Cigna Healthcare Financial Exhibit for: Chambliss, Bahner & Stophel, P.C. High Plan Effective Date: July 01, 2024



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.

Your DPPO plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.

Plan Design	Total Cigna DPPO	Out-of-Network
Policy Year Maximum		
(Class I, II, III, IX Expenses)	\$1000, Class I Applies	\$1000, Class I Applies
Policy Year Deductible		
Per Individual Per Family	\$50 \$150	\$50 \$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	100%, No Deductible	100%, No Deductible
Class II Expenses - Basic Restorative Care		
Emergency care to relieve pain (administrated at In Network coinsurance) Fillings Oral Surgery - Simple Extractions Oral Surgery - All Except Simple Extraction Surgical Extraction of Impacted Teeth Anesthetics Minor Periodontics Major Periodontics Root Canal Therapy / Endodontics Repairs - Dentures Brush Biopsy Class III Expenses - Major Restorative Care Relines, Rebases, and Adjustments	80%, After Deductible	80%, After Deductible
Repairs - Bridges, Crowns, and Inlays Crowns/Inlays/Onlays Stainless Steel/Resin Crowns Dentures Bridges		
Class IV Expenses - Orthodontia		
Coverage for Eligible Children Only Lifetime Maximum	50%, No Ortho Deductible \$1000	50%, No Ortho Deductible \$1000
Class IX Expenses - Implants		
Plan Policy Year Max	50%, After Deductible \$1000	50%, After Deductible \$1000
Dental Plan Reimbursement Levels	Based on Contracted Fees	90th Percentile of Allowed Charges***
Additional Member Responsibility in excess of Coinsurance	None	Yes, the difference between the member's dentist's billed charges and the dental plan reimbursement level***
Student/Dependent Age	26/26	