

CHOICES—DENTAL

This comparison highlights key differences and similarities between dental plans offered through HealthFlex Exchange: **Passive PPO 2000, Dental PPO** and **Dental HMO**. Dental benefits are provided through Cigna.

The annual deductible and co-insurance amounts are your share to pay. All other benefits shown are the amounts or percentages that the plan pays for a service. **The Passive PPO 2000 and Dental PPO use Cigna's PPO Advantage Network. The Dental HMO uses the Cigna Dental Care Access Plus Network. Visit cigna.com to search for in-network providers.**

Note: Only the Dental PPO and the Passive PPO 2000 include Cigna Dental Wellness PlusSM features. When you or your family members receive any preventive care in one plan year, the annual dollar maximum will increase the following plan year, until it reaches the level specified below.

Refer to the HealthFlex Benefit Booklet for additional plan details.

NETWORK BENEFITS	PASSIVE PPO 2000	DENTAL PPO		DENTAL HMO
		PPO Advantage Network	Out of Network	
Calendar Year Maximum (Class I, II and III expenses)	Year 1: \$2,000	Year 1: \$2,000	Year 1: \$1,000	No benefit maximum
	Year 2: \$2,150 ¹	Year 2: \$2,150 ¹	Year 2: \$1,150 ¹	
	Year 3: \$2,300 ²	Year 3: \$2,300 ²	Year 3: \$1,300 ²	
	Year 4 and beyond: \$2,450 ³	Year 4 and beyond: \$2,450 ³	Year 4 and beyond: \$1,450 ³	
Annual Deductible • Individual • Family	• \$50 per person • \$150 per family	• \$50 per person • \$150 per family	• \$50 per person • \$150 per family	No deductible

Note:

- A “passive” PPO allows you to benefit from discounts when receiving services from a PPO Advantage network provider—without a reduction in benefits if you choose to go out of network.
- All out-of-network reimbursement levels are based on 90th percentile of reasonable and customary allowance.

NETWORK BENEFITS	PASSIVE PPO 2000	DENTAL PPO		DENTAL HMO (Shows Participant Cost)
		PPO Advantage Network	Out of Network ⁴	
Class I—Preventive and Diagnostic Care Oral evaluation, routine cleanings, x-rays, sealants	Plan pays 100% Not subject to deductible	Plan pays 100%	Plan pays 100%	Periodic/comprehensive oral evaluation; prophylaxis: \$0 Sealant: \$12 per tooth Routine cleaning: First two are free; additional cleanings \$45 X-rays panoramic (every 3 years) or bitewings: \$0
Class II—Basic Restorative Fillings, endotics, periodontics, oral surgery, anesthesia, bridge/crown/denture repair	Plan pays 80% Subject to deductible	Plan pays 90%	Plan pays 70%	Each amalgam filling, anterior composite filling: \$0 Posterior composite filling: \$47 – \$115 Oral surgery: Extractions \$12 per tooth; removal of impacted tooth: \$46 – \$125 per tooth Anesthesia: \$190 for the first 30 minutes; \$84 each additional 15 minutes Molar root canal: \$335 Periodontal scaling/root plane: \$42 – \$83 per quad
Class III—Major Restorative Crowns, dentures, implants	Plan pays 50% Subject to deductible	Plan pays 60%	Plan pays 50%	Crown: \$88 – \$150, plus \$410 – \$460 for materials Partial dentures: \$525 – \$715
Class IV—Orthodontia	Plan pays 50% up to \$2,000 (up to age 19) Subject to lifetime maximum	Plan pays 50% up to \$2,000 (up to age 19)	Plan pays 50% up to \$1,000 (up to age 19)	Child orthodontics: \$2,040 Adult orthodontics: \$2,376

¹ Increase contingent upon receiving Preventive Services in Plan Year 1.

² Increase contingent upon receiving Preventive Services in Plan Years 1 and 2.

³ Increase contingent upon receiving Preventive Services in Plan Years 1, 2 and 3.

⁴ Benefits for out-of-network provider is based on 90th percentile of reasonable and customary allowances.

CHOICES—VISION

VSP® Vision Benefits

This comparison highlights key differences and similarities between vision plans offered through HealthFlex:

Exam Core, Full-Service and **Premier**. Vision benefits are provided through VSP.

To use your VSP benefit, register at vsp.com, review your benefit information, and find an eye care provider who is right for you. At your appointment, tell them you have VSP—there is no ID card necessary, but if you would like one as a reference, you can print it at vsp.com. There are no claim forms to submit unless you see an out-of-network provider.

VSP provider network: VSP Choice

Benefit	Exam Core	Full-Service	Premier
WellVision Exam <i>Description</i> <ul style="list-style-type: none"> • Focuses on your eyes and overall wellness • Every 12 months 	\$20 co-payment	\$20 co-payment	\$20 co-payment
Prescription Glasses	No coverage	\$20 co-payment	\$20 co-payment (applies to 1 st and 2 nd pair of glasses)
Frame Details	No coverage	<ul style="list-style-type: none"> • Includes \$160 allowance for wide selection of frames • 20% savings on any amount over your allowance • Every 12 months 	<ul style="list-style-type: none"> • Includes \$200 allowance for wide selection of frames • 20% savings on any amount over your allowance • Every 12 months
Lens Details	No coverage	<ul style="list-style-type: none"> • Includes single vision, lined bifocal and lined trifocal lenses • Includes polycarbonate lenses for dependent children • Every 12 months 	<ul style="list-style-type: none"> • Includes single vision, lined bifocal and lined trifocal lenses • Includes polycarbonate lenses for dependent children • Every 12 months
Lens Enhancements	No coverage	<ul style="list-style-type: none"> • Standard progressive lenses: 100% • Average savings of 25% – 30% on other lens enhancements • Every 12 months 	<ul style="list-style-type: none"> • Anti-reflective coating: Covered in full after \$25 copay • UV Protection: 100% • Standard progressive lenses: 100% • Average savings of 40% on other lens enhancements • Every 12 months
Contact Lenses	No coverage	<i>Instead of glasses</i> <ul style="list-style-type: none"> • Includes \$160 allowance for contacts and contact lens exam (fitting and evaluation) • 15% off contact lens exam up to a maximum \$50 copay • Every 12 months 	<i>In addition to glasses</i> <ul style="list-style-type: none"> • Includes \$200 allowance for 2nd pair of glasses, or contacts and contact lens exam fitting and evaluation • 15% off contact lens exam up to a maximum \$50 copay • Every 12 months
Additional Coverage	NA	Diabetes Eyecare Plus Program: \$20	Diabetes Eyecare Plus Program: \$20

VSP Vision Benefits

Benefit	Exam Core	Full-Service	Premier
Out-of-Network Coverage	No coverage	<ul style="list-style-type: none"> Exam up to \$45 Frame up to \$70 Single vision lenses up to \$30 Lined bifocal lenses up to \$50 Lined trifocal lenses up to \$65 Progressive lenses up to \$50 Contacts up to \$105 	<ul style="list-style-type: none"> Exam up to \$45 Frame up to \$70 Single vision lenses up to \$30 Lined bifocal lenses up to \$50 Lined trifocal lenses up to \$65 Progressive lenses up to \$50 Contacts up to \$105
Extra Savings	<ul style="list-style-type: none"> 20% savings on complete pair of prescription glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your WellVision Exam 15% savings on a contact lens exam (fitting and evaluation) 	<ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your WellVision Exam No more than \$39 co-payment on routine retinal screening as an enhancement to a WellVision Exam Average 15% off the regular price or 5% off the promotional price; discounts only from contracted facilities 	<ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your WellVision Exam No more than \$39 co-payment on routine retinal screening as an enhancement to a WellVision Exam Average 15% off the regular price or 5% off the promotional price; discounts only from contracted facilities
Laser Vision Correction	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facility	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facility	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facility

Coverage with a participating retail chain may be different. Once your benefits are effective, visit vsp.com for details.