

## Your Cigna Dental Benefit Options

Good dental health is crucial for your overall wellness. Eligible retirees and their eligible spouses and dependents enrolled in Medicare may choose from three Cigna Dental Participating Provider Organization (PPO) plans. (See the chart below for a comparison of the plan options.)

All three plans stress preventive care and early intervention, providing three routine cleanings annually with no cost to you when you use network providers.

	Preventive Dental PPO Plan		Basic Dental PPO Plan		Dental & Orthodontia PPO Plan	
	DPPO Advantage	DPPO and Out-of-Network <sup>1</sup>	DPPO Advantage	DPPO and Out-of-Network <sup>1</sup>	DPPO Advantage	DPPO and Out-of-Network <sup>1</sup>
<b>Deductible</b>	\$0 per person \$0 per family	\$0 per person \$0 per family	\$0 per person \$0 per family	\$50 per person \$150 per family	\$0 per person \$0 per family	\$25 per person \$75 per family
<b>Annual Benefit Limit</b>	\$1,500		\$2,000		\$2,000	
<b>Preventive and Diagnostic Services</b> (e.g., oral exams, cleanings, x-rays, emergency care to relieve pain)	You pay \$0 (Not subject to annual deductible)		You pay \$0 (Not subject to annual deductible)		You pay \$0 (Not subject to annual deductible)	
<b>Basic Restorative Services</b> (Includes fillings, root canal therapy, and denture adjustments and repairs)	You pay 20% coinsurance		You pay 15% coinsurance	You pay 15% coinsurance after deductible	You pay 15% coinsurance	You pay 15% coinsurance after deductible
<b>Major Restorative Services</b> (Includes crowns, dentures, and bridges)	You pay 99% coinsurance		You pay 50% coinsurance	You pay 50% coinsurance after deductible	You pay 15% coinsurance	You pay 15% coinsurance after deductible
<b>Orthodontia Services</b>	Not covered You pay 100%		Not covered You pay 100%		You pay 50% coinsurance up to individual lifetime benefit limit of \$1,500	You pay 50% coinsurance up to individual lifetime benefit limit of \$1,500 after deductible

Dental benefits are not included in Medicare or in the UnitedHealthcare® Group Medicare Advantage (PPO) plan and must be purchased separately. Because the UnitedHealthcare® Group Medicare Advantage (PPO) plan offers more benefits at a lower cost, you may be able to use the savings to purchase dental coverage.

We strongly encourage you to review the available dental coverage prior to Annual Enrollment, which runs from October 17 through November 14, 2022. If you do not choose a dental plan during Annual Enrollment, you will retain your current dental election. (Note: If you are not currently enrolled in a dental plan you will not receive dental coverage in 2023 unless you choose a plan).

Learn more about the dental plans in the [Cigna Dental Plan Handbook](#).

Church Pension Group Services Corporation (“CPGSC”), doing business as The Episcopal Church Medical Trust, maintains a series of health and welfare plans (the “Plans”) for eligible employees (and their eligible dependents) of The Episcopal Church (the “Church”). The Medical Trust serves only eligible Episcopal employees. The Plans that are self-funded are funded by the Episcopal Church Clergy and Employees’ Benefit Trust, a voluntary employees’ beneficiary association within the meaning of section 501(c)(9) of the Internal Revenue Code.

The Plans are church plans within the meaning of section 3(33) of the Employee Retirement Income Security Act of 1974, as amended, and section 414(c) of the Internal Revenue Code. Not all Plans are available in all areas of the United States or outside the United States, and not all Plans are available on both a self-funded and fully insured basis. Additionally, the Plan may be exempt from federal and state laws that may otherwise apply to health insurance arrangements. The Plans do not cover all healthcare expenses, so members should read the official Plan documents carefully to determine which benefits are covered, as well as any applicable exclusions, limitations, and procedures.

This material is not a substitute for professional medical advice or treatment. CPG does not provide any healthcare services and, therefore, cannot guarantee any results or outcomes. Always seek the advice of a healthcare professional with any questions about your personal healthcare, including diet and exercise.

<sup>1</sup> Out-of-network providers may bill you for the amount not covered by the plan.