

Cigna Healthcare Financial Exhibit for:
BUCHANAN & EDWARDS, INC - DPPO

Effective Date: January 01, 2019



This is a summary of benefits for your dental plan.

All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.

| Plan Design | Total Cigna DPPO | Out-of-Network |
|---|---|---|
| Calendar Year Maximum (Class I, II, III Expenses) | Progressive Plan | |
| | Class I applies Year 1: \$5000, Year 2: \$5100 Year 3: \$5200, Year 4: \$5300 | Class I applies Year 1: \$5000, Year 2: \$5100 Year 3: \$5200, Year 4: \$5300 |
| Calendar Year Deductible | | |
| Per Individual | \$50 | \$50 |
| Per Family | \$150 | \$150 |
| Class I Expenses - Preventive & Diagnostic Care | | |
| Oral Exams Cleanings Routine X-rays Fluoride Application Sealants Space Maintainers (limited to non-orthodontic treatment) Non-Routine X-rays Emergency Care to Relieve Pain | 100%, No Deductible | 100%, No Deductible |
| Class II Expenses - Basic Restorative Care | | |
| Fillings Oral Surgery - Simple Extractions Oral Surgery - All Except Simple Extraction Surgical Extraction of Impacted Teeth Minor Periodontics Major Periodontics Root Canal Therapy / Endodontics Relines, Rebases, and Adjustments Repairs - Bridges, Crowns, and Inlays Repairs - Dentures Brush Biopsy | 80%, After Deductible | 80%, After Deductible |
| Class III Expenses - Major Restorative Care | | |
| Anesthetics Crowns/Inlays/Onlays Stainless Steel/Resin Crowns Dentures Bridges | 50%, After Deductible | 50%, After Deductible |
| Class IV Expenses - Orthodontia | | |
| Coverage for Eligible Children and Adults Lifetime Maximum | 50%, No Ortho Deductible \$1500 | 50%, No Ortho Deductible \$1500 |
| Dental Plan Reimbursement Levels | Based on Contracted Fees | 90th Percentile |
| Additional Member Responsibility in excess of Coinsurance | None | Yes, the difference between Billed Charges and the plan reimbursement |
| Student/Dependent Age | 26/26 | |
| Progression | Members progress to the next level by utilizing Class I services in the prior year. | |



Cigna Dental PPO / Indemnity Exclusions and Limitations:

| Procedure | Exclusions & Limitations |
|----------------------------|--|
| Exams | Two per calendar year |
| Prophylaxis (cleanings) | Two per calendar year |
| Fluoride | 1 per calendar year for people under 19 |
| X-Rays (routine) | Bitewings: 2 per calendar year |
| X-Rays (non-routine) | Full mouth: 1 every 3 calendar years. Panorex: 1 every 3 calendar years |
| Model | Payable only when in conjunction with Ortho workup |
| Minor Perio (non-surgical) | Various limitations depending on the service |
| Perio Surgery | Various limitations depending on the service |
| Crowns and Inlays | Replacement every 5 years |
| Prosthesis over Implants | 1 per 5 years 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. |
| Bridges | Replacement every 5 years |
| Dentures and Partial | Replacement every 5 years |
| Relines, Rebases | Covered if more than 6 months after installation |
| Adjustments | Covered if more than 6 months after installation |
| Repairs - Bridges | Reviewed if more than once |
| Repairs - Dentures | Reviewed if more than once |
| Sealants | Limited to posterior tooth. One treatment per tooth every three years up to age 14 |
| Space Maintainers | Limited to non-Orthodontic treatment |
| Alternate Benefit | 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. |
| Missing Tooth Provision | No Limitation (teeth missing prior to the effective date of coverage are covered) |
| Late Entrant Limit | 50% coverage on Class III and IV (if applicable), for a 12 period |
| Pre-Treatment Review | Available on a voluntary basis when extensive work in excess of \$200 is proposed |

Benefit Exclusions:

- * Services performed primarily for cosmetic reasons
- * Replacement of a lost or stolen appliance
- * Replacement of a bridge or denture within five years following the date of its original installation
- * Replacement of a bridge or denture which can be made useable according to accepted dental standards
- * Procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of TMJ, stabilize periodontally involved teeth, or restore occlusion
- * Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars
- * Bite registrations; precision or semi-precision attachments; splinting; Surgical implant of any type
- * Instruction for plaque control, oral hygiene and diet
- * Dental services that do not meet common dental standards
- * Services that are deemed to be medical services
- * Services and supplies received from a hospital
- * Charges which the person is not legally required to pay
- * Charges made by a hospital which performs services for the U.S. Government if the charges are directly related to a condition connected to a military service
- * Experimental or investigational procedures and treatments
- * Any injury resulting from, or in the course of, any employment for wage or profit
- * Any sickness covered under any workers' compensation or similar law
- * Charges in excess of the reasonable and customary allowances
- * To the extent that payment is unlawful where the person resides when the expenses are incurred;
- * Procedures performed by a Dentist who is a member of the covered person's family (covered person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents);
- * For charges which would not have been made if the person had no insurance; For charges for unnecessary care, treatment or surgery;
- * To the extent that you or any of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid;
- * To the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a "no-fault" insurance law or an uninsured motorist insurance law. Cigna HealthCare will take into account any adjustment option chosen under such part by you or any one of your Dependents.
- * In addition, these benefits will be reduced so that the total payment will not be more than 100% of the charge made for the Dental Service if benefits are provided for that service under this plan and any medical expense plan or prepaid treatment program sponsored or made available by your Employer.

** In Texas, the insured dental product offered by CGLIC and CHLIC is referred to as the Cigna Dental Choice Plan, and this plan utilizes the national Cigna Dental PPO network.

This benefit summary highlights some of the benefits available under the proposed plan. A complete description regarding the terms of coverage, exclusions and limitations, including legislated benefits, will be provided in your insurance certificate or plan description.

Benefits are insured and/or administered by Cigna HealthCare.

Did you know that all of Cigna's dental plans include the Cigna Dental Oral Health Integration Program? This program was designed to address research that supports the association of oral health to overall health and provides 100% reimbursement of copays or coinsurance for customers with qualifying medical conditions for program eligible procedures. Additionally, registered program members can receive discounts on prescription dental products targeted at high risk patients as well as articles on behavioral conditions that impact oral health.

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