

1. Dental/Vision Plan



Dental Plan

Our Dental Program includes a reimbursement and a discount component that gives employees more reasons to smile. This program provides reimbursement on 45 of the most common preventive and basic dental procedures giving eligible members the freedom to visit any providers. To enjoy greater savings, members are encouraged to visit any of the 69,000 participating CIGNA Dental providers.

In addition, enrolled members will also receive discounts on an additional 200+ dental procedures when they visit a participating CIGNA Dental network provider.

Reimbursement Coverage

- Includes the 45 most common preventive and basic procedures
- \$25 annual deductible

Dental Plan Reimbursement Chart \$25 per person annual deductible

Maximum Covered Charge	Maximum Covered Charge	Maximum Covered Charge
Oral Examination	X-Ray and Pathology	Prophylaxis and Fluoride
D0120 Periodic Oral Exam* \$17	D0210 Entire Dental Series (Intraoral) Including Bitewings** \$40	D1110 Prophylaxis for age 14 and over* \$30
D0140 Limited Oral Exam/Problem Focused \$27	D0220 Single Film - Initial \$7	D1120 Prophylaxis for age under 14* \$20
D0150 Comprehensive Oral Exam † \$27	D0230 Single Film - Each Additional \$7	D1203 Topical Application of Fluoride, Child* \$12
D9110 Emergency - Palliative Treatment \$38	D0240 Intra-Oral Occlusal Film** \$10	D1204 Topical Application of Fluoride, Adult* \$12
Amalgam Restoration for Primary/Permanent Teeth	D0250 Extraoral - First Film \$11	D1351 Sealant, Per Tooth \$16
D2140 Amalgam Filling - 1 Surface \$35	D0260 Extraoral - Each Additional \$9	Periodontics
D2150 Amalgam Filling - 2 Surfaces \$45	D0270 Bitewing Film, One* \$8	D4341 Scaling and Root Planning, Per Quadrant \$72
D2160 Amalgam Filling - 3 Surfaces \$56	D0272 Bitewing Films, Two* \$12	D4355 Full Mouth Debridement to Enable Comprehensive Periodontal Evaluation \$50
D2161 Amalgam Filling - 4 or more Surfaces \$64	D0274 Bitewing Films, Four* \$17	D4910 Periodontal Maintenance \$53
Synthetic Restorations	Extractions	Endodontics (excluding final restoration)
D2330 Composite Resin - 1 Surface \$42	D7140 Extraction-Erupted tooth or exposed root \$39	D3220 Therapeutic Pulpotomy \$20
D2331 Composite Resin - 2 Surfaces \$55	D7220 Removal Impacted Tooth - Soft Tissue \$45	D3310 Root Canal - Anterior \$125
D2332 Composite Resin - 3 Surfaces \$67	D7230 Removal Impacted Tooth - Partially Bony \$70	D3320 Root Canal - Bicuspid \$135
D2335 Composite Resin - 4 or more Surfaces \$69	D7240 Removal Impacted Tooth - Completely Bony \$85	D3330 Root Canal - Molar \$140
D2390 Composite Resin Crown, Anterior \$77	D7241 Removal Impacted Tooth - Completely Bony w/Unusual Surgical Complications \$85	FOOTNOTES
D2391 Composite Resin - 1 Surface Posterior \$50	D7250 Removal Residual Tooth Roots \$30	* Limited to once every 6 months
D2392 Composite Resin - 2 Surfaces Posterior \$68	D7510 Incision & Drainage of Abscess \$45	† Limited to once every 12 months
D2393 Composite Resin - 3 Surfaces Posterior \$85	D9220 General Anesthesia \$52	** Limited to once every 3 years

The benefits above are provided by policy form SBCII-GMP-02. SBCII-DNTR-02.

Discounts for Member Savings

- Visit a CIGNA Dental network dentist for average savings of 35%¹
- Some of the deepest fee reductions in the marketplace
- Access to a nationwide network of more than 69,000 quality dentists who have contracted with CIGNA Dental to provide discounts

D0120	Periodic Oral Exam	\$36	\$24	\$17	\$7
D0220	Single Film – Initial	\$20	\$13	\$7	\$6
D1351	Sealant – Per Tooth	\$41	\$27	\$16	\$11
D2332	Composite Resin – 3 Surfaces	\$171	\$106	\$67	\$39
D7230	Removal Impacted Tooth – Partially Bony	\$314	\$194	\$70	\$124
D3330	Root Canal – Molar	\$854	\$529	\$140	\$389

Discount¹ examples for services not on the reimbursement list available only through dentists contracted with CIGNA Dental

Code	Description of Dental Service	Usual Fee*	Fees Negotiated by CIGNA Dental**	Less CIGNA Reimbursement	Member's Savings**
D6065	Implant Supported Porcelain/ Ceramic Crown	\$1263	\$850	\$0	\$413
D3348	Retreatment Previous Root Canal Therapy- Molar	\$1030	\$638	\$0	\$392
D6740	Crown – Porcelain/Ceramic	\$912	\$614	\$0	\$298

Vision Discount Program The vision discount program is not insurance.

When employees enroll in the Dental Plan, they also receive a membership in the Vision One discount network. Established in 1988, this program provides access to over 9,000 participating locations nationwide where members can save on their eye care needs.

- Save 45% - 60% on frames and lenses
- Save \$5 off routine exams and \$10 off contact lens exams
- Save 10% on disposable contact lenses, 20% on conventional contact lenses
- Toll-free number and online access to locate the nearest providers

¹ Average discount percentages are calculated by comparing nationwide average contracted rates to national average charge data. Actual savings will vary based upon procedure, geographic location, and the individual dentist's contracted fees.

* Usual fee may vary by region. Estimated usual fee without dental coverage based on Connecticut General Life Insurance Company national claims analysis, prepared September 2006.

** Actual fees/savings will vary based upon procedure, geographic location, and the individual dentist's contracted fees.

Current Dental Terminology® American Dental Association

Limitations & Exclusions

Dental Benefit Limitations

Dental coverage is not provided for services or supplies when a charge is not made in the absence of insurance. No coverage is provided for loss caused by or resulting from:

1. Injury in the course of employment;
2. Act of war;
3. Intentionally self-inflicted injury or suicide attempt;
4. A service furnished to you for:
 - a. Cosmetic purposes, unless needed as a result of injury;
 - b. Dental care of a congenital or developmental malformation;
5. Replacement of lost or stolen appliances;
6. Treatment or appliances resulting from abrasion or attrition, or temporomandibular joint disorder;
7. A service not furnished by a Dentist, except:
 - a. That performed by a licensed dental hygienist under a Dentist's supervision; and
 - b. X-rays ordered by a Dentist;

Short Term Disability Limitations

Short Term Disability requires:

1. You be under the regular care of a physician,
 2. Not under the elimination period,
 3. The maximum benefit is reached or you cease to be totally disabled,
 4. The weekly benefit be made up of 7 consecutive days, and
 5. A period of less than a full week be calculated on a daily basis.
- If you are totally disabled at different times while the policy is in force, from the same or related conditions, each time will be treated as a continuous period of total disability, unless there is a lapse of 6 months between disabilities.

No coverage is provided from disability resulting from:

1. Injury or sickness during the course of employment,
2. Act of war,
3. Your commission of a felony,
4. A period of disability during which you are not under the care of a doctor,
5. Mental or nervous disorders, alcoholism, or any form of substance abuse, or
6. Intentionally self-inflicted injury or suicide attempt.
7. For any pre-existing condition.

We will waive the premium payment if you become totally disabled and receive benefits under the plan.

In-Hospital Cash Plan Limitations

This benefit is in addition to any other benefits under the policy. If you are confined to a hospital, we will pay benefits as specified in the plan documents. Benefits will not be paid for any pre-existing conditions. A pre-existing condition is any condition for which you have been diagnosed, treated, sought advice from, or consulted with a physician during the 6 months before you became insured. The pre-existing exclusion will cease to apply to a condition after 12 months of continuous coverage.

The pre-existing limitation does not apply to a pregnancy, or newborn or adopted children. The pre-existing limitation can be reduced by the period of time you were previously insured for the condition causing the claims, provided you were insured with this other plan within 63 days of termination of your prior coverage.

The In-Hospital Indemnity excludes the following from coverage:

1. Hospital confinement which is not necessary treatment is not covered;
2. Any period of confinement for which a charge is not customarily made in the absence of insurance;
3. Loss caused by or resulting from:
 - a. Injury or sickness in the course of employment;
 - b. Act of war;
 - c. Your commission of a felony;
 - d. Hospital confinement which is not ordered by a Physician;
 - e. Cosmetic surgery. This does not apply to reconstructive surgery:
 - Following surgery resulting from trauma, infection, or other diseases of the involved part; or
 - Because of a congenital disease or anomaly of a covered

Dependent newborn or adopted infant; or

- On a non-diseased breast to restore and achieve symmetry between two breasts following a mastectomy.
4. Any period of custodial care confinement;
 5. Treatment of mental or nervous disorders, alcoholism, or any form of substance abuse;
 6. Intentionally self-inflicted injury or suicide attempt.
 7. Any expense incurred after the date the policy terminates.

Term Life Insurance Limitations

If you die while insured, we will pay the amount of life insurance in force at the time of your death. The payment will be made in one sum to your designated beneficiary after we receive proof of your death. If you have no surviving beneficiary, payment will be made to your estate. At our option, payment may be made to one or more of the following: spouse, parent, child, or sibling.

No coverage is provided for:

1. Death while you reside outside of the continental US or Canada,
2. Or death within 2 years from your effective date as a result of suicide.

Change of Beneficiary

The Covered Person may name a new beneficiary at any time by filing with the Holder a written request on forms furnished by Us. The Holder will send the request to Us. When the request is received by Us from the Holder the change will relate back to and take effect as of the date it was signed. This is the case whether the Covered Person is alive or not when We receive the request. Even though the change of beneficiary will relate back to the date it was signed it will be without prejudice to Us on account of any payment We have already made.

Benefit Limitations

No coverage is provided for loss caused by or resulting from:

- Death as a result of aviation or any air travel or flight;
- Death while the Covered Person is a resident outside the continental United States and Canada; or
- Death within 2 years from the Covered Person's effective date of coverage as a result of suicide, while sane or insane.

Definition of Dependent – Your Dependent is:

1. Your spouse,
2. Your unmarried children under 19 years old, and
3. Your unmarried children who are 19 years old through 25 years old if the child is attending an accredited school full time and is dependent on you for support.

Limitation for Pre-Existing Condition – Benefits are not paid for a Pre-Existing condition. A Pre-existing Condition is one in which you have been diagnosed, treated or sought advice from a physician during the 6 months before becoming insured. A condition will no longer be pre-existing after 12 months of continuous coverage. Pre-existing coverage does not apply to a pregnancy or to newborn or adopted children. The pre-existing limitation can be reduced by the amount of time you were previously insured if you became insured under this policy within 63 days after termination of prior coverage.

Termination – When your coverage ends

You or your dependent's coverage will end:

1. when you no longer pay your premium
2. when you or your dependent enters the armed forces,
3. the day you or your dependent is no longer eligible for insurance, or
4. when the policy is terminated by your employer or us.

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**McDonald's Owner/Operator Cigna Healthplan
Effective March 1, 2009**

Dental Plan Option

	Weekly Rate	Bi-Weekly	Semi Monthly
Employee Only	\$4.25	\$8.50	\$9.21
Employee + 1	\$8.20	\$16.40	\$17.77
Family	\$12.15	\$24.30	\$26.33