A dental plan that balances choice and savings.

GuideStone's Premier Plus Dental Plan with the Total Cigna Healthcare DPPO Network.

The Total Cigna Healthcare® Dental PPO (DPPO) network makes it easy to help protect your health – and your smile – with the right dental care at the right price. You get a large national dental network, and online tools to help you to make more informed decisions about your dental care. We're with you every step of the way on your journey to better oral health.

How the plan works

The Total Cigna Healthcare DPPO network provides access to the largest network of dentists contracted to discounted fee arrangements.[1] This means more convenience and greater savings for you.

With GuideStone's Premier Dental Plan, you receive two levels of coverage, depending on which Total Cigna Healthcare DPPO network dentist you choose.

Cigna Healthcare DPPO Advantage – Highest benefit level. May result in a lower cost.

Cigna Healthcare DPPO – Lower benefit level than DPPO Advantage.

Additional considerations

- Network dentists will submit claims for you.
- You can visit another dentist for a second opinion and Cigna Healthcare will reimburse you according to your plan benefits.
- Your dentist can submit a treatment plan for predetermination of benefits so you can find out what your costs will be prior to treatment.
- You don't need a referral to receive care from a specialist.
- You don't need an ID card to receive dental care, but you can easily access it via the **myCigna®** website or app.
- Your plan includes coverage for preventive dental care services, including cleanings, X-rays and more, at no additional cost or at a reduced cost to you.
- You can check claim status online by registering on **myCigna.com** after you enroll.

After you enroll

Visit **myCigna.com** or the **myCigna® App** – anytime, just about anywhere – to discover:[2]

- **The Brighter Score® feature.** Use this score to compare dentists, based on affordability, patient experience and professional history.
- **Office reviews and comparisons.** Read verified patient reviews and view dentist profiles, including pictures and videos.
- **Online appointment scheduling.** If your dentist offers this service, you can book appointments online and then receive reminders.
- **Enhanced search and transparent pricing.** Search by dentist or procedures to estimate out-of-pocket costs, including coinsurance and deductibles, for your specific plan.

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cigna healthcare

Additional programs for our DPPO customers

Cigna Healthcare Healthy Rewards

The Cigna Healthcare Healthy Rewards®[3] program gives discounts on healthy programs and services. There's no time limit or maximum. Just visit a participating provider or shop online to enjoy these instant savings. No referrals or claim forms are needed. Get discounts on the health products and programs you use every day for:

- Weight and nutrition management
- Fitness
- Mind/body
- Vision and hearing care
- Alternative medicine
- A healthy lifestyle

After you enroll, you can learn more about Healthy Rewards by visiting the Healthy Rewards website: **Cigna.com/rewards** (password: savings) or by calling **800.870.3470.**

Cigna Healthcare Dental Oral Health Integration Program®

With this program, eligible members with certain medical conditions may receive 100% reimbursement of their out-of-pocket costs for select covered dental services.[4]

The qualifying medical conditions for this program are:

- Heart disease
- Stroke
- Diabetes
- Pregnancy
- Chronic kidney disease
- Organ transplants
- Head and neck cancer radiation

For additional information regarding this program, please visit **myCigna.com** after you enroll.

Cigna Dental Choice Plan				
Network Options	**In-Network:** Total Network		**Out-of-Network:** See Out-of-Network Reimbursement	
Reimbursement Levels	Based on Contracted Fees		Maximum Reimbursable Charge	
Calendar Year Benefits Maximum Applies to: Class I, II & III expenses	$1,500		$1,500	
Calendar Year Deductible Individual	$50		$50	
Benefit Highlights	**Plan Pays**	**Member Pays**	**Plan Pays**	**Member Pays**
Class I: Diagnostic & Preventive Oral Evaluations Prophylaxis: routine cleanings X-rays: routine Fluoride Application Sealants: per tooth Space Maintainers: non-orthodontic	100% No Deductible	No Charge	100% No Deductible	No Charge
Class II: Basic Restorative Restorative: fillings Oral Surgery: minor X-rays: non-routine Emergency Care to Relieve Pain (Note: This service is administered at the in-network coinsurance level.) Simple Extractions	80% After Deductible	20% After Deductible	80% After Deductible	20% After Deductible
Class III: Major Restorative Inlays and Onlays Prosthesis Over Implant Crowns: prefabricated stainless steel/resin Crowns: permanent cast and porcelain Bridges and Dentures Endodontics: minor and major Periodontics: minor and major Oral Surgery: major Anesthesia: general and IV sedation Repairs: bridges, crowns and inlays Repairs: dentures Denture Relines, Rebases and Adjustments Dental Implants	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Class IV: Orthodontia Coverage for Employee and All Dependents Lifetime Benefits Maximum: $1,000	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible

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.
Out-of-Network Reimbursement	For services provided by an out-of-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 80th percentile of all provider allowed amounts in the geographic area. The dentist may balance bill up to their usual fees.
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.
Calendar Year Benefits Maximum	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.
Calendar Year Deductible	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	Pretreatment review is available on a voluntary basis when dental work in excess of $300 is proposed.
Alternate Benefit Provision	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.
Oral Health Integration Program®	The Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers we have identified as having certain medical conditions. There is no additional charge to participate in the program. Those who qualify can receive reimbursement of their coinsurance for eligible dental services. Eligible customers can also receive guidance on behavioral issues related to oral health. Reimbursements under this program are not subject to the annual deductible, but will be applied to the plan annual maximum. For more information on how to enroll in this program and a complete list of terms and eligible conditions, go to www.mycigna.com or call customer service 24/7 at 1-800-Cigna24.
Timely Filing	Out of network claims submitted to Cigna after 365 days from date of service will be denied.

Benefit Limitations:

Oral Evaluations/Exams: 2 per calendar year

X-rays (routine): Bitewings: 1 per calendar year

X-rays (non-routine): Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 60 months.

Diagnostic Casts: Payable only in conjunction with orthodontic workup.

Cleanings: 2 per calendar year, including periodontal maintenance procedures following active therapy.

Fluoride Application: 1 per calendar year for children under age 14.

Sealants (per tooth): Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 16.

Space Maintainers: Limited to non-orthodontic treatment for children under age 16.

Crowns, Bridges, Dentures and Partials: Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.

Denture and Bridge Repairs: Reviewed if more than once.

Denture Adjustments, Rebases and Relines: Covered if more than 6 months after installation.

Prosthesis Over Implant: Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges.

Benefit Limitations:

Covered Expenses will not include, and no payment will be made for the following:

- Procedures and services not included in the list of covered dental expenses;
- Diagnostic: cone beam imaging;
- Preventive Services: instruction for plaque control, oral hygiene and diet;
- Restorative: porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars;
- Periodontics: bite registrations; splinting;
- Prosthodontics: precision or semi-precision attachments;
- Procedures, appliances or restorations, except full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of dysfunction of the temporomandibular joint (TMJ), stabilize periodontally involved teeth or restore occlusion;
- Athletic mouth guards;
- Services performed primarily for cosmetic reasons;
- Personalization or decoration of any dental device or dental work;
- Replacement of an appliance per benefit guidelines;
- Services that are deemed to be medical in nature;
- Services and supplies received from a hospital;
- Drugs: prescription drugs;
- Charges in excess of the Maximum Reimbursable Charge.

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.

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

A copy of the NH Dental Outline of Coverage is available and can be downloaded at Health Insurance & Medical Forms for Customers | Cigna under Dental Forms.

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, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, and Cigna Dental Health, Inc.

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