

The Evangelical Alliance Mission

Dental and Vision Coverage

Effective January 1, 2026



Dental Plans

Premier and Cigna Healthcare – DHMO Plans

Plan Comparison

Dental Plan Benefits	Premier Dental Care Plan ¹	Cigna Healthcare® – DHMO Plan
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 ² (per person, per year)	\$50	No deductible
Annual maximum benefit (applies to all classes)	\$1,500	No annual maximum benefit
Preventive services	0%	\$5 office visit co-pay, plus applicable fee ³ (if any) ³
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 ³ (24-month limitation)

¹Coverage percentages based on reasonable and customary charges.

²Deductibles apply to basic and major services for the Premier Dental Care and Choice Dental Care plans.

³The Cigna DHMO is not available in the following states: AK, ME, MT, NH, NM, ND, SD, VT and WY.

Dental ID Cards

- Dental ID cards are now only available virtually at My.Cigna.com.

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 Providers (Cigna Dental-participating dentist)
 - Offers deepest discounts.
 - Files claims on behalf of members.
 - Never charges more than the plan's allowed amount.
 - Out-of-network Providers
 - Does not offer discounts — you are charged the maximum reimbursable amount.
 - Has a lower maximum annual benefit.
 - May charge more than the plan's allowed amount.
 - Does not file claims on behalf of members.



To find a provider, go to my.Cigna.com or call 1-800-CIGNA24.

Cigna Healthcare® - 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 [Cigna Dental Care DHMO Patient Charge Schedule \(W1-V9\)](#).

Choosing a Provider

Cigna Healthcare - 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 GuideStone.org/DHMOSchedule.



To find a provider, go to my.Cigna.com 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 the time of service or purchase.
- For more information:
 - Log into my.Cigna.com.
 - Look for “Discount Programs – Healthy Rewards” under the “Review My Coverage” tab.

Healthy Rewards Program

Cigna Dental Network Additional Benefits

- 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!

Vision Plans

Vision Plan – VSP*

In-Network

- VSP Plans have no ID cards. Your in-network providers have direct access to your VSP enrollment information.
- There are no claims to submit. Pay your share at the appointment, and VSP will submit a claim for their portion. Costs could include:
 - \$10 co-pay for annual vision exam
 - \$25 co-pay for lenses
 - Frames covered up to \$130
 - Features frames covered up to \$150

Please review the [Long-Term Global Worker and Staff VSP Member Benefits Summary](#) for additional details.

*These VSP vision insurance products are provided by Vision Service Plan Insurance Company but not part of GuideStone Financial Resources' benefits program. However, GuideStone serves as the administrator.

Vision Plan – VSP

Out-of-Network

- VSP will reimburse services up to a fixed amount.
- You will need to pay the provider for the full cost and then submit a claim to VSP for reimbursement.

Please review the [Long-Term Global Worker and Staff VSP Member Benefits 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.

GuideStone Health Plans and Other Coverages

Health | Dental | Life | Disability | Accident | Vision

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GuideStone®