



# Palm Beach

## 2025 RETIREE BENEFIT HIGHLIGHTS





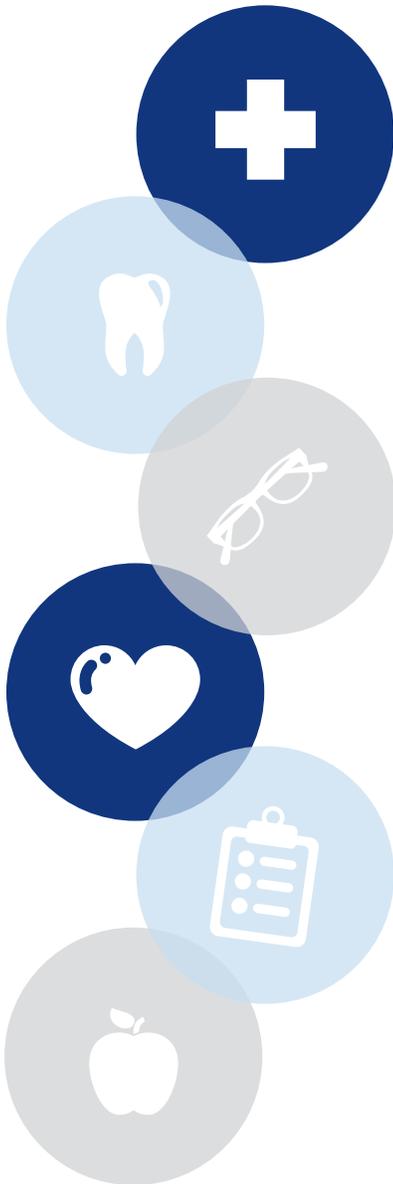
## Contact Information

<b>People and Culture Department</b>		Phone: (561) 838-5450
	<b>Online Benefit Enrollment</b>	Bentek Support Customer Service: (888) 5-Bentek (523-6835) Email: <a href="mailto:support@mybentek.com">support@mybentek.com</a> <a href="http://app.mybentek.com/townofpalmbeach">app.mybentek.com/townofpalmbeach</a>
	<b>Medical Insurance</b>	Cigna Healthcare Customer Service: (800) 244-6224 <a href="http://www.mycigna.com">www.mycigna.com</a>
	<b>Prescription Drug Coverage &amp; Mail Order Program</b>	Express Scripts through Cigna Healthcare Customer Service: (800) 835-3784 <a href="http://www.mycigna.com">www.mycigna.com</a>
	<b>Telehealth</b>	MDLIVE through Cigna Healthcare Customer Service: (888) 726-3171 <a href="http://www.mycigna.com">www.mycigna.com</a>
	<b>Dental Insurance</b>	Cigna Healthcare Customer Service: (800) 244-6224 <a href="http://www.mycigna.com">www.mycigna.com</a>
	<b>Voluntary Retiree Life Insurance</b>	The Hartford Customer Service: (800) 523-2233 <a href="http://www.thehartford.com">www.thehartford.com</a>



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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.



## Introduction

The Town of Palm Beach provides group insurance benefits to eligible retirees 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 Town's Personnel Policies and/or Certificates of Coverage for detailed descriptions of all available employee and retiree benefit programs and stipulations therein. If retiree requires further explanation or needs assistance regarding claims processing, please refer to the customer service phone numbers under each benefit description heading or contact the People and Culture Department.

## 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.

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 retiree and dependent(s). Retiree also has 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 [app.mybentek.com/townofpalmbeach](https://app.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 retiree has forgotten username and/or password, click on the link "Forgot Username/Password" and follow the instructions.
- ✓ Once logged on, navigate using the Launchpad to review current enrollment, learn about benefit options, and make any benefit changes or update 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](mailto:support@mybentek.com), Monday through Friday during regular business hours 8:30am - 5:00pm.



To access Bentek using a mobile device, scan code.



## Group Insurance Eligibility



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

### Retiree Eligibility

An eligible retiree must elect the Town's insurance coverage at the time of retirement from the Town or at the time retiree 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 retiree leaves Town employment prior to the normal retirement date. Retiree 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.

Retirees who leave Town employment prior to the normal retirement date must notify the People and Culture 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 People and Culture 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/domestic partner and/or dependent child(ren) of the participant or spouse/domestic partner. 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 State Statute)
- 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 (taxable 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 a 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 retiree for support; and
- The dependent is otherwise eligible for coverage under the group's insurance plans; and
- The dependent has been continuously insured.

Proof of disability will be required upon request. Please contact the People and Culture Department if further clarification is needed.

### Domestic Partner Coverage

Domestic partner benefits are extended to either same or opposite-sex domestic partners of Town retirees. All retirees seeking domestic partner benefit coverage must complete and submit the Town's Affidavit of Domestic Partnership to the People and Culture Department prior to receipt of the designated benefits. In addition to the affidavit, retirees who reside within Palm Beach County must register their domestic partnership with the Palm Beach County Clerk and Comptroller's office and provide proof of registration to the People and Culture Department. Retirees who reside outside of Palm Beach County must complete the Town's Declaration of Domestic Partnership form. All forms, including a link to the Palm Beach County Clerk and Comptroller's office can be found on the Employee and Supervisor Forms page of the Town's Intranet.

**Domestic Partners Who Become Married:** Opposite or Same Sex Domestic Partners (IRS Revenue Ruling 2013-17) who legally marry must submit a Life Event in Bentek within 30 days of the marriage and provide supporting documentation.



## 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 the People and Culture Department within 30 days of the Qualifying Event to make the appropriate changes to coverage. If approved, changes will take place on the date of the qualifying event. Retirees will be required to furnish valid documentation to support a change in status or "Qualifying Event".

## 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.

## Summary of Benefits and Coverage

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

<b>From:</b>	People and Culture Department
<b>Address:</b>	360 S. County Rd. Palm Beach, FL 33480
<b>Phone:</b>	(561) 838-5450
<b>Website:</b>	app.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 the People and Culture Department.

If there are any questions about the plan offerings or coverage options, please contact the People and Culture Department at (561) 838-5450.

## Telehealth

Cigna provides access to telehealth services as part of the medical plan. MDLIVE is a convenient phone and video consultation company that provides immediate medical assistance for many conditions.

The 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 retiree'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 retiree's primary care physician but may be a convenient alternative for urgent care and ER visits. For further information please contact MDLIVE through Cigna.

**MDLIVE** | Customer Service: (888) 726-3171 | [www.mycigna.com](http://www.mycigna.com)



## Medical Insurance

The Town offers medical insurance through Cigna Healthcare to benefit-eligible retirees. The costs for coverage are listed in the premium tables below. A brief summary of benefits is provided on the following pages. 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 the People and Culture Department. The reduced medical insurance premium will take effect the first of the month following receipt of the card. For more information, please contact the People and Culture Department.

#### Medical Insurance - Cigna Open Access Plus In-Network (OAPIN) Monthly Premiums

Tier of Coverage	Non-Medicare Retiree Cost	Medicare Retiree Cost
Retiree Only	\$542.99	\$265.36
Retiree + 1 Dependent	\$1,148.05	\$563.13
Retiree + 2 Dependents	\$1,479.62	N/A
Retiree + 3 or More Dependents	\$1,811.27	N/A

#### Medical Insurance - Cigna Open Access Plus (OAP) Monthly Premiums

Tier of Coverage	Non-Medicare Retiree Cost	Medicare Retiree Cost
Retiree Only	\$639.56	\$315.57
Retiree + 1 Dependent	\$1,351.04	\$668.79
Retiree + 2 Dependents	\$1,765.78	N/A
Retiree + 3 or More Dependents	\$2,180.53	N/A

**Cigna Healthcare** | Customer Service: (800) 244-6224 | [www.mycigna.com](http://www.mycigna.com)

## Medical Plan Resources

Cigna offers all enrolled retirees and dependents additional services and discounts through value added programs. For more details regarding other medical plan resources, please contact Cigna's customer service at (800) 244-6224 or visit [www.mycigna.com](http://www.mycigna.com).

### 24-Hour Health Information Hotline (800) CIGNA-24

The Cigna 24-Hour Health Information Hotline 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](http://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

### Mobile App

Mobile app provides on-the-go access to the medical benefit account. Download the myCigna mobile app from the iPhone or Android app store. Using the mobile app, members are able to:

- View Benefits
- Download Member ID Cards
- Locate a Provider
- View Claims

### Prescription Drugs - Cigna 90 Now

Retirees taking maintenance medications which are prescribed for chronic long-term conditions and are taken on a regular recurring basis, may now fill these prescriptions at a Cigna 90 Now pharmacy or through Cigna Home Delivery. To find a Cigna 90 Now pharmacy, log on to [www.mycigna.com](http://www.mycigna.com).



## Cigna Open Access Plus In-Network (OAPIN) Plan At-A-Glance



### Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.mycigna.com](http://www.mycigna.com). When completing the necessary search criteria, select Open Access Plus, OA Plus, Choice Fund OA Plus network.



### Plan References

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

\*\*Pharmacy Deductible: The 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.

Network		Open Access Plus
<b>Calendar Year Deductible (CYD)</b>		<b>In-Network</b>
Single		Does Not Apply
Family		Does Not Apply
<b>Coinsurance</b>		
Member Responsibility		Does Not Apply
<b>Calendar Year Out-of-Pocket Limit</b>		
Single		\$1,500
Family		Per Person: \$1,500   Per Family: \$3,000
What Applies to the Out-of-Pocket Limit?		Copays
<b>Physician Services</b>		
Primary Care Physician (PCP) Office Visit/Virtual Care (PCP Election Required)		\$20 Copay
Specialist Office Visit/Virtual Care (No Referral Required)		\$40 Copay
<b>Non-Hospital Services; Freestanding Facility</b>		
Clinical Lab (Bloodwork)*		No Charge
X-rays		No Charge
Advanced Imaging (MRI, PET, CT)		No Charge
Outpatient Surgery at Surgical Center		\$100 Copay
Physician Services at Surgical Center		No Charge
Urgent Care (Per Visit)		\$50 Copay
<b>Hospital Services</b>		
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)		\$150 Copay
<b>Mental Health/Alcohol &amp; Substance Abuse</b>		
Inpatient Hospital Services (Per Admission)		\$500 Copay
Outpatient Services (Per Visit)		No Charge
Outpatient Office Visit		\$40 Copay
<b>Prescription Drugs (Rx)</b>		
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 Rx CYD
Non-Preferred Brand Name		50% Coinsurance After Rx CYD
Mail Order Drug (90-Day Supply)		2x Retail Copay



## Cigna Open Access Plus (OAP) Plan At-A-Glance

Network	Open Access Plus	
<b>Calendar Year Deductible (CYD)</b>	<b>In-Network</b>	<b>Out-of-Network*</b>
Single	\$500	\$1,000
Family	Per Person: \$500   Per Family: \$1,500	Per Person: \$1,000   Per Family: \$3,000
<b>Coinsurance</b>		
Member Responsibility	10%	30%
<b>Calendar Year Out-of-Pocket Limit</b>		
Single	\$1,500	\$3,000
Family	Per Person: \$1,500   Per Family: \$4,500	Per Person: \$3,000   Per Family: \$9,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance and Copays	
<b>Physician Services</b>		
Primary Care Physician (PCP) Office Visit/Virtual Care	\$25 Copay	30% After CYD
Specialist Office Visit/Virtual Care	\$40 Copay	30% After CYD
<b>Non-Hospital Services; Freestanding Facility</b>		
Clinical Lab (Bloodwork)**	10% Coinsurance	30% After CYD
X-rays	10% Coinsurance	30% After CYD
Advanced Imaging (MRI, PET, CT)	10% Coinsurance	30% After CYD
Outpatient Surgery at Surgical Center	10% After CYD	30% After CYD
Physician Services at Surgical Center	10% After CYD	30% After CYD
Urgent Care (Per Visit)	\$50 Copay	\$50 Copay
<b>Hospital Services</b>		
Inpatient Hospital (Per Admission)	10% After CYD	\$300 PAD*** + 30% After CYD
Outpatient Hospital (Per Visit)	10% After CYD	30% After CYD
Physician Services at Hospital	10% After CYD	30% After CYD
Emergency Room (Per Visit)	10% After CYD	10% After INN-CYD
<b>Mental Health/Alcohol &amp; Substance Abuse</b>		
Inpatient Hospital Services (Per Admission)	10% After CYD	\$300 PAD*** + 30% After CYD
Outpatient Services (Per Visit)	10% Coinsurance	30% After CYD
Outpatient Office Visit	\$40 Copay	30% After CYD
<b>Prescription Drugs (Rx)</b>		
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 Rx CYD	
Non-Preferred Brand Name	50% Coinsurance After Rx CYD	
Mail Order Drug (90-Day Supply)	2x Retail Copay	



### Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.mycigna.com](http://www.mycigna.com). When completing the necessary search criteria, select Open Access Plus, OA Plus, Choice Fund OA Plus network.



### 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.

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

**\*\*\*PAD: Per Admission Deductible**

**\*\*\*\*Pharmacy Deductible: The 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 Healthcare 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	Retiree Cost
Retiree Only	\$41.74
Retiree + 1 Dependent	\$78.31
Retiree + 2 or More 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 Total Cigna DPPO network. 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 from the added discount that is allowed 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.

#### Mobile App

Mobile app provides on-the-go access to the dental benefit account. Download the myCigna mobile app from the iPhone or Android app store. Using the mobile app, members are able to:

- View Benefits
- Download Member ID Cards
- Locate a Provider
- View Claims

**Cigna Healthcare** | Customer Service: (800) 244-6224 | [www.mycigna.com](http://www.mycigna.com)



## Cigna Total DPPPO Plan At-A-Glance

Network	Total Cigna DPPPO	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network*
Per Member		\$50
Per Family		\$150
Waived for Class I Services?		Yes
<b>Calendar Year Benefit Maximum</b>		
Per Member		\$2,000
<b>Class I Services: Diagnostic &amp; Preventive Care</b>		
Routine Oral Exam (2 Per Calendar Year)		
Routine Cleanings (2 Per Calendar Year)	Plan Pays: 100% Deductible Waived	Plan Pays: 90% Deductible Waived (Subject to Balance Billing)
Complete X-rays (1 Per 36 Months)		
Bitewing X-rays (2 Per Calendar Year)		
<b>Class II Services: Basic Restorative Care</b>		
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)		
<b>Class III Services: Major Restorative Care</b>		
Crowns	Plan Pays: 50% After CYD	Plan Pays: 40% After CYD (Subject to Balance Billing)
Bridges		
Dentures		
<b>Class IV Services: Orthodontia</b>		
Lifetime Maximum		\$1,500
Benefit (Dependent Children Up To Age 19)	Plan Pays: 50% Deductible Waived	Plan Pays: 50% Deductible Waived (Subject to Balance Billing)
<b>Class IX Services: Implants</b>		
Calendar Year Benefit Maximum		\$2,000
Benefit	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD (Subject to Balance Billing)



### Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.mycigna.com](http://www.mycigna.com). When completing the necessary search criteria, select Total Cigna DPPPO (Cigna DPPPO Advantage and Cigna DPPPO) network.



### 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

- 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 retiree 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.

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