

Cigna Healthcare Financial Exhibit for:
Excelsior Springs School District #40
 Effective Date: July 01, 2017

\$27.53 Employee
 \$70.59 Employee + Family
 Rates Guaranteed through June 30, 2019



This is a summary of benefits for your dental plan.

All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.

Plan Design	Total Cigna DPPO	Out-of-Network
Calendar Year Maximum	Progressive Plan, Class I does not apply	
(Class II, III Expenses)	Year 1: \$750, Year 2: \$1000 Year 3: \$1250, Year 4: \$1500	Year 1: \$750, Year 2: \$1000 Year 3: \$1250, Year 4: \$1500
Calendar Year Deductible		
Per Individual	\$25	\$25
Per Family	\$75	\$75
Class I Expenses - Preventive & Diagnostic Care		
Oral Exams Cleanings Routine X-rays Fluoride Application Sealants Space Maintainers (limited to non-orthodontic treatment) Non-Routine X-rays Emergency Care to Relieve Pain	100%, No Deductible	100%, No Deductible
Class II Expenses - Basic Restorative Care		
Fillings Oral Surgery - Simple Extractions Oral Surgery - All Except Simple Extraction Surgical Extraction of Impacted Teeth Anesthetics Minor Periodontics Major Periodontics Root Canal Therapy / Endodontics Relines, Rebases, and Adjustments Repairs - Bridges, Crowns, and Inlays Repairs - Dentures Stainless Steel/Resin Crowns Brush Biopsy	80%, After Deductible	80%, After Deductible
Class III Expenses - Major Restorative Care		
Crowns/Inlays/Onlays Dentures Bridges	50%, After Deductible	50%, After Deductible
Class IV Expenses - Orthodontia		
Coverage for Eligible Children Only Lifetime Maximum	50%, No Ortho Deductible \$1000	50%, No Ortho Deductible \$1000
Dental Plan Reimbursement Levels	Based on Contracted Fees	90th Percentile
Additional Member Responsibility in excess of Coinsurance	None	Yes, the difference between Billed Charges and the plan reimbursement
Student/Dependent Age	26/26	
Progression	Members progress to the next level by utilizing Class I services in the prior year.	