

Palm Beach

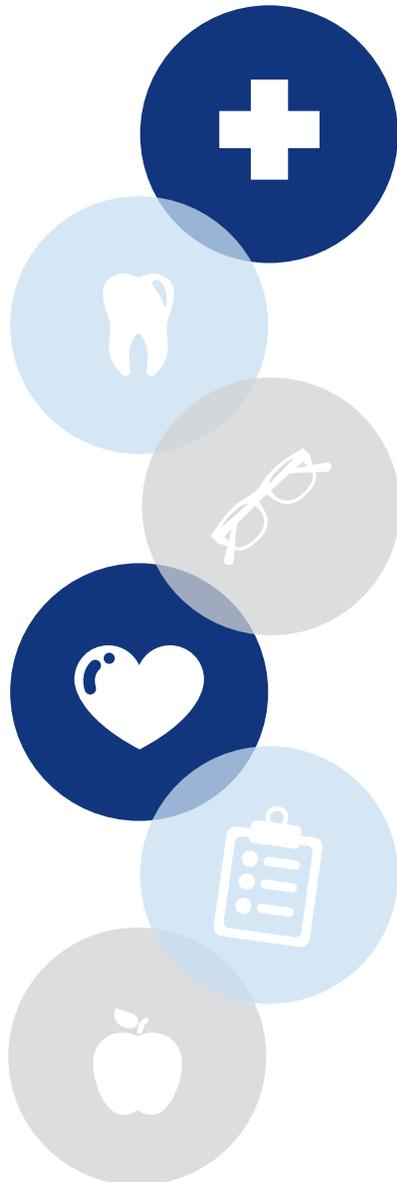
2020 RETIREE BENEFIT HIGHLIGHTS





Table of Contents

Contact Information.....	1
Introduction.....	2
Online Benefit Enrollment.....	2
Group Insurance Eligibility.....	3
Qualifying Events.....	4
Medical Insurance.....	4
Summary of Benefits and Coverage.....	4
Other Available Plan Resources.....	5
Telehealth.....	5
Retiree Relief Fund.....	5
Cigna Open Access Plus In Network Seaview Plan At-A-Glance.....	6
Cigna Open Access Plus Seaspray Plan At-A-Glance.....	7
Cigna Open Access Plus Seabreeze Plan At-A-Glance.....	8
Dental Insurance.....	9
Cigna Total DPPO Plan At-A-Glance.....	10
Voluntary Retiree Life Insurance.....	11
Notes.....	11-12



This booklet is merely a summary of retiree benefits. For a full description, refer to the plan document. Where conflict exists between this summary and the plan document, the plan document controls. The Town of Palm Beach reserves the right to amend, modify or terminate the plan at any time. This booklet should not be construed as a guarantee of employment.



Contact Information

	Human Resources Department		Phone: (561) 838-5450 Option 2
	Online Benefit Enrollment	Bentek Support	(888) 5-Bentek (523-6835) www.mybentek.com/townofpalmbeach
	Medical Insurance	Cigna	Customer Service: (800) 244-6224 www.cigna.com
	Prescription Drug Coverage & Mail-Order Program	Cigna Home Delivery	Customer Service: (800) 835-3784 www.cigna.com
	Telehealth	Cigna	AmWell Customer Service: (855) 667-9722 www.mycigna.com MDLive Customer Service: (888) 726-3171 www.mycigna.com
	Dental Insurance	Cigna	Customer Service: (800) 244-6224 www.cigna.com
	Voluntary Retiree Life Insurance	The Hartford	Customer Service: (800) 523-2233 www.thehartford.com



Introduction

The Town of Palm Beach provides group insurance benefits to eligible retiree and pension plan participants. The Retiree Benefit Highlights Booklet provides a general summary of the benefit options as a convenient reference. Please refer to the The Town Personnel Policies and/or Certificates of Coverage for detailed descriptions of all available employee and retiree benefit programs and stipulations therein. If retiree or participant requires further explanation or needs assistance regarding claims processing, please refer to the customer service phone numbers under each benefit description heading or contact Human Resources Department for further information.

Online Benefit Enrollment

The Town provides retirees with an online benefits enrollment platform through Bentek's Employee Benefits Center (EBC). The EBC provides benefit-eligible retirees the ability to select or change insurance benefits online during the annual Open Enrollment period, New Hire Orientation, or Qualifying Events.

Accessible 24 hours a day, throughout the year, retiree may log in and review comprehensive information regarding benefit plans and view and print an outline of benefit elections for employee and dependent(s). Retirees have access to important forms and carrier links, can report qualifying life events and review and make changes to Life insurance beneficiary designations.



To Access the Employee Benefits Center:

- ✓ Log on to www.mybentek.com/townofpalmbeach
- ✓ Sign in using a previously created username and password or click "Create an Account" to set up a username and password.
- ✓ If employee has forgotten username and/or password, click on the link "Forgot Username/Password" and follow the instructions.
- ✓ Once logged on, navigate to the menu in order to review current elections, learn about benefit options, and make elections, changes or beneficiary designations.

For technical issues directly related to using the EBC, please call (888) 5-Bentek (523-6835) or email Bentek Support at support@mybentek.com, Monday through Friday, during regular business hours, 8:30am - 5:00pm.

To access Employee Benefits Center online, log onto:
www.mybentek.com/townofpalmbeach

Please Note: Link must be addressed exactly as written. Due to security reasons, the website cannot be accessed by Google or other search engines.



Group Insurance Eligibility



The Town's group insurance plan year is January 1 through December 31.

Employee Eligibility

An eligible employee must elect the Town's insurance coverage at the time of retirement from the Town or at the time employee begins to receive retirement benefits; but no later than 30 days after beginning to receive retirement benefits from any Town retirement plan.

Retirees are eligible to participate in The Town's medical and dental plans if they elect to receive Town retirement benefits immediately following termination of Town employment; or if the employee leaves Town employment prior to the normal retirement date, employee must have at least 10 years of service with the town, and reach the normal retirement date under the Town Retirement Plan or the age at which distribution from the defined contribution plan is allowed in accordance with Section 72(t)(2)(A) of the Internal Revenue Code.

Employees who leave Town employment prior to the normal retirement date must notify the Human Resources Department no later than 30 days after beginning to receive retirement benefits from any Town retirement plan and must elect Town insurance coverage at that time to be eligible for coverage. Retirees who do not elect Town insurance coverage by the time they begin to receive Town retirement benefits are not eligible to enroll in the Town's insurance program during any subsequent Open Enrollment period.

Cancellation of Coverage

Retiree may cancel coverage with the Town at any time. Cancellation notice must be provided in writing to the Human Resources Department. Coverage will terminate on the last day of the month in which notice was provided. Retiree who cancels coverage will not be permitted to re-enroll during any subsequent Open Enrollment period.

Dependent Eligibility

A dependent is defined as the legal spouse and/or dependent child(ren) of the participant or spouse. The term "child" includes any of the following:

- A natural child
- A stepchild
- A legally adopted child
- A newborn child (up to the age of 18 months) of a covered dependent (Florida)
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse

Dependent Age Requirements

Medical Coverage: A dependent child may be covered through the end of the calendar year in which the child turns age 26. An over-age dependent may continue to be covered on the medical plan to the end of the calendar year in which the child reaches age 30, if the dependent meets the following requirements:

- Unmarried with no dependents; and
- A Florida resident, or full-time or part-time student; and
- Otherwise uninsured; and
- Not entitled to Medicare benefits under Title XVIII of the Social Security Act, unless the child is disabled.

Dental Coverage: A dependent child may be covered through the end of the calendar year in which child turns age 26.

Disabled Dependents

Coverage for an unmarried dependent child may be continued beyond age 26 if:

- The dependent is physically or mentally disabled and incapable of self-sustaining employment (prior to age 26); and
- Primarily dependent upon the employee for support; and
- The dependent is otherwise eligible for coverage under the group medical plan; and
- The dependent has been continuously insured; and
- Coverage with The Town began prior to age 26.

Proof of disability will be required upon request. Please contact the Human Resources Department if further clarification is needed.

Domestic Partner

Domestic partners may be eligible to participate in the Town's group insurance plans if the partner is officially registered as a domestic partner with the Town. The IRS guidelines state that employee may not receive a tax advantage on any portion of premiums paid related to domestic partner coverage. Employees insuring domestic partners and/or child dependent(s) of a domestic partner are required to pay imputed income tax on subsidy amounts and should consult a tax advisor. Please contact Human Resources Department for more information.



Qualifying Events

Retirees may drop coverage at any time. Under certain circumstances, retiree may be allowed to make other changes to benefit elections during the plan year, if the event affects the retiree, spouse, or dependent's coverage eligibility. Any requested changes must be consistent with and on account of the qualifying event.

The following are examples of Qualifying Events:

- Death of retiree or a retiree's spouse; (Surviving Spouse may be offered COBRA coverage)
- Divorce - Retiree may terminate spouse from plan (Spouse may be offered COBRA coverage)
- Marriage - Retiree wishes to enroll new spouse on plan
- Gain or loss of Medicare coverage (Spouse may be offered COBRA coverage)
- Adoption or Birth of a child

Retirees who experience a Qualifying Event must contact Human Resources within 30 days of the Qualifying Event to make the appropriate changes to coverage. If approved, changes will take place on of the date of the qualifying event. Retirees will be required to furnish valid documentation to support a change in status or "Qualifying Event".

Medical Insurance

The Town offers medical insurance through Cigna to benefit-eligible retirees. A brief summary of benefits is provided on the following page. For more detailed information about the medical plans, please refer to the carrier's Summary of Benefits and Coverage (SBC) document or contact Cigna's customer service.

Medicare Coverage and Discounted Premiums

If enrolled in Medicare Part A and Part B, retiree and eligible spouse qualify for reduced premium. A copy of the participants Medicare card must be submitted to Human Resources. The reduced medical insurance premium will take effect the first of the month following receipt of the card. For more information, please contact the Human Resources Department.

IMPORTANT NOTES



Cigna will process medical claims for all retirees and dependents who are age 65 or over and eligible to enroll with Medicare, as if Medicare Part A and Part B have been elected. If retiree and/or dependent is 65 years of age or over and has not enrolled in Medicare Part A and B, retiree and/or dependent may be responsible for paying some or all of the medical claims.

Cigna | Customer Service: (800) 244-6224 | www.cigna.com

Summary of Benefits and Coverage

A **Summary of Benefits & Coverage (SBC)** for the Medical Plan is provided as a supplement to this booklet being distributed to new hires and existing employees during Open Enrollment. The summary is an important item in understanding employee's benefit options. A free paper copy of the SBC document may be requested or is also available as follows:

From: Human Resources Department
Address: 360 S. County Rd.
 Palm Beach, FL 33480
Phone: (561) 838-5450, Option 2
Website URL: www.mybentek.com/townofpalmbeach

The SBC is only a summary of the plan's coverage. A copy of the plan document, policy, or certificate of coverage should be consulted to determine the governing contractual provisions of the coverage. A copy of the group certificate of coverage can be reviewed and obtained by contacting Human Resources Department.

If there are any questions about the plan offerings or coverage options, please contact Human Resources Department at (561) 838-5450, Option 2.



Other Available Plan Resources

Cigna offers all enrolled employees and dependents additional services and discounts through value added programs. For more details regarding other available plan resources, please contact Cigna's customer service at (800) 244-6224 or visit www.cigna.com.

24-Hour Help Information Hotline (800) CIGNA-24

The Cigna 24-Hour Health Information Line provides access to helpful, reliable information and assistance from qualified health information nurses on a wide range of health topics 24 hours a day, any day of the year. Not sure what to do for a child who has a fever in the middle of the night? Not sure if treatment from a doctor is necessary for an injury? There are over 1,000 topics in the Health Information Library to help weigh the risks and advantages of treatment options. The call is free and is strictly confidential.

Healthy Rewards

Cigna's Healthy Rewards is provided automatically at no additional cost and offers access to discounted health and wellness programs at participating providers. Members can register on www.mycigna.com and select Healthy Rewards to learn more about these programs or call (800) 870-3470.

- ✓ Vision Care
- ✓ Lasik Vision Correction Services
- ✓ Fitness Club Discounts
- ✓ Nutrition Discounts
- ✓ Hearing Care

The myCigna Mobile App

The myCigna mobile app is an easy way to organize and access important health information. Anytime. Anywhere. Download it today from the App StoreSM or Google PlayTM. With the myCigna mobile app, members can:

- ✓ Find a doctor, dentist or health care facility
- ✓ Access maps for instant driving directions
- ✓ View ID cards for the entire family
- ✓ Review deductibles, account balances and claims
- ✓ Compare prescription drug costs
- ✓ Speed-dial Cigna Home Delivery PharmacyTM
- ✓ Add health care professionals to contact list right from a claim or directory search

Prescription Drugs - Cigna 90 Now

Employees taking maintenance medications which are prescribed for chronic long-term conditions and are taken on a regular recurring basis, must now fill these prescriptions at a Cigna 90 Now pharmacy or through Cigna Home Delivery. Employees may choose a different pharmacy, but the prescription will not be covered by the Town's sponsored insurance. To find a Cigna 90 Now pharmacy, log on to www.cigna.com/rx90network.

Telehealth

Cigna provides access to two (2) telehealth services as part of the medical plan – AmWell and MDLive. Telehealth is a convenient phone and video consultation company that provides immediate medical assistance for many conditions.

This benefit is provided to all enrolled members. Registration is required and should be completed ahead of time. This program allows members 24 hours a day, seven (7) days a week on-demand access to affordable medical care via phone and online video consultations when needing immediate care for non-emergency medical issues. Telehealth should be considered when employee's primary care doctor is unavailable, after-hours or on holidays for non-emergency needs. Many urgent care ailments can be treated with Telehealth, such as:

- ✓ Sore Throat
- ✓ Headache
- ✓ Stomachache
- ✓ Fever
- ✓ Cold And Flu
- ✓ Allergies
- ✓ Rash
- ✓ Acne
- ✓ UTIs And More

Telehealth doctors do not replace employee's primary care physician but may be a convenient alternative for urgent care and ER visits. For further information please contact Cigna.

Cigna

AmWell | Customer Service: (855) 667-9722 | www.mycigna.com
MDLive | Customer Service: (888) 762-3171 | www.mycigna.com

Retiree Relief Fund

The Retiree Relief Fund, provided for by donated capital, shall benefit qualifying retired employees of the Town by providing financial assistance toward expenses related to disasters or significant personal hardship. Examples of circumstances that may qualify for financial assistance include:

- › Involuntary loss of wages resulting from and illness, accident or other extraordinary circumstance
- › Medical expenses resulting from an illness, accident or other extraordinary circumstance
- › Damage to home and/or personal vehicle due to an accident or natural disaster
- › Legal fees for non-criminal matters
- › Expenses associated with the imminent foreclosure or eviction from a primary residence
- › Funeral expenses for a spouse or dependent who can be claimed on retiree's tax return.

If retiree has a circumstance that qualifies for assistance, please visit www.townofpalmbeach.com/documentcenter/view/9110/rpp or contact the Human Resources Department.



Cigna Open Access Plus In Network Seaview Plan At-A-Glance

Network	Open Access Plus
Calendar Year Deductible (CYD)	
Single	In-Network \$0
Family	\$0
Coinsurance	
Member Responsibility	0%
Calendar Year Out-of-Pocket Limit	
Single	\$1,500
Family	\$3,000
What Applies to the Out-of-Pocket Limit?	Copays
Physician Services	
Primary Care Physician (PCP) Office Visit (PCP Election Required)	\$20 Copay
Specialist Office Visit (No Referral Required)	\$40 Copay
Telehealth	No Charge
Non-Hospital Services; Freestanding Facility	
Clinical Lab (Blood Work)*	No Charge
X-rays	No Charge
Advanced Imaging (MRI, PET, CT)	No Charge
Outpatient Surgery in Surgical Center	\$250 Copay
Physician Services at Surgical Center	No Charge
Urgent Care (Per Visit)	\$30 Copay
Hospital Services	
Inpatient Hospital (Per Admission)	\$500 Copay
Outpatient Hospital (Per Visit)	\$100 Copay
Physician Services at Hospital	No Charge
Emergency Room (Per Visit; Waived if Admitted)	\$115 Copay
Mental Health/Alcohol & Substance Abuse	
Inpatient Hospital Services (Per Admission)	\$500 Copay
Outpatient Services (Per Visit)	\$40 Copay
Prescription Drugs (Rx)	
Pharmacy Deductible**	\$100 Individual / \$200 Family
Pharmacy Out of Pocket Limit	\$5,100 Individual / \$8,700 Family
Generic	\$10 Copay
Preferred Brand Name	\$30 Copay After CYD
Non-Preferred Brand Name	50% After CYD
Mail Order Drug (90-Day Supply)	2x Retail Copay (Non-Preferred Brand Name: 60% Coinsurance)



Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.cigna.com. When completing the necessary search criteria, select Open Access Plus, OA Plus, Choice Fund OA Plus.



Plan References

*Quest Diagnostics or LabCorp are the preferred labs for bloodwork through Cigna. When using a lab other than Quest or LabCorp, please confirm they are contracted with Cigna Open Access Plus network prior to receiving services.

**Pharmacy Deductible: The Cigna Seaview plan has a separate calendar year pharmacy deductible of \$100 per member. This deductible applies only to brand name prescriptions.



Important Notes

Services received by providers or facilities **not** in the Open Access Plus network, will not be covered.



Cigna Open Access Plus Seaspray Plan At-A-Glance



Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.cigna.com. When completing the necessary search criteria, select Open Access Plus, OA Plus, Choice Fund OA Plus.



Plan References

***Out-Of-Network Balance Billing:**

For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the Summary of Benefits and Coverage (SBC) document.

**Quest Diagnostics or LabCorp are the preferred labs for bloodwork through Cigna. When using a lab other than Quest or LabCorp, please confirm they are contracted with Cigna Open Access Plus network prior to receiving services.

***Pharmacy Deductible: The Cigna Seaspray plan has a separate calendar year pharmacy deductible of \$100 per member. This deductible applies only to brand name prescriptions.

Network	Open Access Plus	
Calendar Year Deductible (CYD)	In-Network	Out of Network*
Single	\$1,000	\$2,000
Family	\$2,000	\$4,000
Coinsurance		
Member Responsibility	20%	50%
Calendar Year Out-of-Pocket Limit		
Single	\$2,000	\$4,000
Family	\$4,000	\$6,000
What Applies to the Out-of-Pocket Limit?	Coinsurance, Deductible and Copays	
Physician Services		
Primary Care Physician (PCP) Office Visit	\$35 Copay	50% After CYD
Specialist Office Visit	20% After CYD	50% After CYD
Telehealth	No Charge	Not Covered
Non-Hospital Services; Freestanding Facility		
Clinical Lab (Blood Work)**	No Charge	50% After CYD
X-rays	20% After CYD	50% After CYD
Advanced Imaging (MRI, PET, CT)	20% After CYD	50% After CYD
Outpatient Surgery in Surgical Center	20% After CYD	50% After CYD
Physician Services at Surgical Center	20% After CYD	50% After CYD
Urgent Care (Per Visit)	\$50 Copay	\$50 Copay After CYD
Hospital Services		
Inpatient Hospital (Per Admission)	20% After CYD	\$500 Copay + 50% After CYD
Outpatient Hospital (Per Visit)	\$250 Copay	50% After CYD
Physician Services at Hospital	20% After CYD	20% After In-Network CYD
Emergency Room (Per Visit; Waived if Admitted)	\$250 Copay	\$250 Copay
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospital Services (Per Admission)	20% After CYD	\$500 Copay + 50% After CYD
Outpatient Services (Per Visit)	20% After CYD	50% After CYD
Prescription Drugs (Rx)		
Pharmacy Deductible***	\$100 Individual / \$200 Family	Not Covered
Pharmacy Out of Pocket Limit	\$4,600 Individual / \$9,200 Family	
Generic	\$10 Copay	
Preferred Brand Name	\$35 Copay After CYD	
Non-Preferred Brand Name	50% After CYD	
Mail Order Drug (90-Day Supply)	2x Retail Copay (Non-Preferred Brand Name: 60% Coinsurance)	



Cigna Open Access Plus Seabreeze Plan At-A-Glance

Network	Open Access Plus	
Calendar Year Deductible (CYD)	In-Network	Out of Network*
Single	\$500	\$1,000
Family	\$1,500	\$3,000
Coinsurance		
Member Responsibility	10%	30%
Calendar Year Out-of-Pocket Limit		
Single	\$1,500	\$3,000
Family	\$4,500	\$9,000
What Applies to the Out-of-Pocket Limit?	Coinsurance, Deductible and Copays	
Physician Services		
Primary Care Physician (PCP) Office Visit	\$25 Copay	30% After CYD
Specialist Office Visit	\$40 Copay	30% After CYD
Telehealth	No Charge	Not Covered
Non-Hospital Services; Freestanding Facility		
Clinical Lab (Blood Work)**	10% After CYD	30% After CYD
X-rays	10% After CYD	30% After CYD
Advanced Imaging (MRI, PET, CT)	10% After CYD	30% After CYD
Outpatient Surgery in Surgical Center	10% After CYD	30% After CYD
Physician Services at Surgical Center	10% After CYD	30% After CYD
Urgent Care (Per Visit)	\$30 Copay	\$30 Copay After CYD
Hospital Services		
Inpatient Hospital (Per Admission)	10% After CYD	\$300 Copay + 30% After CYD
Outpatient Hospital (Per Visit)	10% After CYD	30% After CYD
Physician Services at Hospital	10% After CYD	10% After CYD
Emergency Room (Per Visit; Waived if Admitted)	10% After CYD	10% After CYD
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospital Services (Per Admission)	10% After CYD	\$300 Copay + 30% After CYD
Outpatient Services (Per Visit)	10% After CYD	30% After CYD
Prescription Drugs (Rx)		
Pharmacy Deductible***	\$100 Individual / \$200 Family	Not Covered
Pharmacy Out of Pocket Limit	\$5,100 Individual / \$8,700 Family	
Generic	\$10 Copay	
Preferred Brand Name	\$30 Copay After CYD	
Non-Preferred Brand Name	50% After CYD	
Mail Order Drug (90-Day Supply)	2x Retail Copay (Non-Preferred Brand Name: 60% Coinsurance)	



Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.cigna.com. When completing the necessary search criteria, select Open Access Plus, OA Plus, Choice Fund OA Plus.



Plan References

***Out-Of-Network Balance Billing:**

For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the Summary of Benefits and Coverage (SBC) document.

**Quest Diagnostics or LabCorp are the preferred labs for bloodwork through Cigna. When using a lab other than Quest or LabCorp, please confirm they are contracted with Cigna Open Access Plus network prior to receiving services.

***Pharmacy Deductible: The Cigna Seaspray plan has a separate calendar year pharmacy deductible of \$100 per member. This deductible applies only to brand name prescriptions



Dental Insurance

Cigna Total DPPO Plan

The Town offers dental insurance through Cigna to benefit-eligible retirees. The costs for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to the carrier's summary plan document or contact Cigna's customer service.

Dental Insurance – Cigna Total DPPO Plan

Monthly Cost

Tier of Coverage	Employee Cost
Employee Only	\$41.74
Employee + 1 Dependent	\$78.31
Employee + 2 Dependents	\$102.13

In-Network Benefits

The Cigna Total DPPO plan provides benefits for services received from in-network and out-of-network providers. It is also an open-access plan which allows for services to be received from any dental provider without having to select a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers the plan utilizes is the Cigna Total DPPO. These participating dental providers have contractually agreed to accept Cigna's contracted fee or "allowed amount." This fee is the maximum amount a Cigna dental provider can charge a member for a service. The member is responsible for a Calendar Year Deductible (CYD) and then coinsurance based on the plan's charge limitations.

Please Note: Total DPPO dental members have the option to utilize a dentist that participates in either Cigna's Advantage network or DPPO network. However, members that use the Cigna Advantage network will see additional cost savings for using an Advantage network provider. Members are responsible for verifying whether the treating dentist is an Advantage Dentist or a DPPO Dentist.

Out-of-Network Benefits

Out-of-network benefits are used when member receives services by a non-participating Cigna provider. Cigna reimburses out-of-network services based on what it determines as the Maximum Reimbursable Charge (MRC). The MRC is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member may be responsible for balance billing. Balance billing is the difference between the Cigna's MRC and the amount charged by the out-of-network dental provider. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

Calendar Year Deductible

The Cigna Total DPPO plan requires a \$50 individual or a \$150 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for preventive services.

Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the Cigna Total DPPO plan will pay for each covered member is \$2,000 for in-network and out-of-network services combined. All services, including preventive, accumulate towards the benefit maximum. Once the plan's benefit maximum is met, the member will be responsible for future charges until next calendar year.

Cigna | Customer Service: (800) 244-6224 | www.cigna.com



Cigna Total DPPPO Plan At-A-Glance

Network	Cigna Total DPPPO	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network*
Per Member		\$50
Per Family		\$150
Waived for Class I Services?		Yes
Calendar Year Benefit Maximum		
Per Member		\$2,000
Class I Services: Diagnostic & Preventive Care		
Routine Oral Exam (2 Per Year)	Plan Pays: 100% Deductible Waived	Plan Pays: 90% Deductible Waived (Subject to Balance Billing)
Routine Cleanings (2 Per Year)		
Complete X-rays (1 Every 3 Years)		
Bitewing X-rays (2 Sets Per Year)		
Class II Services: Basic Restorative Care		
Fillings	Plan Pays: 80% After CYD	Plan Pays: 60% After CYD (Subject to Balance Billing)
Simple Extractions		
Oral Surgery		
Periodontal Services		
Endodontics (Root Canal Therapy)		
Class III Services: Major Restorative Care		
Crowns	Plan Pays: 50% After CYD	Plan Pays: 40% After CYD (Subject to Balance Billing)
Bridges		
Dentures		
Class IV Services: Orthodontia		
Lifetime Maximum		\$1,500
Benefit (Dependent Children Up To Age 19)	Plan Pays: 50%	Plan Pays: 50% (Subject to Balance Billing)



Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.cigna.com. When completing the necessary search criteria, select Total Cigna DPPPO (Cigna DPPPO Advantage and Cigna DPPPO).



Plan References

***Out-Of-Network Balance Billing:**
For information regarding out-of-network balance billing that may be charged by an out-of-network provider, please refer to the Out-of-Network Benefits section on the previous page.



Important Notes

- Each covered family member may receive up to two (2) routine cleanings per calendar year covered under the preventive benefit.
- For any dental work expected to cost \$200 or more, the plan will provide a "Pre-Determination of Benefits" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should employee have the dental work performed.
- Waiting periods and age limitations may apply.
- Benefit frequency limitations may apply to certain services.



Notes

Use this section to make notes regarding personal benefit plans or to keep track of important information such as doctors' names and addresses or prescription medications.

A series of horizontal dotted lines providing a space for handwritten notes.



4200 Northcorp Parkway, Suite 185
Palm Beach Gardens, Florida 33410
Toll Free: (800) 244-3696 | Fax: (561) 626-6970
www.gehringgroup.com

© 2016, Gehring Group, Inc., All Rights Reserved