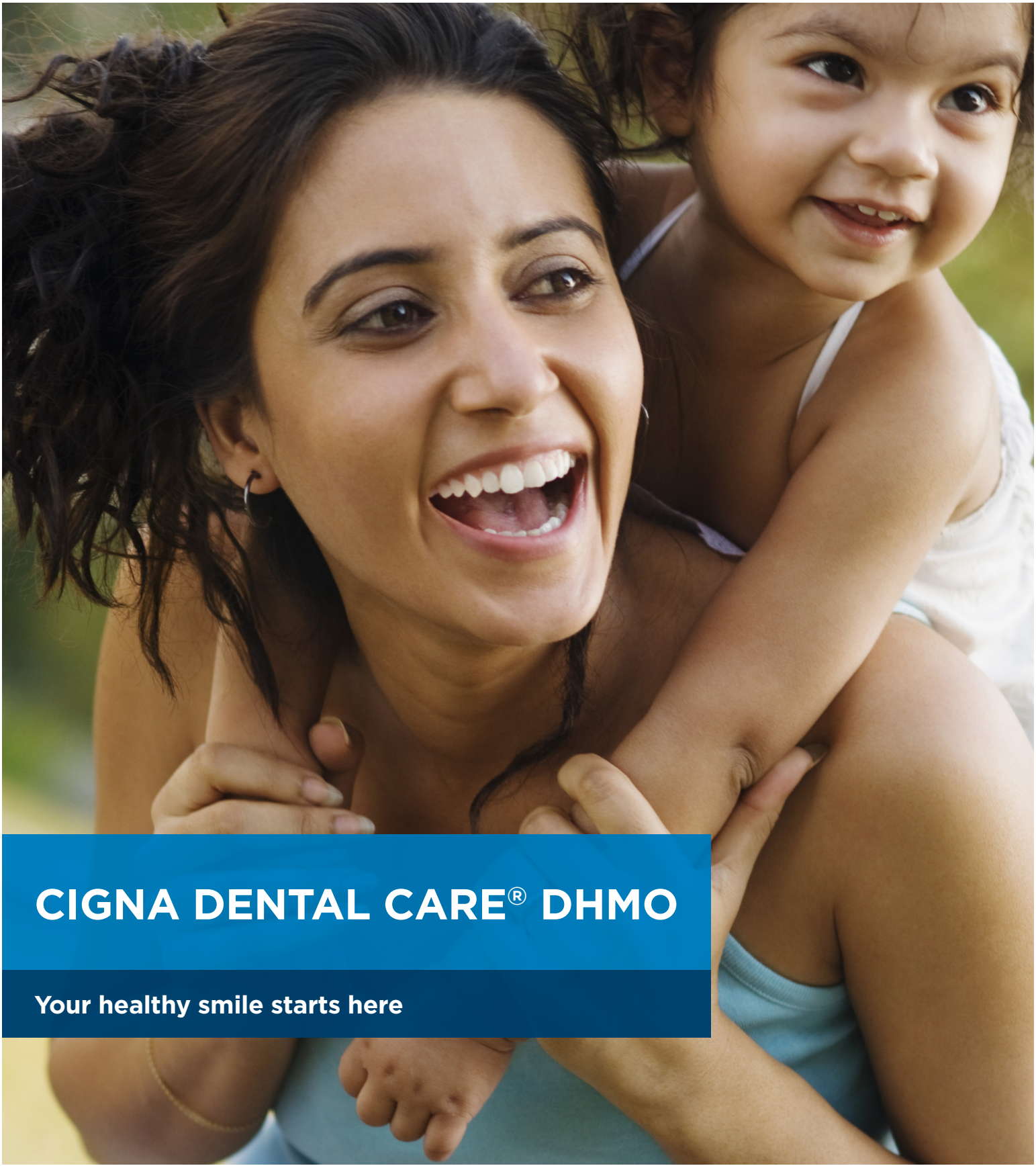

CIGNA DENTAL CARE® DHMO

Your healthy smile starts here

Together, all the way.®

Cigna®

Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

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Regular dental care is important for a healthy smile. And a healthy body. With Cigna Dental Care® DHMO, you get comprehensive dental coverage that's easy to use. At a wallet-friendly price. Now that's something to smile about.

Get to know DHMO

This information will help you learn more about Cigna DHMO. Like what's included, how it works and how to enroll. Review your plan materials so you can get the most from your benefits.

Remember, we're here for you every step of the way. If you have questions, call **800.Cigna24** (800.244.6224).

How the plan works

You must choose a network general dentist to manage your overall dental care. Covered family members can choose their own network general dentists. You can pick a location near their home, work or school. **Remember to always pick a network general dentist who's within 25 miles of your location to ensure adequate access.**

We make it easy to find a convenient location. Our DHMO[1] network is one of the largest in the U.S.[2]

- **Specialty care.** For some specialty care, your network general dentist will refer you to a network specialist. (Except pediatric for children under, orthodontic and endodontic.)
- **Pediatric dentist.** Children under age 7 don't need a referral to see a network pediatric dentist.
- **Orthodontics.** No referral is needed to see a network orthodontist. (Check your plan materials to see if you have orthodontic coverage).
- **In-network dentists.** Is your current dentist not part of the DHMO network? We're happy to consider adding new dentists to our network. In the meantime, you must choose a network dentist for coverage to apply. **If you see a dentist outside Cigna's DHMO network, your plan will not pay. (Unless it is an emergency.)**[3]
- **No deductibles.** You don't have to reach an out-of-pocket cost before your insurance starts. Coverage starts on the first day.
- **No dollar maximums.** Your coverage isn't limited by an annual maximum. No matter the amount of your covered expenses.

Finding a network dentist is easy

Once you select DHMO as your plan, you can:

- Go to **myCigna.com** and search the dentist directory. It's updated weekly.
- Call **800.Cigna24** (800.244.6224) to speak with a customer service representative. You can ask for a customized network directory via email.

What's covered

With your DHMO plan, you can save money on dental services, including:

- **Preventive care** – cleanings, fluoride, sealants, bitewing x-rays, full mouth x-rays and more.
- **Basic care** – tooth-colored fillings (called resin or composite). And silver-colored fillings (called amalgam).
- **Major services** – crowns, bridges and dentures (including those placed over implants). Also root canals, oral surgery, extractions, treatment for periodontal (gum) disease and more.
- **Orthodontic care** – many plans have coverage for braces for children and adults. Check your plan materials.
- **Teeth whitening** – using take-home bleaching trays and gel.
- **Athletic mouth guard** – including creation and adjustments.
- **General anesthesia** – when medically necessary.
- **Temporomandibular joint (TMJ)** – diagnosis and treatment, including cone beam x-ray and appliance.

Alternate coverage provisions may apply for covered services if noted on your Patient Charge Schedule (PCS).[4] Review your enrollment materials for more details.

What's not covered

All plans have exclusions and limitations. Please note:

- In most states, services must go through a network general dentist for coverage to apply. (Except in case of emergency.)
- Prior authorization may be needed for certain specialty care treatments.
- Only procedures that are medically necessary and listed on the plan's PCS are covered.

Here are some examples of services that aren't covered:[5]

- Experimental and cosmetic dentistry.
- Treatments or surgery if associated with a poor or hopeless diagnosis.
- Recementation of crowns, inlays and onlays, posts and cores, and veneers - within 180 days of initial placement.
- Crowns, bridges and implant supported prostheses used only for splinting.

- The replacement of an occlusal guard (night guard) beyond one per any 24 consecutive month period, when this limitation is noted on the PCS.
- Work already in progress. This refers to treatment that began under a different plan and continues into the new Cigna plan coverage period. Includes crowns, bridges, dentures, root canal treatment or implant supported prostheses.[3]

More about your DHMO plan

- **Easy to understand plan.** Your share of out-of-pocket costs is clearly listed on your PCS. Only covered procedures are listed.
- **No claim forms.** No forms to file and no waiting periods for coverage.
- **Pre-existing conditions aren't excluded.** As long as the procedures are covered under your PCS. However, work already in progress for crowns, bridges, dentures, root canal treatment or implant supported prostheses is excluded.[6]
- **No age limit on sealants,** which help prevent tooth decay.
- **Oral cancer detection.** Your preventive care coverage includes dental procedures to help find oral cancer in its early stages.

The Cigna Dental Oral Health Integration Program®

This program offers enhanced dental coverage for customers with these medical conditions:

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

If you qualify, you're reimbursed 100% of eligible out-of-pocket costs for certain dental procedures.

We're there for you, when you need it most

Your DHMO plan includes extra support at no added cost to you. These programs and services are included in your coverage:

- **Dental Information Line.** Trained professionals are on hand 24/7/365 to answer your dental questions.
- **Cigna's Identity Theft Program.**[7] We're here for you 24/7/365 to help resolve critical identity theft issues, such as:
  - Credit card fraud
  - Financial and/or medical identity theft

After you enroll

Here's what you can expect when you sign up for Cigna DHMO coverage:

- You'll get an ID card, a PCS and other plan materials.
- At the time of service, you're responsible for paying for covered services. See your PCS for more detail.
- You may change your dental office for any reason. The change will take effect the first day of the next month.* To make the change, visit **myCigna.com**. Or call the number on your ID card or **800.Cigna24** (800.244.6224). You can speak with a representative or use our automated Quick Transfer option.
- You can get a second opinion from a different network general dentist. Just call customer service. They will help you make arrangements.

* Your dentist selection must be made by the 15th day of the month for the change to take effect on the first of the following month.

Enrollment is easy – follow these simple steps:

- Review your plan materials to understand your choices.
- Select your network general dentist.
- Enroll. Complete and sign the paper enrollment form and return it to your employer. (If your employer has a different enrollment process, follow your employer's instructions.)
- Register on **myCigna.com**. You can access information to help you get the most out of your plan.

When it comes to dental care, we've got you covered. To learn more about Cigna DHMO, go to **Cigna.com** before you enroll. Or to your personalized website, **myCigna.com**, after you sign up. To speak to customer service, call the number on your ID card or **800.Cigna24** (800.244.6244).

Cigna®

1. "DHMO" is used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care plans and plans with open access features. The Cigna DHMO is not available in the following states: AK, HI, ME, MT, NH, NM, ND, PR, RI, SD, VI, VT, WV, and WY.
2. 7,382 locations. NetMinder. DHMO data as of March 2016 and is subject to change. The Ignition Group makes no warranty regarding the performance of the data and the results that will be obtained by using.
3. **Minnesota residents:** If you enroll in the Cigna Dental Care (DHMO) plan, you must visit your selected network dentist in order for the charges on the Patient Charge Schedule to apply. You may also visit other dentists that participate in our network or you may visit dentists outside the Cigna Dental Care network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist's usual fee. We will pay 50% of the value of your network benefit for those services. You'll pay less if you visit your selected Cigna Dental Care network dentist. Call Customer Service for more information.

   Oklahoma residents: DHMO for Oklahoma is an Employer Group Prepaid Dental Plan. You may also visit dentists outside the Cigna Dental Care network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist's usual fee. We pay non-network dentists the same amount we'd pay network dentists for covered services. You'll pay less if you visit a network dentist in the Cigna Dental Care network. Call customer service for more information.
4. Covered services may cost less than alternative services suggested by the dentist. You can receive the dental procedure of your choice. However, if you choose the higher cost procedure, you will be responsible for paying the Patient Charge for the covered procedure plus the difference in cost between the dentist's usual charges for the less costly procedure and higher cost procedure.
5. Unless otherwise listed on the Patient Charge Schedule (PCS) or required by law. This is not a complete list. Actual terms of coverage may vary by state. For a more complete list of both covered and not covered services, including benefits required by your state, refer to the rest of your enrollment materials or call **800.Cigna24** (800.244.6224) if you have questions or need more information.
6. **California and Texas residents:** Treatment already in progress on the effective date of your coverage is not excluded if otherwise covered under your PCS.
7. **This program is NOT insurance and does not provide for reimbursement of financial losses.** Cigna's Identity Theft services are provided under a contract with Generali Global Assistance, Inc. Full term, conditions and exclusions are contained in Cigna's Identity Theft Program service agreement.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. Cigna Dental Care (DHMO) plans are insured by Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna Dental Health of Delaware, Inc., Cigna Dental Health of Florida, Inc., **a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes,** Cigna Dental Health of Kansas, Inc. (KS & NE), Cigna Dental Health of Kentucky, Inc. (KY & IL), Cigna Dental Health of Maryland, Inc., Cigna Dental Health of Missouri, Inc., Cigna Dental Health of New Jersey, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc., and Cigna Dental Health of Virginia, Inc. In other states, Cigna Dental Care plans are insured by Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company (CGLIC), or Cigna HealthCare of Connecticut, Inc., and administered by Cigna Dental Health, Inc. Policy forms: OK - HP-POL115 (CHLIC), GM6000 DEN201V1 (CGLIC); TN – HP-POL134/HC-CER17V1 et al (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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GVS | GENERAL® VISION SERVICES

Vision Care

Health Education & Wellness Association

Eyecare Beyond Compare

GVS Vision Benefits

Vision is one of the most important senses as the slightest impairment can keep anyone from completing simple, yet necessary daily tasks. Many patients don't know that comprehensive vision examinations can capture a number of serious, sight-threatening eye diseases that may not have early warning signs or symptoms.

According to a recent study, employers experienced $5.8 billion in cost savings over four years by simply offering stand-alone vision benefits. This was due to lower turnover, reduced healthcare costs, and a drop in productivity loss (with less people taking time off for appointments, etc.). In addition, care shouldn't be complicated, exhausting and expensive. GVS aims to provide your customers with the highest quality providers, stellar customer service, and a seamless online and offline experience from start to finish. Here's how to take full advantage of General Vision Services (GVS), one of the largest providers of third-party vision plans in the Northeast:

Industry-Leading Plan Design: Our advantages and exclusive services provide the most comprehensive benefits at the best value for your members and their families. GVS maintains the widest selection of customized vision plans with flexible pricing, including Fee for Service, Capitation Plans, and Vision Pass/ Discount Programs

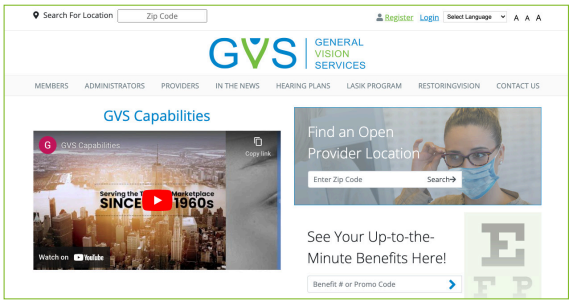
Stellar product offerings: GVS partners with some of the leading brands in eye care to deliver the best frame and contact lens options for your employees. Enjoy a wide selection of stylish frames from the GVS Collection. We offer a selection of any prescription plastic lenses (in any range), oversized, polycarbonate (for children), and GVS progressive lenses. Ultra violet and scratch resistant coatings are also a covered option under our plans.Lenses are first quality and comply with the standards of the American National Standards Institute (ANSI).

Vision Care Examinations: Your members will be able to receive thorough eye examinations from the assessment through the prescription. Patients of our facilities will always be valued and taken care of from the moment they walk through the door. Every GVS location has a licensed Optometrist, who provides a comprehensive vision examination.

Your vision—protected: There is no charge for unlimited adjustments or minor repairs for eyeglasses. Breakage of lenses, frames, and hinges due to defects in manufacturing are warranted up to a year.

The GVS Difference

Customer care beyond compare: GVS offers a toll-free hotline (1-800-VISION-1) to answer any questions or provide information about the benefit package.



Employer Ease: Our member-friendly website ensures your employees will have the most stress-free experience when taking advantage of our exclusive benefits. Members enjoy access to information 24/7, up-to-the minute benefits, an online exam scheduler, and more.

GVS Mobile App: The GVS Mobile app is a convenient new way to access your eyecare benefits. Review your benefits, view your virtual ID card, search for providers in your area and more.

Find us on the App Store!

LASIK Program: Many of today's common vision problems, including nearsightedness, farsightedness, and astigmatism, can be treated with LASIK. GVS members have access to more than 800 locations nationwide with credentialed surgeons who have collectively performed over 6.5 million procedures.

Hearing Program: General Hearing Services (GHS), a division of GVS, is proud to offer affordable hearing devices and services designed to provide maximum value at minimum cost. Members receive a no-cost comprehensive hearing evaluation in addition to our significant savings on hearing devices.

Mobile Eyecare Center: The GVS Mobile Eyecare Center features a deluxe mobile eyecare clinic on wheels, with a state-of-the-art exam room and dispensary. Our mobile center is available five days a week, Monday through Friday.

GVS GENERAL® VISION SERVICES

800.VISION.1
generalvision.com