

Cigna Dental Benefit Summary
Episcopal Church Medical Trust
01/01/2022 (DD25: Dental & Orthodontia)



Administered by: Cigna Health and Life Insurance Company

This material is for informational purposes only and is designed to highlight some of the benefits available under this plan. Consult the plan documents to determine specific terms of coverage relating to your plan. Terms include covered procedures, applicable waiting periods, exclusions and limitations. **Your DPPO plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.**

| <i>Benefit Plan Features</i> | <i>Total Cigna DPPO Network</i> | | <i>Non-Network</i> |
|--|--|-------------------------|-------------------------------|
| <i>Network Options</i> | Cigna DPPO Advantage | Cigna DPPO | See Non-Network Reimbursement |
| <i>Reimbursement Levels</i> | Fee Schedule | Discount on Fees | Maximum Reimbursable Charge |
| <i>Calendar Year Benefits Maximum</i> Applies to: Class II, III & IX expenses | \$2,000 | \$2000 | \$2000 |
| <i>Calendar Year Deductible</i> Individual Family | \$0 \$0 | \$25 \$75 | \$25 \$75 |
| <i>Benefit Highlights</i> | <i>Plan Pays</i> | <i>Plan Pays</i> | <i>Plan Pays</i> |
| <i>Class I: Diagnostic & Preventive</i> 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 | 100% No Deductible | 100% No Deductible | 100% No Deductible |
| <i>Class II: Basic Restorative</i> Restorative: fillings Endodontics: minor and major Periodontics: minor and major Oral Surgery: minor and major Repairs: bridges, crowns and inlays Repairs: dentures Denture Relines, Rebases and Adjustments Osseous Surgery | 85% No Deductible | 85% After Deductible | 85% After Deductible |
| <i>Class III: Major Restorative</i> Inlays and Onlays Prosthesis Over Implant Crowns: prefabricated stainless steel / resin Crowns: permanent cast and porcelain Bridges and Dentures Anesthesia: general and IV sedation Anesthesia: Exparel | 85% No Deductible | 85% After Deductible | 85% After Deductible |
| <i>Class IV: Orthodontia</i> Coverage for Subscriber and All Dependents Lifetime Benefits Maximum: \$1,500 | 50% No Deductible | 50% After Deductible | 50% After Deductible |
| <i>Class IX: Implants</i> | 85% No Deductible | 85% After Deductible | 85% After Deductible |
| <i>Benefit Plan Provisions:</i> | | | |
| <i>In-Network Reimbursement</i> | For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule. | | |

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| 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 80th percentile of all provider 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. |
| Carryover Provision | Certain Dental Expenses incurred and applied toward the Individual or Family Deductible during the last 3 months of the calendar year will be applied toward the next year's Deductible. |
| Pretreatment Review | Pretreatment review is available on a voluntary basis when dental work in excess of \$200 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 (OHIP) | 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, and those who qualify are eligible to receive reimbursement of their coinsurance for certain related dental procedures. 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 and are subject to the plan annual maximum. 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. |
| Timely Filing | Out of network claims submitted to Cigna after 365 days from date of service will be denied. |
| Benefit Limitations: <i>Benefit frequency limitations are based on date of service and cross accumulate between in and out of network.</i> | |
| Oral Evaluations/Exams | 3 per calendar year |
| X-rays (routine) | Bitewings: 2 per calendar year |
| X-rays (non-routine) | Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months. |
| Diagnostic Casts | Payable only in conjunction with orthodontic workup. |
| Cleanings | 3 per calendar year, including periodontal maintenance procedures following active therapy. |
| Fluoride Application | 2 per calendar year for children under age 19. |
| Sealants (per tooth) | Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14. |
| Space Maintainers | Limited to non-orthodontic treatment for children under age 19. |
| Inlays, Crowns, Bridges, Dentures and Partial | 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 Relines, Rebases and Adjustments | Covered if more than 6 months after installation. 1 per 36 months |
| Prosthesis Over Implant | 1 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 |
| Benefit Exclusions: Covered Expenses will not include, and no payment will be made for the following: | |
| <ul style="list-style-type: none"> • 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: ceramic, resin, or acrylic materials on crowns or bridges on or replacing the upper and or lower first, second and/or third molars; • Periodontics: bite registrations; splinting; • Prosthodontic: 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

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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

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Cigna Dental Benefit Summary

Episcopal Church Medical Trust

01/01/2022 (DD50: Basic Dental)



Administered by: Cigna Health and Life Insurance Company

This material is for informational purposes only and is designed to highlight some of the benefits available under this plan. Consult the plan documents to determine specific terms of coverage relating to your plan. Terms include covered procedures, applicable waiting periods, exclusions and limitations. **Your DPPO plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.**

| <i>Benefit Plan Features</i> | <i>Total Cigna DPPO Network</i> | | <i>Non-Network</i> |
|--|---|-------------------------|-------------------------------|
| <i>Network Options</i> | Cigna DPPO Advantage | Cigna DPPO | See Non-Network Reimbursement |
| <i>Reimbursement Levels</i> | Fee Schedule | Discount on Fees | Maximum Reimbursable Charge |
| <i>Calendar Year Benefits Maximum</i> Applies to: Class II, III & IX expenses | \$2,000 | \$2000 | \$2000 |
| <i>Calendar Year Deductible</i> Individual Family | \$0 \$0 | \$50 \$150 | \$50 \$150 |
| <i>Benefit Highlights</i> | <i>Plan Pays</i> | <i>Plan Pays</i> | <i>Plan Pays</i> |
| <i>Class I: Diagnostic & Preventive</i> 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 | 100% No Deductible | 100% No Deductible | 100% No Deductible |
| <i>Class II: Basic Restorative</i> Restorative: fillings Endodontics: minor and major Periodontics: minor and major Oral Surgery: minor and major Repairs: bridges, crowns and inlays Repairs: dentures Denture Relines, Rebases and Adjustments Osseous Surgery | 85% No Deductible | 85% After Deductible | 85% After Deductible |
| <i>Class III: Major Restorative</i> Inlays and Onlays Prosthesis Over Implant Crowns: prefabricated stainless steel / resin Crowns: permanent cast and porcelain Bridges and Dentures Anesthesia: general and IV sedation Anesthesia: Exparel | 50% No Deductible | 50% After Deductible | 50% After Deductible |
| <i>Class IX: Implants</i> | 50% No Deductible | 50% After Deductible | 50% After Deductible |
| <i>Benefit Plan Provisions:</i> | | | |
| <i>In-Network Reimbursement</i> | For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule. | | |
| <i>Non-Network Reimbursement</i> | For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 80th percentile of all provider amounts in the geographic area. The dentist may balance bill up to their usual fees. | | |

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| 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. |
| Carryover Provision | Certain Dental Expenses incurred and applied toward the Individual or Family Deductible during the last 3 months of the calendar year will be applied toward the next year's Deductible. |
| Pretreatment Review | Pretreatment review is available on a voluntary basis when dental work in excess of \$200 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 (OHIP) | 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, and those who qualify are eligible to receive reimbursement of their coinsurance for certain related dental procedures. 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 and are subject to the plan annual maximum. 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. |
| Timely Filing | Out of network claims submitted to Cigna after 365 days from date of service will be denied. |
| Benefit Limitations: Benefit frequency limitations are based on date of service and cross accumulate between in and out of network. | |
| Oral Evaluations/Exams | 3 per calendar year |
| X-rays (routine) | Bitewings: 2 per calendar year |
| X-rays (non-routine) | Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months. |
| Diagnostic Casts | Payable only in conjunction with orthodontic workup. |
| Cleanings | 3 per calendar year, including periodontal maintenance procedures following active therapy. |
| Fluoride Application | 2 per calendar year for children under age 19. |
| Sealants (per tooth) | Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14. |
| Space Maintainers | Limited to non-orthodontic treatment for children under age 19. |
| Inlays, Crowns, Bridges, Dentures and Partial | 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 Relines, Rebases and Adjustments | Covered if more than 6 months after installation. 1 per 36 months. |
| Prosthesis Over Implant | 1 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 |
| Benefit Exclusions: | |
| Covered Expenses will not include, and no payment will be made for the following: | |
| <ul style="list-style-type: none"> • 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: ceramic, resin, or acrylic materials on crowns or bridges on or replacing the upper and or lower first, second and/or third molars; • Periodontics: bite registrations; splinting; • Prosthodontic: precision or semi-precision attachments; • Orthodontics: orthodontic treatment; • 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

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Cigna Dental Benefit Summary
Episcopal Church Medical Trust
01/01/2022 (DDPV: Preventive Dental)



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| Cigna Dental PPO | | | | |
|--|---|----------------------|---|----------------------|
| Network Options | In-Network: Total Cigna DPPO Network | | Non-Network: See Non-Network Reimbursement | |
| Reimbursement Levels | Based on Contracted Fees | | Maximum Reimbursable Charge | |
| Calendar Year Benefits Maximum Applies to: Class II, III & IX expenses | \$1,500 | | \$1,500 | |
| Calendar Year Deductible Individual Family | \$0 \$0 | | \$0 \$0 | |
| Benefit Highlights | Plan Pays | You Pay | Plan Pays | You Pay |
| 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 | 100% No Deductible | No Charge | 100% No Deductible | No Charge |
| Class II: Basic Restorative Restorative: fillings Endodontics: minor and major Periodontics: minor and major Oral Surgery: minor and major Anesthesia: general and IV sedation Anesthesia: Exparel Repairs: bridges, crowns and inlays Repairs: dentures Denture Relines, Rebases and Adjustments Osseous Surgery | 80% No Deductible | 20% No Deductible | 80% No Deductible | 20% No Deductible |
| Class III: Major Restorative Inlays and Onlays Prosthesis Over Implant Crowns: prefabricated stainless steel / resin Crowns: permanent cast and porcelain Bridges and Dentures | 1% No Deductible | 99% No Deductible | 1% No Deductible | 99% No Deductible |
| Benefit Plan Provisions: | | | | |

| | |
|---|--|
| <i>In-Network Reimbursement</i> | For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule. |
| <i>Non-Network Reimbursement</i> | For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 80th percentile of all provider amounts in the geographic area. The dentist may balance bill up to their usual fees. |
| <i>Cross Accumulation</i> | 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. |
| <i>Calendar Year Benefits Maximum</i> | The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply. |
| <i>Calendar Year Deductible</i> | This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply. |
| <i>Pretreatment Review</i> | Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed. |
| <i>Alternate Benefit Provision</i> | 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. |
| <i>Oral Health Integration Program (OHIP)</i> | 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, and those who qualify are eligible to receive reimbursement of their coinsurance for certain related dental procedures. 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 and are subject to the plan annual maximum. 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. |
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| <i>Benefit Limitations: Benefit frequency limitations are based on date of service and cross accumulate between in and out of network.</i> | |
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| X-rays (routine) | Bitewings: 2 per calendar year |
| X-rays (non-routine) | Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months. |
| Cleanings | 3 per calendar year, including periodontal maintenance procedures following active therapy. |
| Fluoride Application | 2 per calendar year for children under age 19. |
| Sealants (per tooth) | Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14. |
| Space Maintainers | Limited to non-orthodontic treatment for children under age 19. |
| Inlays, Crowns, Bridges, Dentures and Partial | 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 Relines, Rebases and Adjustments | Covered if more than 6 months after installation. 1 per 36 months. |
| 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. |
| <i>Benefit Exclusions:</i> Covered Expenses will not include, and no payment will be made for the following: | |
| <ul style="list-style-type: none"> • 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: ceramic, resin, or acrylic materials on crowns or bridges on or replacing the upper and or lower first, second and/or third molars; • Periodontics: bite registrations; splinting; • Prosthodontic: precision or semi-precision attachments; • Implants: implants or implant related services; • Orthodontics: orthodontic treatment; • 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;
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