



# BRUSH UP ON DENTAL CARE

**A guide to your PetSmart dental  
benefit plan options.**

**PLAN YEAR: 01/01/2022 - 12/31/2022**

**Together, all the way.®**





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## Words to know



This guide was created to help you make important decisions about your dental care. Before you begin, we think understanding certain words will help you better understand the choices you need to make. Here are some definitions of words and phrases you'll see in this guide.

**Deductible:** An annual amount you'll pay out-of-pocket before your dental plan begins to pay for covered dental care costs.

**Copay:** A preset amount you pay for your covered dental care services.

**Coinsurance:** Your share of the cost of your covered dental care services.

**Calendar year maximum:** The most your plan will pay for your dental claims during the plan year. Once you reach that maximum, your plan will no longer pay a percentage of your costs for the rest of that plan year.

**In-network:** Dentists and facilities that have contracts with Cigna to deliver services at a negotiated rate (discount). You'll usually pay a lower amount for those services.

**Out-of-network:** A dentist or facility that doesn't participate in your Cigna plan's network and doesn't provide services at a discounted rate. Using an out-of-network dental care professional or facility will usually cost you more.

# Ways to get better health

Cigna wants to help you choose a dental plan that fits your needs and keeps you healthy.

This year, PetSmart offers you the following dental health plans:

## › Cigna Dental Care (DHMO)

## › Dental Preferred Provider Organization (DPPO)

Your employer works with Cigna to offer you dental plans that provide the coverage, tools and resources you need to help you better manage your dental health – and your spending.

- › Choose a dental plan that promotes good oral health as a way to help improve your overall health.
- › Benefit from a dental plan that reimburses costs for specific dental services used to treat or help prevent gum disease and tooth decay.
- › Cost savings when using in-network dentists.
- › Ways to compare costs, look at claims, search for dentists and more using the myCigna® website or app.
- › 24/7/365 live customer service support.

At Cigna, we want to partner with you and support you on your health journey. We'll be there for you, every step of the way, so you don't have to go it alone.

# Enrollment checklist



**Choosing your dental benefits is an important decision. These steps will help you choose wisely.**

- ☐ Review your plan details, including coverage options.
- ☐ Think about your dental history and dental care needs. How much do you spend, on average, for dental care? How might that change in the upcoming year?
- ☐ Check “Find Providers and Costs” on Cigna.com to see if your dentist participates in our network.
- ☐ Enroll in your dental plan choice by 10/31/2020.

**Please read all of the information in this brochure. Dental plans may work differently, so it's important to use this along with your other enrollment materials as a guide to how your dental plans work.**

**Call the preenrollment hotline at 800.Cigna24 (800.244.6224) if you have questions.**

## Dental Preferred Provider Organization (DPPO) and Cigna Dental Care® (DHMO)

You have two options for your dental care: The DPPO plan and the Cigna Dental Care® (DHMO)<sup>1</sup> plan. Both plans provide coverage for dental care, including visits to your dentist for regular oral exams, cleanings, fluoride treatments, x-rays and other covered services.<sup>2</sup>

### With the Cigna Dental Care plan.

- › For each covered member, you must select a primary care dentist in the Cigna Dental Care Access network who will coordinate all of your dental care needs.<sup>3</sup>
- › You can change your network dentist at any time. Change must be made by the 15th day of the month for the change to take effect on the first of the following month.
- › Your network general dentist will give you a referral if you need care from a network specialist. (Referrals are not required for network pediatric dentists for children under 13 and network orthodontists.)
- › You have no deductible or calendar year/lifetime dollar maximums.
- › When you visit an in-network dentist, you pay the charge listed on your Patient Charge Schedule (PCS).
- › Your PCS lists the amount you pay for covered services and outlines any frequency limitations. Procedures not listed on your PCS are not covered. To avoid cost surprises, it's a good idea to always have your PCS handy when you visit your dentist.
- › There is no waiting period – your benefits start right away.

### With the DPPO plan.

- › You have the option to see any licensed dentist, but you'll likely save when you visit a dentist in Cigna's DPPO network.
- › Most preventive services are covered at little or no extra cost to you when you see a dentist in the Cigna DPPO network.
- › You'll typically pay an annual amount (deductible) before your plan begins to pay for a portion of covered dental care costs.
- › You may also have a waiting period for some services – which is the amount of time that must pass before your dental plan will cover these services.
- › Covered preventive services are usually not subject to any deductible or waiting period.
- › Once you meet your deductible and satisfy any waiting periods, you'll pay a portion (coinsurance) for your covered dental care costs and the plan pays the rest, up to your plan's annual benefit maximum.
- › Cigna's DPPO network dentists will submit claims for you, and your plan will pay the dentist. You can also pay the full amount to the dentist's office, then submit a claim and ask to be reimbursed.
- › Your plan also has an annual benefit maximum. Once you reach that maximum, your plan will no longer pay a portion of your costs during that plan year. However, Cigna DPPO network dentists may still offer you discounts on certain services.<sup>4</sup>

Remember, this brochure is a guide only. The details of your plan may vary. Make sure to read your enrollment materials for details of your specific dental plan.

1. The term "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 Dental Care (DHMO) product availability varies by state and is subject to change.
2. In general, the following frequency limitations apply to DPPO plans: Two (2) exams and cleanings per calendar year; two (2) fluoride treatments per calendar year for people under age 16; one (1) bitewing x-ray per calendar year; one (1) full mouth x-ray every five (5) calendar years; one (1) panorex x-ray every five (5) calendar years. Plans may vary, so review your plan documents for a complete list of covered and non-covered services. In general, the following frequency limitations apply to Cigna Dental Care (DHMO) plans: Two (2) exams, cleanings and fluoride treatments per calendar year; one (1) full mouth x-ray every three (3) calendar years; one (1) panorex x-ray every three (3) calendar years. Plans may vary, so review your plan documents for a complete list of covered and non-covered services.
3. A benefit is paid for covered out-of-network emergency dental care. Certain states mandate coverage for dental care received out-of-network. For example, in Minnesota, the plan will pay 50% of the value of your network benefit for covered out-of-network services. In Oklahoma, the plan will pay the same amount it pays network dentists for covered out-of-network services. You are responsible for any charges not covered by the plan. Other states may have similar mandates. Refer to your plan documents for cost and coverage details.
4. Discounts on non-covered services may not be available in all states.

DPPO plans are insured and/or administered by Cigna Health and Life Insurance Company (CHLIC) or Connecticut General Life Insurance Company, with network management services provided by Cigna Dental Health, Inc. and certain of its subsidiaries. In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network. 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 CHLIC, or Cigna HealthCare of Connecticut, Inc., and administered by Cigna Dental Health, Inc.

OK: HP-POL99 et al. (CHLIC), OR - HP-POL68 (CHLIC),  
OR - HP-POL68 (CHLIC), TN: HP-POL69/HC-CER2V1 et al. (CHLIC)



### How your DPP01 plan works: What you'll pay once you meet your deductible

| Plan details                          | DPPO in-network      | DPPO out-of-network* |
|---------------------------------------|----------------------|----------------------|
| <b>Deductible (individual/family)</b> | \$50/\$150           | \$50/\$150           |
| <b>Class I (preventive)</b>           | 100%, no deductible  | 100%, no deductible  |
| <b>Class II (basic)</b>               | 80% after deductible | 80% after deductible |
| <b>Class III (major)</b>              | 50% after deductible | 50% after deductible |
| <b>Class IV (orthodontic)</b>         | 50% after deductible | 50% after deductible |
| <b>Annual year maximum</b>            | \$1,500              | \$1,500              |
| <b>Orthodontic lifetime maximum</b>   | \$1,500              | \$1,500              |

Please review your Benefit Summary for details, including plan exclusions and limitations.

\* Out-of-network charges are subject to the plans' Maximum Allowable Charge provisions.

### How your DPPO2 plan works: What you'll pay once you meet your deductible

| Plan details                          | DPPO in-network     | DPPO out-of-network* |
|---------------------------------------|---------------------|----------------------|
| <b>Deductible (individual/family)</b> | \$0/\$0             | \$0/\$0              |
| <b>Class I (preventive)</b>           | 100%, no deductible | 100%, no deductible  |
| <b>Class II (basic)</b>               | 80%, no deductible  | 80%, no deductible   |
| <b>Class III (major)</b>              | not covered         | not covered          |
| <b>Class IV (orthodontic)</b>         | not covered         | not covered          |
| <b>Annual year maximum</b>            | \$500               | \$500                |
| <b>Orthodontic lifetime maximum</b>   | not covered         | not covered          |

Please review the plan summaries for details, including plan exclusions and limitations.

\* Out-of-network charges are subject to the plans' Maximum Allowable Charge provisions.

### How your Cigna Dental Care plan works:

#### Cigna Dental Care

**The plan shows you exact dollar amounts you will pay for each procedure.**

**No calendar year maximums, so you don't have to worry about your benefits running out if you reach a certain amount.**

**No deductibles, so your benefits begin right away.**

**You must choose a primary dentist in the Cigna Dental CareAccess network during enrollment and some specialty care requires referrals.\***

Please see Dental Fee Overview included with this guide for more information, including limitations and exclusions.

\* A benefit is paid for covered out-of-network emergency dental care. Certain states mandate coverage for dental care received out-of-network. For example, in Minnesota, the plan will pay 50% of the value of your network benefit for covered out-of-network services. In Oklahoma, the plan will pay the same amount it pays network dentists for covered out-of-network services. You are responsible for any charges not covered by the plan. Other states may have similar mandates. Refer to your plan documents for cost and coverage details.

Dental plans and dental insurance policies contain exclusions and limitations. For details of coverage, see the enclosed plan materials.

## How to find a dentist

Smile! It's easy to find a network dentist or specialist. We have multiple easy and quick ways to find an in-network dentist or specialist. Here's how:

### Cigna.com

Not a current customer, or considering switching plans? Visit **Cigna.com** to see if your dentist is in the network.

- Go to **Cigna.com** and click on "Find a Doctor, Dentist or Facility" at the top of the screen.
- Then, choose a Directory by clicking on the "Plans through your employer or school" option.
- Enter Search Location - city, state or Zip code.
- Select a plan by clicking on the "Pick" drop-down icon and select your plan under the Dental Plans section. Then select "Choose."
- If you want to narrow your search, you can also type in keywords, like dentist name, specialist type or office name. Then, click "Search."
- From the Search Results page, you can further refine your search results by distance, specialty, years in practice and additional languages.
- Click on the dentist's name for more details, including multiple location listings with map view.

### myCigna.com

Once enrolled in a dental plan, visit **myCigna.com** to find dentists that are in-network.

- After logging in to **myCigna.com**, click on "Find Care & Costs" at the top of the page
- Click on "Doctor by Type" or "Doctor by Name."
- Choose "Dentist" from drop down menu or type in doctor's name if you chose to search by name.

### Call your current dentist

Call to ask if your dentist participates in the Cigna dental network for your plan.

## How to save money with the Cigna Dental Oral Health Integration Program

The Cigna Dental Oral Health Integration Program® reimburses certain out-of-pocket dental costs. It covers some services that help treat or prevent gum disease and tooth decay for customers with eligible medical conditions.<sup>1</sup>

### To sign up

1. You must fill out the online registration form found on **myCigna.com**. You can also call the number on

the back of your ID card to have an enrollment form sent to you. You only need to complete the form one time per qualifying condition.

2. Once you're logged in on **myCigna.com**, click "Review my Coverage" then select "Dental" from the drop down menu. Next, from the "Related Links" section on the right side of the page, select "Cigna Dental Oral Health Integration Program Registration Form." Fill out the form and click "Submit."

3. Visit your dentist and pay your usual out-of-pocket cost for the covered service. We'll send your reimbursement.

1. Enrollment in the program is required to receive reimbursement for covered expenses. Plan deductible does not apply, but reimbursements are applied to and subject to your plan calendar year maximum (if applicable to your plan). For a complete list of eligible medical conditions and covered dental care services under this program, contact Cigna.

## Choose-a-dentist tools.

After you enroll in a dental plan, you get access to intuitive tools that help make choosing a dentist as easy as picking the perfect pair of shoes - with no surprises along the way.

Visit **myCigna** - online or through the App<sup>1</sup> - anytime, just about anywhere to discover:<sup>2</sup>

- **Brighter Score® feature.** Use this score to compare dentists, based on affordability (DPPO only), patient experience and professional history.
- **Office reviews and comparisons.** Read verified patient reviews and view dentist profiles, including pictures and videos.
- **Online appointment scheduling.** You can book appointments online (with DPPO network dentists or Cigna Dental Care network specialists who offer this service) 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.

Need help finding a Cigna network dentist or specialist? Call us 24/7 at **800.Cigna24 (800.244.6224)**.

1. The downloading and use of the myCigna app is subject to the terms and conditions of the app and the online store from which it is downloaded. Standard mobile phone carrier and data usage charges apply.
2. Actual features may vary by dentist and plan type. These and other dentist directory features are for educational purposes only and should not be the sole basis for decision making. They are not a guarantee of the quality of care that will be provided to individual patients and you should consider all relevant factors when selecting a dentist.

# Discrimination is against the law

## Dental coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- › Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- › Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance by sending an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com) or by writing to the following address:

Cigna  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com). You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
800.368.1019, 800.537.7697 (TDD)  
Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>



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## Proficiency of Language Assistance Services

**English** – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

**Spanish** – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

**Chinese** – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

**Vietnamese** – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

**Korean** – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시고. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시고.

**Tagalog** – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

**Russian** – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

**Arabic** – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

**French Creole** – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

**French** – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

**Portuguese** – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

**Polish** – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

**Japanese** – 注意事項：日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

**Italian** – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

**German** – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

**Persian (Farsi)** – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوایان: شماره 711 را شماره‌گیری کنید).



**The information in this brochure is provided as a guide only. Make sure to read all your enrollment information thoroughly as plan details may vary. If there are any differences between the information in this brochure and the official plan documents, the terms of the plan documents will prevail.**

**Dentists that participate in the Cigna network are independent practitioners solely responsible for the treatment provided to their patients. They are not agents of Cigna.**

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusion and limitations. For costs and complete details of coverage, see your plan documents.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna HealthCare of Connecticut, Inc., and Cigna Dental Health, Inc. and its subsidiaries. In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. All pictures are used for illustrative purposes only.

# We've got your back, 24/7/365

## By phone.

We know your dental issues don't always happen between 9 and 5, so we keep our call centers open for business around the clock.

- › Call anytime, day or night, weekends or holidays, and you'll get live customer service.
- › Ask for a Spanish-speaking representative or to speak with us in your preferred language – interpreter service is available in more than 170 languages.

## myCigna website and mobile app.

- › **Find a dentist.** Personalized search results make it easy to find the right dentist for you. You can search by name, specialty and more.
- › **Manage and track claims.** Quickly search and sort through your claims.
- › **Track account balances and deductibles.** Take control of your spending by managing your account online.
- › **Get organized.** You can store, organize and manage your dental information in one private location.

**We want to help make your life easier and healthier. And that means being ready to help whenever you want us, wherever you want us.**



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The downloading and use of the myCigna App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply. Actual myCigna features may vary by plan and the individual user's security profile.

**Together, all the way.®**



# DENTAL INSURANCE THAT FITS



## Cigna Dental Care Plan<sup>1</sup>

**THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE AND HEALTH SERVICES AGREEMENT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.**

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

This overview shows you a sampling of covered services. And what your plan pays. For a full listing of covered services, please call Customer Service at **800.Cigna24 (800.244.6224)**.

### Get the most value from your plan

With your Cigna Dental Care plan, some preventive services are covered at 100%. (See chart below.) Your plan also covers many other dental services that help your mouth stay healthy.

Your Cigna Dental Care plan is a **copayment plan**. Here's how it works. When you get a dental service, Cigna allows your network dentist to charge a certain amount. Then **you pay a fixed portion** of that cost, in addition to any allowable charge for upgraded materials (such as gold, high noble metal or porcelain used in molar restorations), CAD/CAM services, complex rehabilitation or characterizations (for dentures). And your plan pays the rest. There are **no annual maximums** and **no deductibles**!

Review your plan materials for more information about how your plan works. If you have questions before enrollment, call **800.Cigna24 (800.244.6224)** and select the "Enrollment Information" prompt.

| Sampling of covered procedures   | WHAT YOU'LL PAY <sup>2</sup> |                         |
|--|------------------------------|-------------------------|
|  | With Cigna Dental Care       | Without dental coverage |
| Adult cleaning (two per calendar year – each at \$0) (additional cleanings available at \$45.00 each)          | \$0                          | \$68–\$155 each         |
| Child cleaning (two per calendar year – each at \$0) (additional cleanings available at \$30.00 each)          | \$0                          | \$53–\$121 each         |
| Periodic oral evaluation   | \$0                          | \$40–\$90               |
| Comprehensive oral evaluation  | \$0                          | \$63–\$143              |
| Topical fluoride (two per calendar year – each at \$0) (additional topical fluoride available at \$15.00 each) | \$0                          | \$28–\$63 each          |
| X-rays – (bitewings) 2 films   | \$0                          | \$33–\$75               |
| X-rays – panoramic film  | \$0                          | \$83–\$189              |
| Sealant – per tooth  | \$17.00                      | \$41–\$94               |
| Amalgam filling (silver colored) – 2 surfaces  | \$22.00                      | \$117–\$266             |
| Composite filling (tooth – colored) – 1 surface, Anterior  | \$22.00                      | \$118–\$270             |
| Molar root canal (excluding final restoration)   | \$530.00                     | \$840–\$1,914           |
| Comprehensive orthodontic treatment of the adolescent dentition – Banding                                      | \$515.00                     | \$967–\$2,203           |
| Periodontal (gum) scaling & root planning – 1 quadrant   | \$115.00                     | \$182–\$414             |
| Periodontal (gum) maintenance  | \$78.00                      | \$107–\$243             |
| Removal/extraction of erupted tooth  | \$53.00                      | \$124–\$282             |
| Removal/extraction of impacted tooth – completely bony   | \$230.00                     | \$362–\$825             |
| Crown – porcelain fused to high noble metal*   | \$470.00                     | \$839–\$1,911           |
| Implant supported retainer for porcelain fused to metal fixed partial denture*                                 | \$770.00                     | \$1,079–\$2,458         |
| Occlusal appliance, by report (for treatment of TMJ)   | \$455.00                     | \$730–\$1,662           |

\*The co-payments for fixed and removable restorations (crowns, bridges, implant/abutment supported prosthetics, complete and partial dentures) do not include additional charges for material upgrades (such as gold/high noble metal or porcelain used in molar restorations), CAD/CAM services, complex rehabilitation or characterizations (for dentures). Any additional allowable charge for these upgrades is the patient's responsibility as specifically outlined in your Patient Charge Schedule (PCS). For questions regarding these charges you may contact Customer Service at 800.Cigna24 (800.244.6224). Please refer to your PCS for full details.

**Together, all the way.®**



**Offered by: Cigna Health and Life Insurance Company or its affiliates.**

Smile. You're covered.

You can save money on a wide range of 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, dentures (including those placed over implants), root canals, oral surgery, extractions, treatment for periodontal (gum) disease, and more
- › **Orthodontic care** – braces for children and adults
- › **General anesthesia** – when medically necessary
- › **Teeth whitening** – using take-home bleaching trays and gel
- › **Temporomandibular joint (TMJ)** – diagnosis and treatment, including cone beam x-ray and appliance
- › **Athletic mouth guard** – including creation and adjustments

More about your coverage

- › **No deductibles or waiting periods.** You don't have to reach an out-of-pocket cost before your insurance starts.
- › **No dollar maximums.** Your coverage isn't limited by a dollar amount.
- › **Network dentists file claims for you.** No paperwork for you.
- › **No age limit on sealants.** Helps prevent tooth decay.
- › **Cancer detection.** Your plan covers procedures such as biopsy and light detection to help find oral cancer in its early stages.
- › **24/7 access to dental information line.** Trained professionals can help answer your questions about dental treatment and clinical symptoms.
- › **Cigna Identity Theft Program.**<sup>3</sup> Help resolving critical identity theft issues.
- › **Cigna Dental Oral Health Integration Program®.** Enhanced dental coverage for customers with certain medical conditions who enroll in this program.

Choosing a Dentist

- › You must choose a network general dentist to manage your overall care. You won't be covered if you go to a dentist who's not in our network.<sup>4</sup>
- › Each family member can choose their own dentist
- › Referrals are required for specialty care services, except for pediatric dentists for children under 13 and orthodontics.\*

Finding a network dentist is easy.

Visit **Cigna.com** to find a network general dentist.

Call 800.Cigna24 (800.244.6224) to speak with a customer service representative. You can ask for a customized dental directory to be sent to you via email

\*Coverage for treatment by a pediatric dentist ends on your child's 13th birthday. Effective on your child's 13th birthday, dental services generally must be obtained from a network general dentist.

Limitations

| PROCEDURE                            | LIMIT   |
|--------------------------------------|---|
| Oral evaluations                     | Oral evaluations are limited to a combined total of 4 of the following evaluations during a 12 consecutive month period: Periodic oral evaluations (D0120), comprehensive oral evaluations (D0150), comprehensive periodontal evaluations (D0180), and oral evaluations for patients under 3 years of age (D0145) |
| X-rays (non-routine)                 | Full mouth: 1 every 3 calendar years Panorex: 1 every 3 calendar years  |
| Periodontal root planing and scaling | Limit 4 quadrants per consecutive 12 months   |
| Periodontal maintenance              | Limited to 4 per year and (Only covered after active periodontal therapy)   |
| Crowns and inlays                    | Replacement 1 every 5 years   |
| Bridges                              | Replacement 1 every 5 years   |
| Dentures and partials                | Replacement 1 every 5 years   |
| Orthodontic treatment                | Maximum benefit of 24 months of interceptive and/or comprehensive treatment. Atypical cases or cases beyond 24 months require an additional payment by the patient  |
| Relines, rebases                     | One every 36 months   |
| Denture adjustments                  | Four within the first 6 months after installation   |
| Prosthesis over implant              | Replacement 1 every 5 years if unserviceable and cannot be repaired   |
| TMJ treatment                        | One occlusal orthotic device per 24 months  |



## Limitations

| PROCEDURE                      | LIMIT   |
|--------------------------------|---|
| Athletic mouth guard           | One athletic mouth guard per 12 months  |
| General anesthesia/IV sedation | General anesthesia is covered when performed by an oral surgeon when medically necessary for covered procedures listed on the PCS. IV sedation is covered when performed by a periodontist or oral surgeon when medically necessary for covered procedures listed on the PCS. Plan limitation for this benefit is 1 hour per appointment. |

**Listed below are the services or expenses which are NOT covered under your Dental plan. You will be responsible for these services at the dentist's usual fees. There's no coverage for:**

- › Services for or in connection with an injury arising out of, or in the course of, any employment for wage or profit
- › Charges which would not have been made in any facility, other than a hospital or a correctional institution owned or operated by the United States government or by a state or municipal government if the person had no insurance
- › Services received to the extent that payment is unlawful where the person resides when the expenses are incurred or the services are received
- › Services for the charges which the person is not legally required to pay
- › Charges which would not have been made if the person had no insurance
- › Services received due to injuries which are intentionally self-inflicted
- › Services not listed on the PCS
- › Services provided by a non-network dentist without Cigna Dental's prior approval (except emergencies, as described in your plan documents)<sup>4</sup>
- › Services related to an injury or illness paid under workers' compensation, occupational disease or similar laws
- › Services provided or paid by or through a federal or state governmental agency or authority, political subdivision or a public program, other than Medicaid
- › Services required while serving in the armed forces of any country or international authority or relating to a declared or undeclared war or acts of war<sup>5</sup>
- › Services performed primarily for cosmetic reasons unless specifically listed on your PCS
- › Consultations and/or evaluations associated with services that are not covered
- › Endodontic treatment and/or periodontal (gum tissue and supporting bone) surgery of teeth exhibiting a poor or hopeless periodontal prognosis
- › Bone grafting and/or guided tissue regeneration when performed at the site of a tooth extraction unless specifically listed on your PCS
- › General anesthesia, sedation and nitrous oxide, unless specifically listed on your PCS
- › General anesthesia or IV sedation when used for the purpose of anxiety control or patient management
- › Prescription medications
- › Procedures, appliances or restorations if the main purpose is to: a. change vertical dimension (degree of separation of the jaw when teeth are in contact); b. restore teeth which have been damaged by attrition, abrasion, erosion and/or abfraction
- › Replacement of fixed and/or removable appliances (including fixed and removable orthodontic appliances) that have been lost, stolen, or damaged due to patient abuse, misuse or neglect
- › Any services related to surgical implants, including placement, repair, maintenance, removal, and implant abutment(s) unless specifically listed on your PCS
- › Services considered unnecessary or experimental in nature or do not meet commonly accepted dental standards
- › Procedures or appliances for minor tooth guidance or to control harmful habits
- › Services and supplies received from a hospital
- › Services to the extent you or your enrolled dependent are compensated under any group medical plan, no-fault auto insurance policy, or uninsured motorist policy.<sup>6</sup>
- › The completion of crowns, bridges, dentures, or root canal treatment already in progress on the effective date of your Cigna Dental coverage<sup>7</sup>
- › The completion of implant supported prosthesis (including crowns, bridges and dentures) already in progress on the effective date of your Cigna Dental coverage, unless specifically listed on your PCS<sup>7</sup>
- › Infection control and/or sterilization
- › The recementation of any inlay, onlay, crown, post and core or fixed bridge within 180 days of initial placement
- › The recementation of any implant supported prosthesis (including crowns, bridges and dentures) within 180 days of initial placement

- › Bone grafting and/or guided tissue regeneration when performed in conjunction with an apicoectomy or periradicular surgery
- › Intentional root canal treatment in the absence of injury or disease to solely facilitate a restorative procedure
- › Services performed by a prosthodontist
- › Localized delivery of antimicrobial agents when performed alone or in the absence of traditional periodontal therapy
- › Any localized delivery of antimicrobial agent procedures when more than eight of these procedures are reported on the same date of service
- › Services to correct congenital malformations, including the replacement of congenitally missing teeth
- › The replacement of an occlusal guard (night guard) beyond one per any 24 consecutive month period, when this limitation is noted on the PCS
- › Crowns, bridges and/or implant supported prosthesis used solely for splinting
- › Resin bonded retainers and associated pontics
- › As to orthodontic treatment: incremental costs associated with optional/elective materials; orthognathic surgery appliances to guide minor tooth movement or correct harmful habits; and any services which are not typically included in orthodontic treatment.

If any law requires coverage for any particular service(s) noted above, the exclusion or limitation for that service(s) does not apply.

**This document outlines the highlights of your plan. For a complete list of both covered and non-covered services, including benefits required by your state, see your official plan documents (the Group Contract and Plan Booklet/Combined Evidence of Coverage and Disclosure Form/Certificate of Coverage). If there are any differences between the information contained here and the plan documents, the information in the plan documents takes precedence.**



1. "Cigna Dental Care" is the brand name used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care (including Dental HMO) plans, and plans with open access features. Cigna Dental Care plans are not available in the following states: AK, HI, ME, MT, NH, NM, ND, PR, RI, SD, VI, VT, WV, and WY.
2. Costs listed for the Cigna Dental Care plan do not vary. Estimated costs without dental coverage may vary based on location and dentists' actual charges. These estimated costs are based on charges submitted to Cigna in 2015/2016 and are intended to reflect national average charges as of July 2018 assuming an annual cost increase of three percent. Estimates have been adjusted to reflect the 2016 Cigna Dental Care geographical membership distribution. Office visit fee may also apply.
3. **This is NOT insurance and does not provide for reimbursement of financial losses.** The Cigna Identity Theft Program is provided under a contract with Generali Global Assistance. Full terms, conditions and exclusions are contained in the client program description.
4. **Minnesota residents:** You must visit your selected network dentist in order for the charges on the PCS 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 PCS 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. Of course, you'll pay less if you visit your selected Cigna Dental Care network dentist. Call Customer Services for more information.  
**Oklahoma residents:** Cigna Dental Care is an Employer Group Pre-Paid Dental Plan. You may also visit dentists outside the Cigna Dental Care network. If you do, the fees listed on the PCS 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. Of course, you'll pay less if you visit a network dentist in the Cigna Dental Care network. Call Customer Services for more information.
5. **Oklahoma residents:** This exclusion is replaced by the following: War or act of war (whether declared or undeclared) while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer.
6. **Arizona and Pennsylvania residents:** This exclusion does not apply. **Kentucky and North Carolina residents:** Services compensated under no-fault auto insurance policies or uninsured motorist policies are not excluded. **Maryland residents:** Services compensated under group medical plans are not excluded.
7. **California and Texas residents:** Treatment for conditions already in progress on the effective date of your coverage are not excluded if otherwise covered under your PCS.

Dentists who participate in Cigna's network are independent contractors solely responsible for the treatment provided to their patients. They are not agents of Cigna.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. Cigna Dental Care 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 or Cigna HealthCare of Connecticut, Inc., and administered by Cigna Dental Health, Inc. Policy forms: OK - HP-POL115; TN - HP-POL134/HC-CER17V1 et al. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

# Cigna Dental Benefit Summary

## PetSmart Inc. DPP01

### 1-1-2022



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.

| <b>Cigna Dental PPO</b>  |   |                         |   |                         |
|--|---|-------------------------|---|-------------------------|
| <b>Network Options</b>   | <b>In-Network:<br/>Total Cigna DPPO Network</b> |                         | <b>Non-Network:<br/>See Non-Network Reimbursement</b> |                         |
| <b>Reimbursement Levels</b>  | Based on Contracted Fees                        |                         | Maximum Reimbursable Charge                           |                         |
| <b>Calendar Year Benefits Maximum</b><br>Applies to: Class I, II, III & IX expenses  | \$1,500   |                         | \$1,500   |                         |
| <b>Calendar Year Deductible</b><br>Individual<br>Family  | \$50<br>\$150                                   |                         | \$50<br>\$150   |                         |
| <b>Benefit Highlights</b>  | <b>Plan Pays</b>                                | <b>You Pay</b>          | <b>Plan Pays</b>                                      | <b>You Pay</b>          |
| <b>Class I: Diagnostic &amp; Preventive</b><br>Oral Evaluations<br>Prophylaxis: routine cleanings<br>X-rays: routine<br>X-rays: non-routine<br>Fluoride Application<br>Sealants: per tooth<br>Space Maintainers: non-orthodontic<br>Emergency Care to Relieve Pain   | 100%<br>No Deductible                           | No Charge               | 100%<br>No Deductible                                 | No Charge               |
| <b>Class II: Basic Restorative</b><br>Restorative: fillings<br>Endodontics: minor and major<br>Periodontics: minor and major<br>Oral Surgery: minor and major<br>Anesthesia: general and IV sedation<br>Repairs: Bridges, Crowns and Inlays<br>Repairs: Dentures<br>Denture Relines, Rebases and Adjustments | 80%<br>After Deductible                         | 20%<br>After Deductible | 80%<br>After Deductible                               | 20%<br>After Deductible |
| <b>Class III: Major Restorative</b><br>Inlays and Onlays<br>Prosthesis Over Implant<br>Crowns: prefabricated stainless steel / resin<br>Crowns: permanent cast and porcelain<br>Bridges and Dentures   | 50%<br>After Deductible                         | 50%<br>After Deductible | 50%<br>After Deductible                               | 50%<br>After Deductible |

|   |   |                         |                         |                         |
|---|---|-------------------------|-------------------------|-------------------------|
| <b><i>Class IV: Orthodontia</i></b><br>Coverage for Employee and All Dependents<br><br>Lifetime Benefits Maximum: \$1,500 | 50%<br>After Deductible   | 50%<br>After Deductible | 50%<br>After Deductible | 50%<br>After Deductible |
| <b><i>Class IX: Implants</i></b>  | 50%<br>After Deductible   | 50%<br>After Deductible | 50%<br>After Deductible | 50%<br>After Deductible |
| <b><i>Benefit Plan Provisions:</i></b>  |   |                         |                         |                         |
| <b><i>In-Network Reimbursement</i></b>  | For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.  |                         |                         |                         |
| <b><i>Non-Network Reimbursement</i></b>   | For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 85th percentile of all provider charges in the geographic area. The dentist may balance bill up to their usual fees.   |                         |                         |                         |
| <b><i>Cross Accumulation</i></b>  | 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.  |                         |                         |                         |
| <b><i>Calendar Year Benefits Maximum</i></b>  | The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.  |                         |                         |                         |
| <b><i>Calendar Year Deductible</i></b>  | This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.  |                         |                         |                         |
| <b><i>Pretreatment Review</i></b>   | Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.  |                         |                         |                         |
| <b><i>Alternate Benefit Provision</i></b>   | 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.  |                         |                         |                         |
| <b><i>Oral Health Integration Program (OHIP)</i></b>  | 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, those who qualify get reimbursed 100% of coinsurance for certain related dental procedures. Eligible customers can also receive guidance on behavioral issues related to oral health and discounts on prescription and non-prescription dental products. Reimbursements under this program are not subject to the annual deductible, but will be applied to and are subject to the plan annual maximum. Discounts on certain prescription and non-prescription dental products are available through Cigna Home Delivery Pharmacy only, and you are required to pay the entire discounted charge. For more information including how to enroll in this program and a complete list of program terms and eligible medical conditions, go to <a href="http://www.mycigna.com">www.mycigna.com</a> or call customer service 24/7 at 1.800.CIGNA24. |                         |                         |                         |
| <b><i>Timely Filing</i></b>   | Out of network claims submitted to Cigna after 365 days from date of service will be denied.  |                         |                         |                         |
| <b><i>Benefit Limitations:</i></b>  |   |                         |                         |                         |
| Missing Tooth Limitation  | Teeth missing prior to coverage effective date are not covered until covered for 12 months; thereafter, considered a Class III expense.   |                         |                         |                         |
| Oral Evaluations  | 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 36 months  |                         |                         |                         |
| Diagnostic Casts  | Payable only in conjunction with orthodontic workup   |                         |                         |                         |
| Cleanings   | 2 per calendar year, including periodontal maintenance procedures following active therapy  |                         |                         |                         |

|  |   |
|--|---|
| Fluoride Application   | No frequency limitations for people under 19  |
| Sealants (per tooth)   | Limited to posterior tooth. 1 treatment per tooth every 36 months up to age 19  |
| Space Maintainers  | Limited to non-orthodontic treatment up to 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  |
| 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. |
| Diagnostic: cone beam imaging  | Once every 60 months  |
| Composite Fillings   | Molar teeth only  |
| <b>Benefit Exclusions:</b>   |   |
| 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;   |   |
| Preventive Services: instruction for plaque control, oral hygiene and diet;  |   |
| Restorative: veneers of 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;  |   |
| Prosthodontic: precision or semi-precision attachments; initial placement of a complete or partial denture per plan guidelines;  |   |
| Procedures, appliances or restorations, except full dentures, whose main purpose is to: change vertical dimension; diagnose or treat conditions or dysfunction of the temporomandibular joint (TMJ); stabilize periodontally involved teeth; or restore occlusion; |   |
| Athletic mouth guards; services performed primarily for cosmetic reasons; personalization; 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.

Cigna Dental PPO plans are insured and/or administered by Cigna Health and Life Insurance Company (CHLIC) or Connecticut General Life Insurance Company (CGLIC), with network management services provided by Cigna Dental Health, Inc. and certain of its subsidiaries. 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 “Cigna Home Delivery Pharmacy” refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C. Policy forms (for insured dental plans) in OK: HP-POL99 (CHLIC), GM6000 ELI288 et al (CGLIC); OR: HP-POL68; TN: HP-POL69/HC-CER2V1 et al (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.



# Cigna Dental Benefit Summary

## PetSmart Inc. DPPO2

### 01/01/2022



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.

| <b>Cigna Dental PPO</b>   |   |                      |  |                      |
|---|---|----------------------|--|----------------------|
| <b>Network Options</b>  | <b>In-Network:<br/>Total Cigna DPPO Network</b>   |                      | <b>Out-of-Network:<br/>See Non-Network Reimbursement</b> |                      |
| <b>Reimbursement Levels</b>   | Based on Contracted Fees  |                      | Maximum Reimbursable Charge                              |                      |
| <b>Calendar Year Benefits Maximum</b><br>Applies to: Class I and II expenses  | \$500   |                      | \$500  |                      |
| <b>Calendar Year Deductible</b><br>Individual<br>Family   | \$0<br>\$0  |                      | \$0<br>\$0   |                      |
| <b>Benefit Highlights</b>   | <b>Plan Pays</b>  | <b>You Pay</b>       | <b>Plan Pays</b>   | <b>You Pay</b>       |
| <b>Class I: Diagnostic &amp; Preventive</b><br>Oral Evaluations<br>Prophylaxis: routine cleanings<br>X-rays: routine<br>X-rays: non-routine<br>Fluoride Application<br>Sealants: per tooth<br>Space Maintainers: non-orthodontic<br>Emergency Care to Relieve Pain  | 100%<br>No Deductible   | No Charge            | 100%<br>No Deductible                                    | No Charge            |
| <b>Class II: Basic Restorative</b><br>Restorative: fillings<br>Endodontics: minor and major<br>Periodontics: minor and major<br>Oral Surgery: minor and major<br>Anesthesia: general and IV sedation<br>Repairs: Bridges, Crowns and Inlays<br>Repairs: Dentures<br>Denture Relines Rebases and Adjustments | 80%<br>No Deductible  | 20%<br>No Deductible | 80%<br>No Deductible                                     | 20%<br>No Deductible |
| <b>Benefit Plan Provisions:</b>   |   |                      |  |                      |
| <b>In-Network Reimbursement</b>   | For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.  |                      |  |                      |
| <b>Non-Network Reimbursement</b>  | For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 85th percentile of all provider charges in the geographic area. The dentist may balance bill up to their usual fees. |                      |  |                      |
| <b>Cross Accumulation</b>   | 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.  |                      |  |                      |
| <b>Calendar Year Benefits Maximum</b>   | The plan will only pay for covered charges up to the plan maximum, when applicable.   |                      |  |                      |
| <b>Calendar Year Deductible</b>   | This is the amount you must pay before the plan begins to pay for covered charges, when applicable.   |                      |  |                      |

|  |   |
|--|---|
| <b>Pretreatment Review</b>   | Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.  |
| <b>Alternate Benefit Provision</b>   | 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.  |
| <b>Oral Health Integration Program (OHIP)</b>  | 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, those who qualify get reimbursed 100% of coinsurance for certain related dental procedures. Eligible customers can also receive guidance on behavioral issues related to oral health and discounts on prescription and non-prescription dental products. Reimbursements under this program are not subject to the annual deductible, but will be applied to and are subject to the plan annual maximum. Discounts on certain prescription and non-prescription dental products are available through Cigna Home Delivery Pharmacy only, and you are required to pay the entire discounted charge. For more information including how to enroll in this program and a complete list of program terms and eligible medical conditions, go to <a href="http://www.mycigna.com">www.mycigna.com</a> or call customer service 24/7 at 1.800.CIGNA24. |
| <b>Timely Filing</b>   | Out of network claims submitted to Cigna after 365 days from date of service will be denied.  |
| <b>Benefit Limitations:</b>  |   |
| Oral Evaluations   | 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 36 months  |
| Cleanings  | 2 per calendar year, including periodontal maintenance procedures following active therapy  |
| Fluoride Application   | No frequency limitations for people under 19  |
| Sealants (per tooth)   | Limited to posterior tooth. 1 treatment per tooth every 36 months up to age 19  |
| Space Maintainers  | Limited to non-orthodontic treatment for children under age 19  |
| Denture and Bridge Repairs   | Reviewed if more than once  |
| Denture Adjustments, Rebases and Relines   | Covered if more than 6 months after installation  |
| Composite Fillings   | Molar teeth only  |
| <b>Benefit Exclusions:</b>   |   |
| 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: instruction for plaque control, oral hygiene and diet;  |   |
| Restorative: inlays; onlays; crowns; Prosthodontics: bridges, dentures or any related services;  |   |
| Implants: implants or implant related services; prosthesis over implants; Orthodontic: orthodontic treatment;  |   |
| Procedures, appliances or restorations, whose main purpose is to: change vertical dimension; diagnose or treat conditions or dysfunction of the temporomandibular joint (TMJ); stabilize periodontally involved teeth; or restore occlusion; |   |
| Athletic mouth guards; services performed primarily for cosmetic reasons; personalization; 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.

Cigna Dental PPO plans are insured and/or administered by Cigna Health and Life Insurance Company (CHLIC) or Connecticut General Life Insurance Company (CGLIC), with network management services provided by Cigna Dental Health, Inc. and certain of its subsidiaries. In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network.

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