maximum benefit of \$1,000	\$5 office visit co-pay, plus applicable fee ¹ (24-month limitation)

¹Fees are based on the <u>Cigna Dental Care DHMO Patient Charge Schedule (W1-V9)</u>.

Premier Dental Care Plan

Dental Plan Benefits	
Providers	May use any provider or save money by using in-network providers
Annual deductible (per person, per year)	\$50
Annual maximum benefit (applies to all classes)	\$1,500
Preventive services	0%
Basic services	20%
Major services	50%
Orthodontic maximum	50% with a lifetime maximum benefit of \$1,000

Choosing a Provider

Premier Dental Care Plans

- You may use any dentist nationwide.
- There are two tiers of network coverage:
 - In-network (Cigna Dental participating dentist)
 - Receive deepest discounts.
 - No balance billing.
 - Provider files claims.
 - Out-of-network
 - No discounts you are charged the maximum reimbursable amount.
 - Lower maximum annual benefit. (Premier Plus \$1,200)
 - Provider may balance bill.
 - Member is responsible for filing claims.



To find a provider go to <u>my.Cigna.com</u> or call 1-800-CIGNA24.

Cigna Dental Care DHMO Plan

Dental Plan Benefits		
Providers	Benefits available exclusively from Cigna DHMO network dentists No out-of-network benefits	
Annual deductible (per person, per year)	No deductible	
Annual maximum benefit	No annual maximum benefit	
Preventive services	\$5 office visit co-pay, plus applicable fee (if any) ¹	
Basic services	\$5 office visit co-pay, plus applicable fee ¹	
Major services	\$5 office visit co-pay, plus applicable fee ¹	
Orthodontic maximum	\$5 office visit co-pay, plus applicable fee ¹ (24-month limitation)	

¹Fees are based on the <u>Cigna Dental Care DHMO Patient Charge Schedule (W1-V9)</u>.

Choosing a Provider

Cigna Dental Care DHMO Plan

- You must choose a Cigna DHMO-participating primary dentist or facility.
- You must use the Cigna DHMO-participating primary dentists and specialists to receive benefits. No benefits are available from non-Cigna DHMO dentists.
- Charges for services are based on a fee schedule.
- For an electronic version of the Cigna Dental Care DHMO Patient Charge Schedule, visit <u>GuideStone.org/DHMOSchedule</u>.



To find a provider go to <u>my.Cigna.com</u> or call 1-800-CIGNA24.

Healthy Rewards® Program

Cigna Dental Network

- Healthy Rewards is included with all dental plans.
- To access your benefits:
 - Mention Healthy Rewards when making appointments.
 - Provide Cigna ID card at time of service or purchase.
- For more information:
 - Log into <u>my.Cigna.com</u>.
 - Look for "Discount Programs Healthy Rewards" under the "Review My Coverage" tab.

Healthy Rewards® Program

Cigna Dental Network

- Vision network savings program available through a Cigna Vision network eye care professional includes:
 - \$10 off contact lens exam and \$5 off routine exam
 - Up to 40% off retail price on most frames (when a complete pair of glasses is purchased)
- Weight management programs
- Fitness Center Discounts
- Nutritional supplements
- And much more!

Dental ID Cards

Dental ID cards are now only available virtually at <u>My.Cigna.com</u>.

Vision Plan

Vision Plan

VSP

- You can look up VSP Choice network providers online at <u>VSP.com</u>.
- \$10 co-pay for an annual vision exam.
- Frames covered up to \$130.
- Featured frames covered up to \$150.
- \$25 co-pay for lenses.

Please review the Long Term Global Worker and Staff VSP Member Benefit Summary for additional details.

This information only highlights the depth of coverage and benefits you can receive when you protect yourself with GuideStone. Limitations and exclusions apply. This material is a general summary of the plans. The official plan documents and contracts set forth the eligibility rules, limitations, exclusions and benefits. These alone govern and control the actual operation of the plan. In the event of a conflict with the description in this material, the terms of the official plan documents and contracts will control its operation.

GuideStone reserves the right to change or cancel these programs at any time. This material does not imply an employment contract or guarantee of benefits. Medical underwriting could be required.

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