Cigna Health and Life Insurance Company

Bid Contact **Yesenia Sanchez**
yesenia.sanchez@cigna.com
Ph 954-303-9804

Address **900 Cottage Grove Road**
Bloomfield, CT 06152

Item #	Line Item	Notes	Unit Price	Qty/Unit	Attch.	Docs
12702-525--01-01	Group DHMO and DPPO Dental Plan Benefits	**Supplier Product Code:**	**First Offer -**	1 / lump sum	**Y**	**Y**

Supplier Total **$0.00**

Cigna Health and Life Insurance Company

Item: **Group DHMO and DPPO Dental Plan Benefits**

Attachments

Cigna Submission - City of Fort Lauderdale Dental.pdf

Cigna Benefit Solutions for:

City of Fort Lauderdale

RFP #12702-525

Electronic Submission

June 2022

A Proposal for:

Dental Coverage

Provided by:

Listed below are the legal names of the companies submitting this response to the City of Fort Lauderdale Request for Proposal. In this proposal, the name "Cigna" and other service marks, or division/trade names, may be used to refer to these companies and/or the products and services offered by them or their affiliates. All affiliated Cigna companies and operating subsidiaries are indirectly wholly owned subsidiaries of Cigna Corporation, a publicly traded corporation.

Cigna Health and Life Insurance Company (CHLIC)
Cigna Dental Health of Florida, Inc.
Cigna Dental Health Plan of Arizona, Inc.
Cigna HealthCare of Connecticut, Inc.
Cigna Dental Health of Kansas, Inc.
Cigna Dental Health of Kentucky, Inc.
Cigna Dental Health of North Carolina, Inc.
Cigna Dental Health of Ohio, Inc.
Cigna Dental Health of Pennsylvania, Inc.
Cigna Dental Health of Texas, Inc.

Together, all the way.®

City of Fort Lauderdale

12702-525

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City of Fort Lauderdale

12702-525

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1571 Sawgrass Corporate Parkway
Sunrise, Florida 33323
Tel 860.902.5449
eMail: Michelle.Alperstein@cigna.com

June 29, 2022

John Torrenga, Procurement Administration
City of Fort Lauderdale
Procurement Services Division
100 N. Andrews Avenue
Fort Lauderdale, Florida 33301

RE: RFP#12702-525 - Group DHMO and DPPO Dental Plan Benefits

Dear Mr. Torrenga:

On behalf of Cigna, thank you for the opportunity to participate in the competitive bid process for City of Fort Lauderdale's Group Dental Plans.

At Cigna, we put our dental experience to work for you. With more than 50 years of proven dental leadership and stability, we understand just how important it is to provide dental solutions that satisfy today's changing needs. We are confident in our ability to service the continued needs of the City of Fort Lauderdale as we have been offering health plans to America's local governments and school districts for more than half a century. In the State of Florida, we provide benefit programs to a total of 115 public sector dental clients.

We are externally focused, tailoring solutions to meet our customers' needs. Our proposal is built on these pillars:

- *Flexible, Innovative Products* – Cigna is proposing DHMO and DPPO options which match your current plan designs. We are also including a Progressive Max Benefit at $100 increments without any rate impact.
- *Broad, Comprehensive Networks* - When you choose Cigna, you gain access to some of the largest local and national dental provider networks. We have the nation's largest true DPPO network. Because of our breadth and nationwide scope, we are able to offer some of the industry's most competitive discounts.
- *Commitment to Service Excellence* - Our Customer Service call centers are open 24 hours a day, 7 days a week**. Only Cigna offers 24-hour Customer Service - Saturdays, Sundays and holidays!**

Below, we have listed our proposal highlights and additional commitments:

Cigna Dental Oral Health Integration Program®
Our dental proposal includes the **Cigna Dental Oral Health Integration Program®**. This program enhances dental benefits for 7 medical "at risk" populations. We reimburse 100% of the out of pocket costs for a certain set of dental procedures that can improve overall health. This is included in Cigna's DHMO and DPPO products.

Cost/Financial Guarantees
- Cigna is proposing a multi-year fully insured products
- Service Performance Guarantees, worth 2.2% of Premium valued at $34,920.92
- DPPO and DHMO rates are guaranteed for 36 months, with 5% escalators (rate caps) in years 4 and 5.
- Annual Printing Fund of $5,000
- $10,000 Annual Dental Health Improvement Fund

Service & Dental Wellness Commitments
- Cigna will offer *true* 24/7/365 live customer service at 1.800.Cigna24

- Innovative Capabilities Reporting which Includes an Oral Health Dashboard
- Cigna will provide our industry leading customer portal, myCigna.com, with online capabilities such as claims and provider search, ID card printing, treatment cost estimator and access to Oral Health Assessment tools. These tools will also be accessible via the MyCigna Mobile application.
- Cigna is the first health services company to partner with Brighter by seamlessly connecting patients and providers with Cigna to transform the member experience and improve outcomes. Features include: expanded cost and quality tools, detailed provider profiles which highlight background/credentials, reviews/ratings from verified patients, online appointment scheduling 24/7 and automated re-care reminders to keep patients on track. When you engage members and empower providers, you get better outcomes, lower costs and happy customers. Brighter is automatically included on all Cigna DPPO offerings.
- Exceptional Cigna account team to assist in a smooth implementation and ongoing service excellence on dental.
- Onsite Oral Health Wellness Services can be incorporated into the current wellness program

The primary contacts for the purpose of this RFP are as follows:

Michelle Alperstein
Senior Client Manager
1571 Sawgrass Corporate Parkway, Suite 300
Sunrise, Florida 33323
eMail: michelle.alperstein@cigna.com
Tel 860.902.5449

Beth Smith
Vice President of Government and Education
1571 Sawgrass Corporate Parkway, Suite 300
Sunrise, Florida 33323
eMail: beth.smith@cigna.com
Tel 407-335-2107

Additionally, please see below a list of the individuals who will be directly involved in working with The City.

Yesenia Sanchez
Market Growth Lead SFL/Caribbean
Yesenia.Sanchez@Cigna.com

Beth Smith
Vice President of
Government & Education
Beth.Smith@Cigna.com

Michelle Alperstein
Senior Client Manager
Michelle.Alperstein@cigna.com

Carlos Saenz
Dental Sales Manager
Carlos.Saenz@Cigna.com

Nicole Watson
Engagement Consultant
Nicole.Watson@Cigna.com

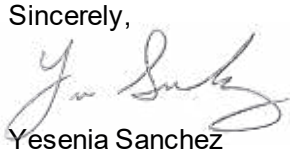
Micaela Bernardo
Client Service Executive
Micaela.Bernardo@Cigna.com

Jessica Roark
Onsite Wellbeing Coordinator
for the City of Fort Lauderdale
Jessica.Roark@Cigna.com

Angela Moore
Implementation Manager
Angela.Moore2@Cigna.com

We are confident in the strength of our proposal and our ability to meet and exceed the dental needs of The City of Fort Lauderdale. We look forward to the opportunity to continue partnering with the City in future years to come.

Sincerely,



Yesenia Sanchez
Vice President of CHLIC and Authorized Signatory

5.2.3 Experience and Qualifications

Indicate the firm's number of years of experience in providing the professional services as it relates to this RFP. Provide details of past projects for agencies of similar size and scope. Indicate business structure, IE: Corp., Partnership, LLC. Firm should be registered as a legal entity in the State of Florida; Disadvantaged Business Enterprise (DBE). Company address, phone number, fax number, e-mail address, web site, contact person(s), etc. Relative size of firm, including management, technical and support staff, licenses, and any other pertinent information that should be included.

Cigna Health and Life Insurance Company (CHLIC) is a corporation, originally incorporated May 2, 1963, as Orange State Life Insurance Company. After several transactions, it was acquired by Cigna Corporation on April 1, 2008. The company was renamed to CHLIC on March 5, 2010. It is wholly owned by CGLIC a publicly traded corporation. CHLIC is licensed to transact the business of insurance by the insurance department of each of the 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands, and is subject to regulation of those jurisdictions within the scope of applicable law.

DHMO

The Cigna Dental Care® plan is underwritten by Connecticut General Life Insurance Company (CGLIC), Cigna Health and Life Insurance Company (CHLIC), or the subsidiaries of Cigna Dental Health, Inc., depending upon state laws and licensing requirements. We have specialized in a dental management program since 1974 when Florida granted Dental Health, Inc. a Certificate of Authority to provide managed dental care. In 1984, Dental Health, Inc. became a subsidiary of Cigna Corporation, marking the first entry of a major national insurance organization into the managed dental care field.

Cigna Dental Health, Inc. is an indirect, wholly owned subsidiary of Cigna Corporation; its wholly owned subsidiaries, have been licensed in certain states at varying times as prepaid dental plan organizations, prepaid limited health services organization, dental HMOs, etc., (depending upon state laws) to offer the Cigna Dental Care plan coverage. Cigna Dental Health of Florida, Inc. was incorporated on November 29, 1973 and first received its license in Florida (under a prior name, Dental Health, Inc.) on March 11, 1974.

DPPO

The Cigna DPPO plans are underwritten or administered by Connecticut General Life Insurance Company (CGLIC) or Cigna Health and Life Insurance Company (CHLIC). Certain administration and network management services for the DPPO plan coverage are performed on behalf of CGLIC and CHLIC by their affiliate, Cigna Dental Health, Inc. The DPPO plan was introduced in July 1996, and licensed at varying times in states throughout the U.S.

CGLIC, CHLIC, Cigna Dental Health, Inc., and its subsidiaries are operating subsidiaries of Cigna Corporation, our parent company. Plans and services referenced above are provided exclusively by such operating subsidiaries and not by Cigna Corporation.

We have been licensed in the state of Florida to transact business since February 17, 1964.

For years, Cigna has been providing health plans to America's local governments, colleges and universities, and school districts and has strong, deep connections in the South Florida area. We currently serve 115 Government & Education clients and nearly 298,000 members throughout Florida.

Contact Information

Cigna Health and Life Insurance Company

900 Cottage Grove Road, Bloomfield, CT 06002

860.226.6000

www.cigna.com

Cigna HealthCare of Connecticut, Inc.

900 Cottage Grove Road, Hartford, CT 06002

Cigna Dental Health of Texas, Inc.

4616 South U.S. Highway 75, Denison, TX 75020

Cigna Dental Health of Florida, Inc., Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of Kansas, Inc., Cigna Dental Health of Kentucky, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., and Cigna Dental Health of Pennsylvania, Inc.

1571 Sawgrass Corporate Parkway, Suite 140, Sunrise, FL 33323

Contact Person

Michelle Alperstein

1571 Sawgrass Corporate Parkway, Suite 140, Sunrise, FL 33323

Phone: 860.902.5449

Fax: N/A

Email: Michelle.Alperstein@Cigna.com

Organizational Structure

Our organizational structure ensures we meet the needs of every client while maximizing operational efficiency. Cigna has dedicated senior leadership in the following:

- U.S. Commercial Markets and Global Health Care Operations
- Global Corporate Team

David Cordani led Cigna's transformation from a traditional health insurer to a leading global health service company with a focus on helping people improve their health, well-being, and sense of security.

Since becoming president and CEO in 2009, Cordani successfully galvanized Cigna's 42,000-plus employees in more than 30 countries around a global product and service repositioning that has been guided by the company's differentiating "Go Deep, Go Global, Go Individual" strategy.

5.2.4 Approach to Scope of Work

Provide a concise narrative from, your understanding of the City's needs, goals, and objectives as they relate to the solicitation, and you overall approach to accomplishing the solicitation requirements. Give an overview of your proposed visions, ideas, and methodology. Describe your proposed approach. As part of the project approach, the proposer shall propose a scheduling methodology (timeline) for effectively managing and executing the work in the optimum time. Also provide information of your firm's current workload and how this project will fit into your workload. Describe available facilities, technological capabilities, and other available resources you offer for the required services specified herein.

Cigna is pleased to continue providing dental coverage to the City alongside your medical, pharmacy, behavioral, and choice fund coverages. Through this integrated offering, the City will have continued access to your current account team as well as the City's onsite representatives and client engagement manager. Rather than viewing dental, medical, vision, pharmacy, behavioral, or disability covered services as stand-alone services with distinct value and costs, we recognize the intrinsic connection across the health and productivity spectrum as well as between physical and psychological health. Because we understand that physical health and mental health are interdependent, we can identify risks and potential risks to health earlier and more accurately. It also means that our health advocacy programs can more effectively engage members in their health, helping to drive behavior changes and achieve better outcomes. Integration helps improve overall employee health and helps clients save money.

Our integration solution provides the following benefits:

- plan integration, which allows us to deliver programs that provide cost advantages to clients and better health outcomes for their employees
- tightly integrated systems that provide total coverage information (medical, pharmacy, behavioral, disability, and dental) on employees, driving the innovation that aligns consumerism, health management, and service operations with our focus on health
- sophisticated data management tools that let us search our databases to identify opportunities to improve employee health and overall wellness
- Oral Health Wellness Campaign to support current overall health and wellness initiatives. Cigna's Client Engagement Manager and Cigna Onsite representative will develop an Oral Health Wellness Campaign to increase the importance of good oral health. The campaign can include challenges like Dental Jeopardy where the winners can be entered to win a raffle of an Oral B toothbrush that links to an App on the phone and will tell you how often you've brushed and which teeth you may have missed.

<u>Dental and Medical Integration</u>

We developed the Cigna Dental Oral Health Integration Program in 2006 to encourage members to seek appropriate treatment for gum disease as part of their overall treatment plan. This made us the first carrier in the dental insurance industry to offer enhanced coverage for members who have cardiovascular disease or diabetes or who are pregnant. This program has been expanded to reach members with stroke, chronic kidney disease, head and neck cancer radiation, organ transplant, rheumatoid arthritis, Sjogren's syndrome, lupus, Parkinson's disease, amyotrophic lateral sclerosis (ALS), Huntington's disease, or opioid misuse and addiction. Benefits of this program include reimbursement of coinsurance or copays for certain dental procedures associated with treating gum disease.

Research shows an association between gum disease and other health conditions such as diabetes, heart disease, and stroke, and it continues to associate oral health with overall health. Gum disease may have a potentially significant impact on systemic health, and the implications for cost of care and quality of life can be staggering. Regular routine oral care helps address minor problems before they become major—and more expensive to treat. If oral disease is unchecked, it may result in health complications that take a real toll on quality of life, while treating oral disease (e.g., gum disease) may improve overall health and lessen complications associated with other medical conditions.

Cigna routinely reviews our integration programs in order to stay abreast of other conditions that may be impacted by oral health. As a result, we have seen that studies show patients with the following conditions are frequently prone to dry mouth, a condition associated with a higher risk of dental cavities: head and neck cancer radiation, organ transplants, and chronic kidney disease (CKD). As a result, we enhanced our program. Dental members can now receive reimbursement for their out-of-pocket costs for certain dental services if they have any of the following conditions: cardiovascular conditions, cerebrovascular conditions (stroke), diabetes, CKD, organ transplants, head and neck cancer radiation, rheumatoid arthritis, Sjogren's syndrome, lupus, Parkinson's disease, amyotrophic lateral sclerosis (ALS), Huntington's disease, opioid misuse and addiction, and/or those who are pregnant. Members participating in the program are also eligible to receive behavioral health guidance on subjects such as fear of going to the dentist, tobacco cessation, and stress (and its impact on oral health).

The Cigna Dental Oral Health Integration Program was first to use improved oral health to reduce risks related to pregnancy, diabetes, and heart disease. Studies show that patients with the following conditions are frequently prone to dry mouth, a condition associated with a higher risk of dental cavities: head and neck cancer radiation, organ transplants, and chronic kidney disease. As a result, we have enhanced our program. Dental members can get 100 percent payment of their out-of-pocket costs for certain dental services if they have any of the following medical conditions: maternity, diabetes, heart disease, stroke, head and neck cancer radiation, organ transplants, and chronic kidney disease.

Members participating in the program are also eligible for the following additional coverage:

- discounts of up to 50 percent off retail prices for chlorhexidine, fluoride toothpaste, and other dental prescription plan product’s targeted at patients with a high risk for oral health problems through Cigna Home Delivery Pharmacy
- behavioral guidance on subjects such as fear of going to the dentist, tobacco cessation, and stress and its impact on oral health

The enhancements made to the oral health integration program truly demonstrate Cigna’s total integration capabilities as a health service company.

5.2.5 Benefit Plans

Proposers must provide complete benefit descriptions of the plans being proposed, including the proposed DHMO schedule with CDT codes and brief explanation of service. These descriptions must include all exclusions and limitations. In addition, an Excel file is attached DHMO Copay Procedure Comparison, which lists dental procedures. Please fill in the copay for each procedure for the plan or plans you are proposing. You must indicate which procedures are not covered. If you plan covers procedures that are not listed, please add them to the file and highlight your entry. Provide this in Excel format on CD or thumb drive. Please review current benefit specifications. If your proposed plans do not meet these specifications, please include a description of all deviations in this tab.

As the incumbent carrier Cigna does not have any deviations to the current in-place Dental plans.

CDT Code	Benefit	*Dental Care Access Plan P410X*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	
	Specialist Services					
	Are charges for noble & high noble metal included in					
	Are lab charges included in listed					
	Charge for cases involving more than 6 crowns, implants and/or fixed					
	Office Visit Copay in addition to copay for specific					
Diagnostic						
Clinical Oral Evaluations						
D0120	Periodic Oral Evaluation	$0.00				
D0140	Limited Oral Evaluation	$0.00				
D0145	Oral Evaluation for a Patient Under 3 Years of Age	$0.00				
D0150	Comprehensive Oral Evaluation	$0.00				
D0160	Detailed and Extensive Oral Evaluation	$0.00				
D0170	Re-evaluation - Limited, Problem Focused	$0.00				
D0180	Comprehensive Periodontal Evaluation	$0.00				
Pre-diagnostic Services						
D0190	Screening of a patient	Not Covered				
D0191	Assessment of a patient	Not Covered				
Radiographs/Diagnostic Imaging (Including Interpretation)						
D0210	Intraoral - Complete Series (Including Bitewings)	$0.00				
D0220	Intraoral - Periapical, First Film	$0.00				
D0230	Intraoral - Periapical, Each Additional Film	$0.00				
D0240	Intraoral - Occlusal Film	$0.00				
D0250	Extraoral - First Film	$0.00				
D0260	Extraoral - Each Additional Film	Not Covered				
D0270	Bitewing - Single Film	$0.00				
D0272	Bitewings - Two Films	$0.00				
D0273	Bitewings - Three Films	$0.00				
D0274	Bitewings - Four Films	$0.00				
D0277	Vertical Bitewings - 7 to 8 Films	$0.00				
D0290	Posterior-Anterior or Lateral Skull and Facial Bone Survey	Not Covered				
D0310	Sialography	Not Covered				
D0320	Temporomandibular Joint Arthrogram	Not Covered				
D0321	Other Temporomandibular Joint Films, By Report	Not Covered				
D0322	Tomographic Survey	Not Covered				
D0330	Panoramic Film	$0.00				
D0340	Cephalometric Film	$0.00				
D0350	Oral/Facial Photographic Images	$0.00				
D0360	Cone Beam CT	Not Covered				
D0362	Cone Beam - Two-Dimensional Image Reconstruction	Not Covered				
D0363	Cone Beam - Three-Dimensional Image Reconstruction	Not Covered				
D0364	Cone Beam CT capture and interpretation with limited field	$200.00				
D0365	Cone Beam CT capture and interpretation with field of view of one full	$220.00				
D0366	Cone Beam CT capture and interpretation with field of view of one full dental arch-maxilla, with or without cranium	$220.00				

CDT Code	Benefit	*Dental Care Access Plan P410X*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	
D0367	Cone Beam CT capture and interpretation with field of view of both jaws	$240.00				
D0368	Cone Beam CT capture and interpretation for TMJ series	$240.00				
D0369	Maxillofacial MRI capture and interpretation	Not Covered				
D0370	Maxillofacial ultrasound capture and interpretation	Not Covered				
D0371	Sialoendoscopy capture and interpretation	Not Covered				
Image Capture Only						
D0380	Cone Beam CT image capture with limited field of view-less than one whole jaw	Not Covered				
D0381	Cone Beam CT image capture with field of view of one full dental arch-	Not Covered				
D0382	Cone Beam CT image capture with field of view of one full dental arch- maxilla, with or without cranium	Not Covered				
D0384	Cone Beam image capture for TMJ series including two or more exposures	Not Covered				
D0385	Maxillofacial MRI image capture	Not Covered				
D0386	Maxillofacial ultrasound image capture	Not Covered				
Image Capture Only						
D0391	Interpretation of diagnostic image by a practitioner not associated with	$0.00				
Tests and Examinations						
D0415	Collection of Microorganisms for Culture and Sensitivity	$0.00				
D0416	Viral Culture	Not Covered				
D0417	Collection and Preparation of Saliva Sample for Laboratory Diagnostic Testing	Not Covered				
D0418	Analysis of Saliva Sample	Not Covered				
D0421	Genetic Test for Susceptibility to Oral Diseases	Not Covered				
D0425	Caries Susceptibility Tests	$0.00				
D0431	Adjunctive Pre-diagnostic Test, Not to Include Cytology or Biopsy	$50.00				
D0460	Pulp Vitality Tests	$0.00				
D0470	Diagnostic Casts	$0.00				
Oral Pathology Laboratory						
D0472	Accession of Tissue, Gross Examination, Preparation and Transmission of	$0.00				
D0473	Accession of Tissue, Gross and Microscopic Examination, Preparation and Transmission of Written Report	$0.00				
D0474	Accession of Tissue, Gross and Microscopic Examination, Including Assessment of Surgical margins for presence of Disease, Preparation and	$0.00				
D0480	Accession of Exfoliative Cytologic Smears, Microscopic Examination, Preparation and Transmission of Written	Not Covered				
D0486	Accession of transepithelial cytologic sample, microscopic examination,	$0.00				
D0475	Decalcification Procedure	Not Covered				
D0476	Special Stains for Microorganisms	Not Covered				
D0477	Special Stains, not for Microorganisms	Not Covered				

CDT Code	Benefit	*Dental Care Access Plan P410X*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	
D0478	Immunohistochemical Stains	Not Covered				
D0479	Tissue In-Situ Hybridization, Including Interpretation	Not Covered				
D0481	Electron Microscopy - Diagnostic	Not Covered				
D0482	Direct Immunofluorescence	Not Covered				
D0483	Indirect Immunofluorescence	Not Covered				
D0484	Consultation on Slides Prepared Elsewhere	Not Covered				
D0485	Consultation, Including Preparation of Slides From Biopsy Material	Not Covered				
D0502	Other Oral Pathology Procedures, By Report	Not Covered				
D0999	Unspecified Diagnostic Procedure, By Report	Not Covered				
Preventive						
Dental Prophylaxis						
D1110	Prophylaxis - Adult	$0.00				
	(Additional Cleaning, In Addition to the One Allowed Every	$45.00				
D1120	Prophylaxis - Child	$0.00				
	(Additional Cleaning, In Addition to the One Allowed Every	$35.00				
Topical Fluoride Treatment (Office Procedure)						
D1203	Topical Application of Fluoride - Child	Not Covered				
D1204	Topical Application of Fluoride - Adult	Not Covered				
D1206	Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients	$0.00				
D1208	Topical application of fluoride	$0.00				
Other Preventive Services						
D1310	Nutritional Counseling for Control of Dental Disease	$0.00				
D1320	Tobacco Counseling for the Control and Prevention of Oral	$0.00				
D1330	Oral Hygiene Instructions	$0.00				
D1351	Sealant - Per Tooth	$7.00				
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	$7.00				
Space Maintenance (Passive Appliances)						
D1510	Space Maintainer - Fixed - Unilateral	$17.00				
D1515	Space Maintainer - Fixed - Bilateral	Not Covered				
D1520	Space Maintainer - Removable - Unilateral	$25.00				
D1525	Space Maintainer - Removable - Bilateral	Not Covered				
D1550	Re-cementation of Space Maintainer	Not Covered				
D1555	Removal of Fixed Space Maintainer	Not Covered				
Restorative						
Amalgam Restorations (Including Polishing)						
D2140	Amalgam - One Surface, Primary or Permanent	$0.00				
D2150	Amalgam - Two Surfaces, Primary or Permanent	$0.00				
D2160	Amalgam - Three Surfaces, Primary or Permanent	$0.00				
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	$0.00				
Resin-Based Composite Restorations - Direct						
D2330	Resin-Based Composite - One Surface, Anterior	$0.00				
D2331	Resin-Based Composite - Two Surfaces, Anterior	$0.00				
D2332	Resin-Based Composite - Three Surfaces, Anterior	$0.00				

CDT Code	Benefit	*Dental Care Access Plan P410X*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	
D2335	Resin-Based Composite - Four or More Surfaces or Involving Incisal	$0.00				
D2390	Resin-Based Composite Crown, Anterior	$30.00				
D2391	Resin-Based Composite - One Surface, Posterior	$45.00				
D2392	Resin-Based Composite - Two Surfaces, Posterior	$55.00				
D2393	Resin-Based Composite - Three Surfaces, Posterior	$65.00				
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	$70.00				
Gold Foil Restorations						
D2410	Gold Foil - One Surface	Not Covered				
D2420	Gold Foil - Two Surfaces	Not Covered				
D2430	Gold Foil - Three Surfaces	Not Covered				
Inlay/Onlay Restorations						
D2510	*Inlay - Metallic - One Surface*	$130.00				
D2520	*Inlay - Metallic - Two Surfaces*	$130.00				
D2530	*Inlay - Metallic - Three or More Surfaces*	$130.00				
D2542	*Onlay - Metallic - Two Surfaces*	$130.00				
D2543	*Onlay - Metallic - Three Surfaces*	$130.00				
D2544	*Onlay - Metallic - Four or More Surfaces*	$130.00				
D2610	*Inlay - Porcelain/Ceramic - One Surface*	$130.00				
D2620	*Inlay - Porcelain/Ceramic - Two Surfaces*	$130.00				
D2630	*Inlay - Porcelain/Ceramic - Three or More Surfaces*	$130.00				
D2642	*Onlay - Porcelain/Ceramic - Two Surfaces*	$130.00				
D2643	*Onlay - Porcelain/Ceramic - Three Surfaces*	$130.00				
D2644	*Onlay - Porcelain/Ceramic - Four or More Surfaces*	$130.00				
D2650	*Inlay - Resin-Based Composite - One Surface*	$130.00				
D2651	*Inlay - Resin-Based Composite - Two Surfaces*	$130.00				
D2652	*Inlay - Resin-Based Composite - Three or More Surfaces*	$130.00				
D2662	*Onlay - Resin-Based Composite - Two Surfaces*	$130.00				
D2663	*Onlay - Resin-Based Composite - Three Surfaces*	$130.00				
D2664	*Onlay - Resin-Based Composite - Four or More Surfaces*	$130.00				
Crowns - Single Restorations Only						
D2710	*Crown - Resin-Based Composite (Indirect)*	$130.00				
D2712	*Crown - 3/4 Resin-Based Composite (Indirect)*	$130.00				
D2720	*Crown - Resin with High Noble Metal*	$130.00				
D2721	Crown - Resin with Predominantly Base Metal	$130.00				
D2722	*Crown - Resin with Noble Metal*	$130.00				
D2740	*Crown - Porcelain/Ceramic Substrate*	$220.00				
D2750	*Crown - Porcelain Fused to High Noble Metal*	$130.00				
D2751	Crown - Porcelain Fused to Predominantly Base Metal	$130.00				
D2752	*Crown - Porcelain Fused to Noble Metal*	$130.00				
D2780	*Crown - 3/4 Cast High Noble Metal*	$130.00				
D2781	Crown - 3/4 Cast Predominantly Base Metal	$130.00				
D2782	*Crown - 3/4 Cast Noble Metal*	$130.00				
D2783	Crown - 3/4 Porcelain/Ceramic	$130.00				
D2790	*Crown - Full Cast High Noble Metal*	$130.00				
D2791	Crown - Full Cast Predominantly Base Metal	$130.00				
D2792	*Crown - Full Cast Noble Metal*	$130.00				

CDT Code	Benefit	*Dental Care Access Plan P410X*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	
D2794	*Crown - Titanium*	$130.00				
D2799	Provisional Crown	$100.00				
Other Restorative Services						
D2910	Recement Inlay, Onlay, or Partial Coverage Restoration	$0.00				
D2915	Recement Cast or Prefabricated Post and Core	$0.00				
D2920	Recement Crown	$0.00				
D2929	Prefabricated porcelain/ceramic crown-primary tooth	$95.00				
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	$17.00				
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	$17.00				
D2932	Prefabricated Resin Crown	$25.00				
D2933	Prefabricated Stainless Steel Crown with Resin Window	$25.00				
D2934	Prefabricated Esthetic Coated Stainless Steel Crown -	$95.00				
D2940	Protective Restoration	$3.00				
D2950	Core Buildup, Including Any Pins	$40.00				
D2951	Pin Retention - Per Tooth, In Addition to Restoration	$10.00				
D2952	*Post and Core In Addition to Crown, Indirectly Fabricated*	$45.00				
D2953	*Each Additional Indirectly Fabricated Post - Same Tooth*	$45.00				
D2954	Prefabricated Post and Core In Addition to Crown	$30.00				
D2955	Post Removal (Not in Conjunction with Endodontic Therapy)	Not Covered				
D2957	Each Add Prefabricated Post - Same Tooth	$25.00				
D2960	Labial Veneer (Resin Laminate) - Chairside	$250.00				
D2961	*Labial Veneer (Resin Laminate) - Laboratory*	Not Covered				
D2962	*Labial veneer (Porcelain Laminate) - Laboratory*	Not Covered				
D2970	Temporary Crown (Fractured Tooth)	Not Covered				
D2971	Additional Procedures to Construct New Crown Under Existing Partial Denture Framework	$45.00				
D2975	Coping	Not Covered				
D2980	Crown Repair, By Report	$10.00				
D2981	Inlay repair necessitated by restorative material failure	Not Covered				
D2982	Onlay repair necessitated by restorative material failure	Not Covered				
D2983	Veneer repair necessitated by restorative material failure	$10.00				
D2990	Resin infiltration of incipient smooth surface lesions	Not Covered				
D2999	Unspecified Restorative Procedure, By Report	Not Covered				
Endodontics						
Pulp Capping						
D3110	Pulp Cap - Direct (Excluding Final Restoration)	$0.00				
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	$0.00				
Pulpotomy						
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) - Removal of Pulp Coronal to the Dentinocemental Junction	$7.00				
D3221	Pulpal Debridement, Primary and Permanent Teeth	$35.00				
D3222	Partial Pulpotomy for Apexogenesis - Permanent Tooth with Incomplete	$17.00				
Endodontic Therapy on Primary Teeth						
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding	$20.00				

CDT Code	Benefit	*Dental Care Access Plan P410X*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	$30.00				
Endodontic Therapy						
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final	$65.00				
D3320	Endodontic Therapy, Bicuspid Tooth (Excluding Final	$95.00				
D3330	Endodontic Therapy, Molar (Excluding Final Restoration)	$195.00				
D3331	Treatment of Root Canal Obstruction; Non-Surgical Access	$70.00				
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured	$60.00				
D3333	Internal Root Repair or Perforation Defects	$70.00				
Endodontic Retreatment						
D3346	Retreatment of Previous Root Canal Therapy - Anterior	$105.00				
D3347	Retreatment of Previous Root Canal Therapy - Bicuspid	$140.00				
D3348	Retreatment of Previous Root Canal Therapy - Molar	$220.00				
Apexification/Recalcification Procedures						
D3351	Apexification/Recalcification - Initial Visit (apical closure/calcific repair of perforations, root resorption, pulp	$75.00				
D3352	Apexification/Recalcification/pulpal regeneration - interim medication replacement (apical closure/calcific repair of perforations,	$60.00				
D3353	Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy - Apical Closure/Calcific Repair of Perforations, Root Resorption, etc.)	$60.00				
D3354	Pulpal Regeneration - (completion of regenerative treatment in an immature permanent tooth with a necrotic pulp); does not	Not Covered				
Apicoectomy/Periradicular Services						
D3410	Apicoectomy/Periradicular Surgery - Anterior	$85.00				
D3421	Apicoectomy/Periradicular Surgery - Bicuspid (First Root)	$90.00				
D3425	Apicoectomy/Periradicular Surgery - Molar (First Root)	$90.00				
D3426	Apicoectomy/Periradicular Surgery (Each Additional Root)	$60.00				
D3430	Retrograde Filling - Per Root	$45.00				
D3450	Root Amputation - Per Root	$65.00				
D3460	Endodontic Endosseous Implant	$920.00				
D3470	Intentional Reimplantation (Including Necessary Splinting)	Not Covered				
Other Endodontic Procedures						
D3910	Surgical Procedure for Isolation of Tooth with Rubber Dam	Not Covered				
D3920	Hemisection (Including any Root Removal), Not Including Root Canal	$70.00				
D3950	Canal Preparation and Fitting of Preformed Dowel or Post	Not Covered				
D3999	Unspecified Endodontic Procedure, By Report	Not Covered				
Periodontics						
Surgical Services (Including Usual Postoperative Care)						
D4210	Gingivectomy of Gingivoplasty - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	$100.00				
D4211	Gingivectomy or Gingivoplasty - One to Three Contiguous Teeth or Tooth	$65.00				

CDT Code	Benefit	*Dental Care Access Plan P410X*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	
D4212	Gingivectomy of Gingivoplasty to allow access for restorative procedure,	$65.00				
D4230	Anatomical Crown Exposure - Four or More Teeth Per	Not Covered				
D4231	Anatomical Crown Exposure - One to Three Teeth Per	Not Covered				
D4240	Gingival Flap Procedure, Including Root Planing - Four or More	$135.00				
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bounded Spaces Per	$105.00				
D4245	Apically Positioned Flap	$150.00				
D4249	Clinical Crown Lengthening - Hard Tissue	$125.00				
D4260	Osseous Surgery (Including Flap Entry and Closure) - Four or More Contiguous Teeth or Tooth Bounded Spaces Per	$250.00				
D4261	Osseous Surgery (Including Flap Entry and Closure) - One to Three	$195.00				
D4263	Bone Replacement Graft - First Site in Quadrant	$185.00				
D4264	Bone Replacement Graft - Each Additional Site in Quadrant	$90.00				
D4265	Biologic Materials to Aid in Soft and Osseous Tissue	$95.00				
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	$215.00				
D4267	Guided Tissue Regeneration - Nonresorbable Barrier, Per Site (Includes Membrane Removal)	$255.00				
D4268	Surgical Revision Procedure, Per Tooth	Not Covered				
D4270	Pedicle Soft Tissue Graft Procedure	$195.00				
D4271	Free Soft Tissue Graft Procedure (Including Donor Site	Not Covered				
D4273	Subepithelial Connective Tissue Graft Procedures, Per Tooth	$75.00				
D4274	Distal or Proximal Wedge Procedure (When Not performed in Conjunction	$65.00				
D4275	Soft Tissue Allograft	$295.00				
D4276	Combined Connective Tissue and Double Pedicle Graft, Per	Not Covered				
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or	$205.00				
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position	$105.00				
Non-Surgical Periodontal Service						
D4320	Provisional Splinting, Intracoronal	Not Covered				
D4321	Provisional Splinting, Extracoronal	Not Covered				
D4341	Periodontal Scaling and Root Planing - Four or More Teeth	$35.00				
D4342	Periodontal Scaling and Root Planing - One to Three Teeth	$25.00				
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	$35.00				
D4381	Localized Delivery of Antimicrobial Agents Via a Controlled Release	$60.00				
Other Periodontal Services						
D4910	Periodontal Maintenance	$25.00				
	Additional Periodontal Maintenance	Limit 4 per calendar year				
D4920	Unscheduled Dressing Change (by someone other than	Not Covered				
D4999	Unspecified Periodontal Procedure, By Report	Not Covered				
Prosthodontics (Removable)						

CDT Code	Benefit	*Dental Care Access Plan P410X*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	
Complete Dentures						
D5110	*Complete Denture - Maxillary*	$135.00				
D5120	*Complete Denture - Mandibular*	$135.00				
D5130	*Immediate Denture - Maxillary*	$145.00				
D5140	*Immediate Denture - Mandibular*	$145.00				
Partial Dentures (Including Routine Post-delivery Care)						
D5211	*Maxillary Partial Denture - Resin Base (Including any Conventional Clasps, Rests and Teeth)*	$135.00				
D5212	*Mandibular Partial Denture - Resin Base (Including any Conventional*	$135.00				
D5213	*Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)*	$140.00				
D5214	*Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)*	$140.00				
D5225	*Maxillary Partial Denture - Flexible Base (Including any Clasps, Rests*	$165.00				
D5226	*Mandibular Partial Denture - Flexible Base (Including any Clasps, Rests*	$165.00				
D5281	*Removable Unilateral Partial Denture - One Piece Cast Metal (Including*	Deleted Code				
Adjustments to Dentures						
D5410	Adjust Complete Denture - Maxillary	$7.00				
D5411	Adjust Complete Denture - Mandibular	$7.00				
D5421	Adjust Partial Denture - Maxillary	$7.00				
D5422	Adjust Partial Denture - Mandibular	$7.00				
Repairs to Complete Dentures						
D5510	*Repair Broken Complete Denture Base*	Deleted Code				
D5520	*Replace Missing or Broken Teeth - Complete Denture (Each*	$25.00				
Repairs to Partial Dentures						
D5610	*Repair Resin Denture Base*	Not Covered				
D5620	*Repair Cast Framework*	Not Covered				
D5630	*Repair or Replace Broken Clasp*	$30.00				
D5640	*Replace Broken Teeth - Per Tooth*	$25.00				
D5650	*Add Tooth to Existing Partial Denture*	$25.00				
D5660	*Add Clasp to Existing Partial Denture*	$30.00				
D5670	*Replace All Teeth and Acrylic on Cast Metal Framework*	$155.00				
D5671	*Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)*	$155.00				
Denture Rebase Procedures						
D5710	*Rebase Complete Maxillary Denture*	$55.00				
D5711	*Rebase Complete Mandibular Denture*	$55.00				
D5720	*Rebase Maxillary Partial Denture*	$55.00				
D5721	*Rebase Mandibular Partial Denture*	$55.00				
Denture Reline Procedures						
D5730	Reline Complete Maxillary Denture (Chairside)	$30.00				

CDT Code	Benefit	*Dental Care Access Plan P410X*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	
D5731	Reline Complete Mandibular Denture (Chairside)	$30.00				
D5740	Reline Maxillary Partial Denture (Chairside)	$30.00				
D5741	Reline Mandibular Partial Denture (Chairside)	$30.00				
D5750	*Reline Complete Maxillary Denture (Laboratory)*	$55.00				
D5751	*Reline Complete Mandibular Denture (Laboratory)*	$55.00				
D5760	*Reline Maxillary Partial Denture (Laboratory)*	$55.00				
D5761	*Reline Mandibular Partial Denture (Laboratory)*	$55.00				
Interim Prosthesis						
D5810	*Interim Complete Denture (Maxillary)*	$190.00				
D5811	*Interim Complete Denture (Mandibular)*	$190.00				
D5820	*Interim Partial Denture (Maxillary)*	$65.00				
D5821	*Interim Partial Denture (Mandibular)*	$65.00				
Other Removable Prosthetic Services						
D5850	Tissue Conditioning, Maxillary	$7.00				
D5851	Tissue Conditioning, Mandibular	$7.00				
D5860	Overdenture - Complete, By Report	Not Covered				
D5861	Overdenture - Partial, By Report	Not Covered				
D5862	Precision Attachment, By report	$160.00				
D5867	Replacement of Replaceable Part of Semi-Precision or Precision	Not Covered				
D5875	Modification of Removable Prosthesis Following Implant	$55.00				
D5899	Unspecified Removable Prosthodontic Procedure, By Report					
Maxillofacial Prosthetics						
D5911	Facial Moulage (Sectional)	Not Covered				
D5912	Facial Moulage (Complete)	Not Covered				
D5913	Nasal Prosthesis	Not Covered				
D5914	Auricular Prosthesis	Not Covered				
D5915	Orbital Prosthesis	Not Covered				
D5916	Ocular Prosthesis	Not Covered				
D5919	Facial Prosthesis	Not Covered				
D5922	Nasal Septal Prosthesis	Not Covered				
D5923	Ocular Prosthesis, Interim	Not Covered				
D5924	Cranial Prosthesis	Not Covered				
D5925	Facial Augmentation Implant Prosthesis	Not Covered				
D5926	Nasal Prosthesis, Replacement	Not Covered				
D5927	Auricular Prosthesis, Replacement	Not Covered				
D5928	Orbital Prosthesis, Replacement	Not Covered				
D5929	Facial Prosthesis, Replacement	Not Covered				
D5931	Obturator Prosthesis, Surgical	Not Covered				
D5932	Obturator Prosthesis, Definitive	Not Covered				
D5933	Obturator Prosthesis, Modification	Not Covered				
D5934	Mandibular Resection Prosthesis with Guide Flange	Not Covered				
D5935	Mandibular Resection Prosthesis without Guide Flange	Not Covered				
D5936	Obturator Prosthesis, Interim	Not Covered				
D5937	Trismus Appliance (Not for TMD Treatment)	Not Covered				
D5951	Feeding Aid	Not Covered				
D5952	Speech Aid Prosthesis, Pediatric	Not Covered				

CDT Code	Benefit	*Dental Care Access Plan P410X*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	
D5953	Speech Aid Prosthesis, Adult	Not Covered				
D5954	Palatal Augmentation Prosthesis	Not Covered				
D5955	Palatal Lift Prosthesis, Definitive	Not Covered				
D5958	Palatal Lift Prosthesis, Interim	Not Covered				
D5959	Palatal Lift Prosthesis, Modification	Not Covered				
D5960	Speech Aid Prosthesis, Modification	Not Covered				
D5982	Surgical Stent	Not Covered				
D5983	Radiation Carrier	Not Covered				
D5984	Radiation Shield	Not Covered				
D5985	Radiation Cone Locator	Not Covered				
D5986	Fluoride Gel Carrier	Not Covered				
D5987	Commissure Splint	Not Covered				
D5988	Surgical Splint	Not Covered				
D5991	Topical Medicament Carrier	Not Covered				
D5992	Adjust maxillofacial prosthetic appliance, by report	Not Covered				
D5993	Maintenance and Cleaning of a Maxillofacial Prosthesis (Extra or	Not Covered				
D5999	Unspecified Maxillofacial Prosthesis, By Report	Not Covered				
Implant Services						
Pre-Surgical Services						
D6190	Radiographic/surgical Implant Index, By Report	$170.00				
Surgical Services						
D6010	Surgical Placement of Implant Body: Endosteal Implant	$1,025.00				
D6012	Surgical Placement of Interim Implant Body for Transitional Prosthesis:	$405.00				
D6040	Surgical Placement: Eposteal Implant	$970.00				
D6050	Surgical Placement: Transosteal Implant	$950.00				
D6100	Implant Removal, By Report	$255.00				
D6101	Debridement of a periimplant defect and surface cleaning of exposed implant surfaces, including flap entry and closure	$105.00				
D6102	Ddebridement of osseous contouring of a periimplant defect; includes	$195.00				
D6103	Bone graft for repair of periimplant defect-not including flap entry and closure or, when indicated, placement of a barrier membrane or biologic materials to aid in osseous	$185.00				
D6104	Bone graft at time of implant placement	$185.00				
Implant Supported Prosthetics						
Supporting Structures						
D6051	Interim abutment	Not Covered				
D6055	Connecting Bar - Implant Supported or Abutment Supported	$1,210.00				
D6056	Prefabricated Abutment - Includes Placement	$355.00				
D6057	Custom Abutment - Includes Placement	$455.00				
Implant/Abutment Supported Removable Dentures						
D6053	Implant/Abutment Supported Removable Denture for Completely Edentulous Arch	Not Covered				
D6054	Implant/Abutment Supported Removable Denture for Partially Edentulous	Not Covered				

CDT Code	Benefit	*Dental Care Access Plan P410X*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	
Implant/Abutment Supported Fixed Dentures (Hybrid Prosthesis)						
D6078	Implant/Abutment Supported Fixed Denture for Completely Edentulous	Not Covered				
D6079	Implant/Abutment Supported Fixed Denture for Partially	Not Covered				
Single Crowns, Abutment Supported						
D6058	*Abutment Supported Porcelain/Ceramic Crown*	$560.00				
D6059	*Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)*	$625.00				
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly	$475.00				
D6061	*Abutment Supported Porcelain Fused to Metal Crown*	$625.00				
D6062	*Abutment Supported Cast Metal Crown (High Noble Metal)*	$580.00				
D6063	Abutment Supported Cast Metal Crown (Predominantly Base	$430.00				
D6064	*Abutment Supported Cast Metal Crown (Noble Metal)*	$580.00				
D6094	*Abutment Supported Crown - (Titanium)*	$580.00				
Single Crowns, Implant Supported						
D6065	*Implant Supported Porcelain/Ceramic Crown*	$560.00				
D6066	*Implant Supported Porcelain Fused to Metal Crown (Titanium, Titanium Alloy, or High Noble Metal)*	$625.00				
D6067	*Implant Supported Metal Crown (Titanium, Titanium Alloy, or High*	$580.00				
Fixed Partial Denture, Abutment Supported						
D6068	Abutment Supported Retainer for Porcelain/Ceramic FPD	$460.00				
D6069	*Abutment Supported Retainer for Porcelain Fused to Metal FPD (High*	$610.00				
D6070	Abutment Supported Retainer for Porcelain Fused to Metal FPD	$460.00				
D6071	*Abutment Supported Retainer for Porcelain Fused to Metal FPD (Noble*	$610.00				
D6072	*Abutment Supported Retainer for Cast Metal FPD (High Noble Metal)*	$580.00				
D6073	Abutment Supported Retainer for Cast Metal FPD (Predominantly Base Metal)	$430.00				
D6074	*Abutment Supported Retainer for Cast Metal FPD (Noble*	$580.00				
D6194	*Abutment Supported Retainer Crown for FPD- (Titanium)*	$580.00				
Fixed Partial Denture, Implant Supported						
D6075	Implant Supported Retainer for Ceramic FPD	$460.00				
D6076	*Implant Supported Retainer for Porcelain Fused to Metal FPD (Titanium,*	$610.00				
D6077	*Implant Supported Retainer for Cast Metal FPD (Titanium, Titanium Alloy, or High Noble Metal)*	$580.00				
Other Implant Services						
D6080	Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments and	$65.00				
D6090	Repair Implant Supported Prosthesis, By Report	$135.00				
D6095	Repair Implant Abutment, By Report	$130.00				

CDT Code	Benefit	*Dental Care Access Plan P410X*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	
D6091	Replacement of Semi-Precision or Precision Attachment (Male or Female Component) of Implant/Abutment Supported Prosthesis, Per Attachment	$60.00				
D6092	Recement Implant/Abutment Supported Crown	$40.00				
D6093	Recement Implant/Abutment Supported Fixed Partial	$40.00				
D6199	Unspecified Implant Procedure, By Report	Not Covered				
Prosthodontics, Fixed						
Fixed Partial Denture Pontics						
D6205	Pontic - Indirect Resin Based Composite	Not Covered				
D6210	*Pontic - Cast High Noble Metal*	$130.00				
D6211	Pontic - Cast Predominantly Base Metal	$130.00				
D6212	*Pontic - Cast Noble Metal*	$130.00				
D6214	*Pontic - Titanium*	$130.00				
D6240	*Pontic - Porcelain Fused to High Noble Metal*	$130.00				
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	$130.00				
D6242	*Pontic - Porcelain Fused to Noble Metal*	$130.00				
D6245	*Pontic - Porcelain/Ceramic*	$130.00				
D6250	*Pontic - Resin with High Noble Metal*	$130.00				
D6251	Pontic - Resin with Predominantly Base Metal	$130.00				
D6252	*Pontic - Resin with Noble Metal*	$130.00				
D6253	*Provisional Pontic*	$130.00				
D6254	Interim Pontic	Not Covered				
Fixed Partial Denture Retainers - Inlays/Onlays						
D6545	*Retainer - Cast Metal for Resin Bonded Fixed Prosthesis*	$130.00				
D6548	Retainer - Porcelain/Ceramic for Resin Bonded Fixed	Not Covered				
D6600	*Inlay - Porcelain/Ceramic - Two Surfaces*	$130.00				
D6601	*Inlay - Porcelain/Ceramic - Three or More Surfaces*	$130.00				
D6602	*Inlay - Cast High Noble Metal, Two Surfaces*	$130.00				
D6603	*Inlay - Cast High Noble Metal, Three or More Surfaces*	$130.00				
D6604	Inlay - Cast Predominantly Base Metal, Two Surfaces	$130.00				
D6605	Inlay - Cast Predominantly Base Metal, Three or More	$130.00				
D6606	*Inlay - Cast Noble Metal, Two Surfaces*	$130.00				
D6607	*Inlay - Cast Noble Metal, Three or More Surfaces*	$130.00				
D6624	Inlay - Titanium	$130.00				
D6608	*Onlay - Porcelain/Ceramic - Two Surfaces*	$130.00				
D6609	*Onlay - Porcelain/Ceramic - Three or More Surfaces*	$130.00				
D6610	*Onlay - Cast High Noble Metal, Two Surfaces*	$130.00				
D6611	*Onlay - Cast High Noble Metal, Three or More Surfaces*	$130.00				
D6612	Onlay - Cast Predominantly Base Metal, Two Surfaces	$130.00				
D6613	*Onlay - Cast Predominantly Base Metal, Three or More*	$130.00				
D6614	*Onlay - Cast Noble Metal, Two Surfaces*	$130.00				
D6615	*Onlay - Cast Noble Metal, Three or More Surfaces*	$130.00				
D6634	Onlay - Titanium	$130.00				
Fixed Partial Denture Retainers - Crowns						
D6710	*Crown - Indirect Resin Based Composite*	$130.00				
D6720	*Crown - Resin with High Noble Metal*	$130.00				
D6721	Crown - Resin with Predominantly Base Metal	$130.00				

CDT Code	Benefit	*Dental Care Access Plan P410X*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	
D6722	*Crown - Resin with Noble Metal*	$130.00				
D6740	*Crown - Porcelain/Ceramic*	$130.00				
D6750	*Crown - Porcelain Fused to High Noble Metal*	$130.00				
D6751	Crown - Porcelain Fused to Predominantly Base Metal	$130.00				
D6752	*Crown - Porcelain Fused to Noble Metal*	$130.00				
D6780	*Crown - 3/4 Cast High Noble Metal*	$130.00				
D6781	Crown - 3/4 Cast Predominantly Base Metal	$130.00				
D6782	*Crown - 3/4 Cast Noble Metal*	$130.00				
D6783	*Crown - 3/4 Porcelain/Ceramic*	$130.00				
D6790	*Crown - Full Cast High Noble Metal*	$130.00				
D6791	Crown - Full Cast Predominantly Base Metal	$130.00				
D6792	*Crown - Full Cast Noble Metal*	$130.00				
D6794	*Crown - Titanium*	$130.00				
D6793	Provisional Retainer Crown	Not Covered				
D6795	Interim Retainer Crown	Not Covered				
Other Fixed Partial Denture Services						
D6920	Connector Bar	Not Covered				
D6930	Recement Fixed Partial Denture	$0.00				
D6940	Stress Breaker	Not Covered				
D6950	Precision Attachment	$195.00				
D6970	*Cast Post and Core In Addition to Fixed Partial Denture Retainer, Indirectly Fabricated*	Not Covered				
D6972	Prefabricated Post and Core In Addition to Fixed Partial Denture Retainer	Not Covered				
D6973	Core Buildup for Retainer, Including Any Pins	Not Covered				
D6975	Coping - Metal	Not Covered				
D6976	Each Additional Indirectly Fabricated Post - Same Tooth	Not Covered				
D6977	Each Additional Prefabricated Post - Same Tooth	Not Covered				
D6980	*Fixed Partial Denture Repair By Report*	Not Covered				
D6985	Pediatric Partial Denture, Fixed	Not Covered				
D6999	Unspecified Fixed Prosthodontic Procedure, By Report	Not Covered				
Oral and Maxillofacial Surgery						
Extractions						
D7111	Extraction of Coronal Remnants - Deciduous Tooth	$3.00				
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps	$3.00				
Surgical Extractions						
D7210	Surgical Removal of Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if	$25.00				
D7220	Removal of Impacted Tooth - Soft Tissue	$40.00				
D7230	Removal of Impacted Tooth - Partially Bony	$60.00				
D7240	Removal of Impacted Tooth - Completely Bony	$80.00				
D7241	Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	$100.00				
D7250	Surgical Removal of Residual Tooth Roots (Cutting	$30.00				
D7251	Coronectomy - Intentional Partial Tooth Removal	$60.00				

CDT Code	Benefit	*Dental Care Access Plan P410X*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	
Other Surgical Procedures						
D7260	Oroantral Fistula Closure	$90.00				
D7261	Primary Closure of a Sinus Perforation	$90.00				
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or	$65.00				
D7272	Tooth Transplantation (Includes Reimplantation from One Site to Another	Not Covered				
D7280	Surgical Access of an Unerupted Tooth	$65.00				
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid	Not Covered				
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	$60.00				
D7285	Biopsy of Oral Tissue - Hard (Bone, Tooth)	$0.00				
D7286	Biopsy of Oral Tissue - Soft	$0.00				
D7287	Exfoliative Cytological Sample Collection	$50.00				
D7288	Brush Biopsy - Transepithelial Sample Collection	$50.00				
D7290	Surgical Repositioning of Teeth	Not Covered				
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, By Report	Not Covered				
D7292	Surgical Placement; Temporary Anchorage Device (Screw Retained Plate)	Not Covered				
D7293	Surgical Placement; Temporary Anchorage Device Requiring Surgical Flap	Not Covered				
D7294	Surgical Placement; Temporary Anchorage Device without	Not Covered				
D7295	Harvest of Bone Fur Use In Autogenous Grafting Procedure	Not Covered				
Alveoloplasty - Surgical Preparation of Ridge for Dentures						
D7310	Alveoloplasty in Conjunction with Extractions - Four or More Teeth or	$35.00				
D7311	Alveoloplasty in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	$35.00				
D7320	Alveoloplasty not in Conjunction with Extractions - Four or More Teeth or	$35.00				
D7321	Alveoloplasty not in Conjunction with Extractions - One to Three Teeth or	$35.00				
Vestibuloplasty						
D7340	Vestibuloplasty - Ridge Extension (Secondary	Not Covered				
D7350	Vestibuloplasty - Ridge Extension (Including Soft Tissue Grafts, Muscle	Not Covered				
Surgical Excision of Soft Tissue Lesions						
D7410	Excision of Benign Lesion Up to 1.25 cm	Not Covered				
D7411	Excision of Benign Lesion Greater than 1.25 cm	Not Covered				
D7412	Excision of Benign Lesion, Complicated	Not Covered				
D7413	Excision of Malignant Lesion Up to 1.25 cm	Not Covered				
D7414	Excision of Malignant Lesion Greater than 1.25 cm	Not Covered				
D7415	Excision of Malignant Lesion, Complicated	Not Covered				
D7465	Destruction of Lesion(s) By Physical or Chemical Method,	Not Covered				
Surgical Excision of Intra-Osseous Lesions						
D7440	Excision of Malignant Tumor - Lesion Diameter Up to 1.25	Not Covered				
D7441	Excision of Malignant Tumor - Lesion Diameter Greater than	Not Covered				

CDT Code	Benefit	*Dental Care Access Plan P410X*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to	$0.00				
D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater	$0.00				
D7460	Removal of Benign Nonodontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	Not Covered				
D7461	Removal of Benign Nonodontogenic Cyst or Tumor - Lesion Diameter	Not Covered				
Excision of Bone Tissue						
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	$55.00				
D7472	Removal of Torus Palatinus	$40.00				
D7473	Removal of Torus Mandibularis	$40.00				
D7485	Surgical Reduction of Osseous Tuberosity	$60.00				
D7490	Radical Resection of Maxilla or Mandible	Not Covered				
Surgical Incision						
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	$20.00				
D7511	Incision and Drainage of Abscess - Intraoral Soft Tissue - Complicated (Includes Drainage of Multiple Fascial Spaces)	$25.00				
D7520	Incision and Drainage of Abscess - Extraoral Soft Tissue	$25.00				
D7521	Incision and Drainage of Abscess - Extraoral Soft Tissue Complicated (Includes Drainage of Multiple Fascial Spaces)	$25.00				
D7530	Removal of Foreign Body from Mucosa, Skin, or Subcutaneous Alveolar	Not Covered				
D7540	Removal of Reaction Producing Foreign Bodies,	Not Covered				
D7550	Partial Ostectomy/Sequestrectomy for Removal of Non-vital	Not Covered				
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or	Not Covered				
Treatment of Fractures - Simple						
D7610	Maxilla - Open Reduction (Teeth Immobilized, if Present)	Not Covered				
D7620	Maxilla - Closed Reduction (Teeth Immobilized, if Present)	Not Covered				
D7630	Mandible - Open Reduction (Teeth Immobilized, if Present)	Not Covered				
D7640	Mandible - Closed Reduction (Teeth Immobilized, if Present)	Not Covered				
D7650	Malar and/or Zygomatic Arch - Open Reduction	Not Covered				
D7660	Malar and/or Zygomatic Arch - Closed Reduction	Not Covered				
D7670	Alveolus - Closed Reduction, May Include Stabilization of	Not Covered				
D7671	Alveolus - Open Reduction, May Include Stabilization of	Not Covered				
D7680	Facial Bones - Complicated Reduction with Fixation and Multiple Surgical Approaches	Not Covered				
Treatment of Fractures - Compound						
D7710	Maxilla - Open Reduction	Not Covered				
D7720	Maxilla - Closed Reduction	Not Covered				
D7730	Mandible - Open Reduction	Not Covered				
D7740	Mandible - Closed Reduction	Not Covered				
D7750	Malar and/or Zygomatic Arch - Open Reduction	Not Covered				
D7760	Malar and/or Zygomatic Arch - Closed Reduction	Not Covered				
D7770	Alveolus - Open Reduction Stabilization of Teeth	Not Covered				
D7771	Alveolus - Closed Reduction Stabilization of Teeth	Not Covered				

CDT Code	Benefit	*Dental Care Access Plan P410X*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	
D7780	Facial Bones - Complicated Reduction with Fixation and Multiple Surgical Approaches	Not Covered				
Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions						
D7810	Open Reduction of Dislocation	Not Covered				
D7820	Closed Reduction of Dislocation	Not Covered				
D7830	Manipulation under Anesthesia	Not Covered				
D7840	Condylectomy	Not Covered				
D7850	Surgical Discectomy, with/without Implant	Not Covered				
D7852	Disc Repair	Not Covered				
D7854	Synovectomy	Not Covered				
D7856	Myotomy	Not Covered				
D7858	Joint Reconstruction	Not Covered				
D7860	Arthrotomy	Not Covered				
D7865	Arthroplasty	Not Covered				
D7870	Arthrocentesis	Not Covered				
D7871	Non-arthroscopic Lysis and Lavage	Not Covered				
D7872	Arthroscopy - Diagnosis, with or without Biopsy	Not Covered				
D7873	Arthroscopy - Surgical: Lavage and Lysis of Adhesions	Not Covered				
D7874	Arthroscopy - Surgical: Disc Repositioning and Stabilization	Not Covered				
D7875	Arthroscopy - Surgical: Synovectomy	Not Covered				
D7876	Arthroscopy - Surgical: Discectomy	Not Covered				
D7877	Arthroscopy - Surgical: Debridement	Not Covered				
D7880	Occlusal Orthotic Device, By Report	$150.00				
D7899	Unspecified TMD Therapy By Report	Not Covered				
Repair of Traumatic Wounds						
D7910	Suture of Recent Small Wounds up to 5 cm	$25.00				
Complicated Suturing						
D7911	Complicated Suture - Up to 5 cm	Not Covered				
D7912	Complicated Suture - Greater than 5 cm	Not Covered				
Other Repair Procedures						
D7920	Skin Graft (Identify Defect Covered, Location and Type of	Not Covered				
D7921	Collection and application of autologous blood concentrate	Not Covered				
D7940	Osteoplasty - For Orthognathic Deformities	Not Covered				
D7941	Osteotomy - Mandibular Rami	Not Covered				
D7943	Osteotomy - Mandibular Rami with Bone Graft; Includes Obtaining the	Not Covered				
D7944	Osteotomy - Segmented or Subapical	Not Covered				
D7945	Osteotomy - Body of Mandible	Not Covered				
D7946	LeFort I (Maxilla - Total)	Not Covered				
D7947	LeFort I (Maxilla - Segmented)	Not Covered				
D7948	LeFort II or LeFort III - without Bone Graft	Not Covered				
D7949	LeFort II or LeFort III - with Bone Graft	Not Covered				
D7950	Osseous, Osteoperiosteal, or Cartilage Graft of the Mandible or Maxilla -	Not Covered				
D7951	Sinus Augmentation with Bone or Bone Substitutes	$850.00				
D7952	Sinus augmentation via a vertical approach	$640.00				
D7953	Bone Replacement Graft for Ridge Preservation - Per Site	$100.00				

CDT Code	Benefit	*Dental Care Access Plan P410X*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	
D7955	Repair of Maxillofacial Soft and/or Hard Tissue Defect	Not Covered				
D7960	Frenulectomy (Frenectomy or Frenotomy) - Separate	Not Covered				
D7963	Frenuloplasty	$30.00				
D7970	Excision of Hyperplastic Tissue -Per Arch	Not Covered				
D7971	Excision of Pericoronal Gingival	Not Covered				
D7972	Surgical Reduction of Fibrous Tuberosity	Not Covered				
D7980	Sialolithotomy	Not Covered				
D7981	Excision of Salivary Gland, By Report	Not Covered				
D7982	Sialodochoplasty	Not Covered				
D7983	Closure of Salivary Fistula	Not Covered				
D7990	Emergency Tracheotomy	Not Covered				
D7991	Coronoidectomy	Not Covered				
D7995	Synthetic Graft - Mandible or Facial Bones, By Report	Not Covered				
D7996	Implant - Mandible for Augmentation Purposes (Excluding Alveolar	Not Covered				
D7997	Appliance Removal (Not by Dentist who Placed Appliance), Includes Removal of Archbar	Not Covered				
D7998	Intraoral Placement of a Fixation Device not in Conjunction with a	Not Covered				
D7999	Unspecified Oral Surgery Procedure, By Report	Not Covered				
Orthodontics						
Limited Orthodontic Treatment						
D8010	Limited Orthodontic Treatment of the Primary Dentition	$390.00				
D8020	Limited Orthodontic Treatment of the Transition Dentition	$390.00				
D8030	Limited Orthodontic Treatment of the Adolescent Dentition	$180.00				
D8040	Limited Orthodontic Treatment of the Adult Dentition	$200.00				
Interceptive Orthodontic Treatment						
D8050	Interceptive Orthodontic Treatment of the Primary Dentition	Deleted Code				
D8060	Interceptive Orthodontic Treatment of the Transitional	Deleted Code				
Comprehensive Orthodontic						
D8070	Comprehensive Orthodontic Treatment of the Transitional	$390.00				
D8080	Comprehensive Orthodontic Treatment of the Adolescent	$390.00				
D8090	Comprehensive Orthodontic Treatment of the Adult	$390.00				
Minor Treatment to Control Harmful Habits						
D8210	Removable Appliance Therapy	$0.00				
D8220	Fixed Appliance Therapy	$0.00				
Other Orthodontic Services						
D8660	Pre-Orthodontic Treatment Visit	$85.00				
D8670	Periodic Orthodontic Treatment Visit (As Part of Contract)					
	Children (Up to 19th Birthday):					
	24 Month Treatment Fee	$1,224.00				
	Charge Per Month for 24 Months	$51.00				
	Adults:					
	24 Month Treatment Fee	$1,728.00				
	Charge Per Month for 24 Months	$72.00				
	Ortho Visits Beyond 24 Months of Active Treatment or					

CDT Code	Benefit	*Dental Care Access Plan P410X*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	
D8680	Orthodontic Retention (Removal of Appliances, Construction and	$270.00				
D8690	Orthodontic Treatment (Alternative Billing to a Contract Fee)	Not Covered				
D8691	Repair of Orthodontic Appliance	Not Covered				
D8692	Replacement of Lost or Broken Retainer	Not Covered				
D8693	Rebonding or Recementing; and/or Repair, as Required, of Fixed Retainers	Not Covered				
D8999	Unspecified Orthodontic Procedure, By Report	$265.00				
Adjunctive General Services						
Unclassified Treatment						
D9110	Palliative (Emergency) Treatment of Dental Pain - Minor	$3.00				
D9120	Fixed Partial Denture Sectioning	$0.00				
Anesthesia						
D9210	Local Anesthesia Not in Conjunction with Operative or Surgical Procedures	Not Covered				
D9211	Regional Block Anesthesia	$0.00				
D9212	Trigeminal Division Block Anesthesia	$0.00				
D9215	Local Anesthesia in Conjunction With Operative or Surgical	$0.00				
D9220	Deep Sedation/General Anesthesia - First 30 Minutes	Not Covered				
D9221	Deep Sedation/General Anesthesia - Each Additional 15	Not Covered				
D9230	Inhalation of Nitrous Oxide/anxiolysis, analgesia	$40.00				
D9241	Intravenous Conscious Sedation/Analgesia - First 30 Minutes	Not Covered				
D9242	Intravenous Conscious Sedation/Analgesia - Each Additional	Not Covered				
D9248	Non-intravenous Conscious Sedation	Not Covered				
Professional Consultation						
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician other	$7.00				
Professional Visits						
D9410	House/Extended Care Facility Call	Not Covered				
D9420	Hospital or Ambulatory Surgical Center Call	Not Covered				
D9430	Office Visit for Observation (During Regularly Scheduled Hours) - No	$3.00				
D9440	Office Visit - After Regularly Scheduled Hours	$25.00				
D9450	Case Presentation, Detailed and Extensive Treatment	$0.00				
	Broken Appointment without 24 hour notice - Per 15 Minutes					
Drugs						
D9610	Therapeutic Parenteral Drug, Single Administration	$15.00				
D9612	Therapeutic Parenteral Drugs, Two or More Administrations, Different	$25.00				
D9630	Other Drugs and/or Medicaments, By Report	$15.00				
Miscellaneous Services						
D9910	Application of Desensitizing Medicament	$15.00				
D9911	Application of Desensitizing Resin for Cervical and/or Root Surface, Per	$0.00				
D9920	Behavior Management, By Report	Not Covered				

CDT Code	Benefit	*Dental Care Access Plan P410X*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	*Enter DHMO Plan Name Here*	
D9930	Treatment of Complications (Post-surgical) - Unusual Circumstances, By	Not Covered				
D9940	Occlusal Guard, By Report	Deleted Code				
D9941	Fabrication of Athletic Mouthguard	$110.00				
D9942	Repair and/or Reline of Occlusal Guard	$40.00				
D9950	Occlusion Analysis - Mounted Case	Not Covered				
D9951	Occlusal Adjustment - Limited	$25.00				
D9952	Occlusal Adjustment - Complete	$40.00				
D9970	Enamel Micro abrasion	Not Covered				
D9971	Odontoplasty 1-2 Teeth; Includes Removal of Enamel	Not Covered				
D9972	External Bleaching, Per Arch	Not Covered				
D9973	External Bleaching, Per Tooth	Not Covered				
D9974	Internal Bleaching, Per Tooth	Not Covered				
D9975	External bleaching for home application, per arch; includes materials and fabricaiton of custom trays	$125.00				
D9999	Unspecified Adjunctive Procedure, By Report	Not Covered				

Additional lab and metal charges may apply for procedures in italics.

CIGNA DENTAL CARE® PLAN PATIENT CHARGE SCHEDULE

This Patient Charge Schedule lists the benefits of the Dental Plan including covered procedures and patient charges.

Important Highlights

- This Patient Charge Schedule applies only when covered dental services are performed by your Network Dentist, unless otherwise authorized as described in your plan documents. Not all Network Dentists perform all listed services and it is suggested that you check with your Network Dentist in advance of receiving services.
- This Patient Charge Schedule applies to Specialty Care when an appropriate referral is made by your Network General Dentist to a Network Specialty Endodontist, Periodontist or Oral Surgeon. A referral is not required for Specialty Care at a Network Specialty Pediatric Dentist or Orthodontist. You may select a Network Pediatric Dentist for your child under the age of 13 by calling Customer Service at 1.800.Cigna24 to get a list of Network Pediatric Dentists in your area. Coverage for treatment by a Pediatric Dentist ends on your child's 13th birthday; however, exceptions for medical reasons may be considered on an individual basis. Your Network General Dentist will provide care upon your child's 13th birthday.
- Procedures **not** listed on this Patient Charge Schedule are **not** covered and are the patient's responsibility at the dentist's usual fees.
- Infection control and/or sterilization are considered to be incidental to and part of the charges for services provided and not separately chargeable.
- This Patient Charge Schedule is subject to *annual change* in accordance with the terms of the group agreement.

CIGNA DENTAL CARE PLAN
PATIENT CHARGE SCHEDULE (P4I0X)

Important Highlights (Continued)

- Procedures listed on the Patient Charge Schedule are subject to the plan limitations and exclusions described in your plan book/certificate of coverage and/or group contract.
- All patient charges correspond to the Patient Charge Schedule in effect on the date the *procedure is initiated*.
- Current Dental Terminology ("CDT") codes are established by the American Dental Association (ADA) Council on Dental Benefit Programs in accordance with authority granted by the federal government under the Health Insurance and Portability and Accountability Act of 1996 (HIPAA) as the national terminology for reporting dental services, and are recognized as the industry standard. The ADA publishes CDT as part of a reference manual and may periodically change CDT Codes or definitions. Different codes may be used to describe these covered procedures. The language in *italics* is intended to clarify the members' benefit.

CIGNA DENTAL CARE PLAN
PATIENT CHARGE SCHEDULE (P4I0X)

Office visit fee – (per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
Diagnostic/preventive – Oral evaluations are limited to a combined total of 4 of the following evaluations during a 12 consecutive month period: periodic oral evaluations (D0120), comprehensive oral evaluations (D0150), comprehensive periodontal evaluations (D0180) and oral evaluations for patients under 3 years of age (D0145).		
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	$7.00
D9311	Consultation with a medical health care professional	$0.00
D9430	Office visit for observation – No other services performed	$3.00
D9450	Case presentation – Detailed and extensive treatment planning	$0.00
D0120	Periodic oral evaluation – Established patient	$0.00
D0140	Limited oral evaluation – Problem focused	$0.00
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver	$0.00
D0150	Comprehensive oral evaluation – New or established patient	$0.00
D0160	Detailed and extensive oral evaluation - Problem focused, by report *(limit 2 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation)*	$0.00
D0170	Re-evaluation – Limited, problem focused (established patient; not post-operative visit)	$0.00
D0171	Re-evaluation – Post-operative office visit	$0.00
D0180	Comprehensive periodontal evaluation – New or established patient	$0.00
D0210	X-rays intraoral – Complete series of radiographic images *(limited to 1 D0210 or D0709 every 3 years)*	$0.00
D0220	X-rays intraoral – Periapical – First radiographic image	$0.00
D0230	X-rays intraoral – Periapical – Each additional radiographic image	$0.00

CIGNA DENTAL CARE PLAN
PATIENT CHARGE SCHEDULE (P4I0X)

D0240	X-rays intraoral – Occlusal radiographic image	$0.00
D0250	X-rays extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	$0.00
D0251	X-rays extra-oral posterior dental radiographic image (*limit 1 D0251 or D0705 per calendar year*)	$0.00
D0270	X-rays (bitewing) – Single radiographic image	$0.00
D0272	X-rays (bitewings) – 2 radiographic images	$0.00
D0273	X-rays (bitewings) – 3 radiographic images	$0.00
D0274	X-rays (bitewings) – 4 radiographic images	$0.00
D0277	X-rays (bitewings, vertical) – 7 to 8 radiographic images	$0.00
D0330	X-rays (panoramic radiographic image) – *(limited to 1 D0330 or D0701 every 3 years) (when utilized for orthodontic services, see D8999)*	$0.00
D0340	2D cephalometric radiographic image - Acquisition, measurement and analysis *(when utilized for orthodontic services, see D8999)*	$0.00
D0350	2D oral/facial photographic images obtained intra-orally or extra-orally *(when utilized for orthodontic services, see D8999)*	$0.00
D0351	3D photographic image *(when utilized for orthodontic services, see D8999)*	$0.00
D0364	Cone beam CT capture and interpretation with limited field of view – Less than one whole jaw *(only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366 or D0367 per calendar year)*	$200.00
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – Mandible *(only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366 or D0367 per calendar year)*	$220.00
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – Maxilla, with or without cranium *(only covered in conjunction with the surgical placement of an implant;*	$220.00

CIGNA DENTAL CARE PLAN
PATIENT CHARGE SCHEDULE (P410X)

	limit of a total of only one D0364, D0365, D0366 or D0367 per calendar year)	
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium *(only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366 or D0367 per calendar year)*	$240.00
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures *(limit 1 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation)*	$240.00
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	$0.00
D0393	Treatment simulation using 3D image volume	$0.00
D0394	Digital subtraction of two or more images or image volumes of the same modality	$0.00
D0395	Fusion of two or more 3D image volumes of one or more modalities	$0.00
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation, and transmission of written report	$0.00
D0415	Collection of microorganisms for culture and sensitivity	$0.00
D0425	Caries susceptibility tests	$0.00
D0431	Oral cancer screening using a special light source	$50.00
D0460	Pulp vitality tests	$0.00
D0470	Diagnostic casts *(when utilized for orthodontic services, see D8999)*	$0.00
D0472	Pathology report – Gross examination of lesion (only when tooth related)	$0.00
D0473	Pathology report – Microscopic examination of lesion (only when tooth related)	$0.00
D0474	Pathology report – Microscopic examination of lesion and area (only when tooth related)	$0.00

CIGNA DENTAL CARE PLAN
PATIENT CHARGE SCHEDULE (P4I0X)

D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	$0.00
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum	$0.00
D0701	X-rays (panoramic radiographic image) – Image capture only *(limited to 1 D0330 or D0701 every 3 years) (when utilized for orthodontic services, see D8999)*	$0.00
D0703	2D oral/facial photographic image obtained intra-orally or extra-orally – Image capture only *(when utilized for orthodontic services, see D8999)*	$0.00
D0704	3D photographic image – Image capture only *(when utilized for orthodontic services, see D8999)*	$0.00
D0705	X-rays extra-oral posterior dental radiographic image – Image capture only *(limited to 1 D0251 or D0705 per calendar year)*	$0.00
D0706	X-rays intraoral – Occlusal radiographic image – Image capture only	$0.00
D0707	X-rays intraoral – Periapical radiographic image – Image capture only	$0.00
D0708	X-rays intraoral – Bitewing radiographic image – Image capture only	$0.00
D0709	X-rays intraoral – Complete series of radiographic images – Image capture only *(limit 1 D0210 or D0709 every 3 years)*	$0.00
D1110	Prophylaxis (cleaning) – Adult *(limit 2 per calendar year)*	$0.00
	Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per calendar year	$45.00
D1120	Prophylaxis (cleaning) – Child *(limit 2 per calendar year)*	$0.00
	Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per calendar year	$35.00
D1206	Topical application of fluoride varnish *(limit 2 per calendar year). There is a combined limit of a total of 2 D1206s and/or D1208s per calendar year.*	$0.00

CIGNA DENTAL CARE PLAN
PATIENT CHARGE SCHEDULE (P410X)

	Additional topical application of fluoride varnish in addition to any combination of two (2) D1206s (topical application of fluoride varnish) and/or D1208s (topical application of fluoride - excluding varnish) per calendar year	$15.00
D1208	Topical application of fluoride - Excluding varnish (*limit 2 per calendar year*) *There is a combined limit of a total of 2 D1208s and/or D1206s per calendar year.*	$0.00
	Additional topical application of fluoride - Excluding varnish - In addition to any combination of two (2) D1206s (topical applications of fluoride varnish) and/or D1208s (topical application of fluoride - excluding varnish) per calendar year	$15.00
D1310	Nutritional counseling for control of dental disease	$0.00
D1320	Tobacco counseling for the control and prevention of oral disease	$0.00
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	$0.00
D1330	Oral hygiene instructions	$0.00
D1351	Sealant – Per tooth	$7.00
D1352	Preventive resin restoration in a moderate to high caries risk patient – Permanent tooth	$7.00
D1353	Sealant repair – Per tooth	$5.00
D1354	Application of caries arresting medicament - Per tooth	$0.00
D1355	Caries preventive medicament application – Per tooth	$0.00
D1510	Space maintainer – Fixed - Unilateral - Per quadrant	$17.00
D1516	Space maintainer – Fixed – Bilateral, upper	$17.00
D1517	Space maintainer – Fixed – Bilateral, lower	$17.00
D1520	Space maintainer – Removable - Unilateral - Per quadrant	$25.00
D1526	Space maintainer – Removable – Bilateral, upper	$25.00
D1527	Space maintainer – Removable – Bilateral, lower	$25.00

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D1551	Re-cement or re-bond bilateral space maintainer – Upper	$3.00
D1552	Re-cement or re-bond bilateral space maintainer – Lower	$3.00
D1553	Re-cement or re-bond unilateral space maintainer – Per quadrant	$3.00
D1556	Removal of fixed unilateral space maintainer – Per quadrant	$3.00
D1557	Removal of fixed bilateral space maintainer – Upper	$3.00
D1558	Removal of fixed bilateral space maintainer – Lower	$3.00
D1575	Distal shoe space maintainer – Fixed, Unilateral - Per quadrant	$19.00
Restorative (fillings - primary or permanent teeth, including polishing)		
D2140	Amalgam – 1 surface, primary or permanent	$0.00
D2150	Amalgam – 2 surfaces, primary or permanent	$0.00
D2160	Amalgam – 3 surfaces, primary or permanent	$0.00
D2161	Amalgam – 4 or more surfaces, primary or permanent	$0.00
D2330	Resin-based composite – 1 surface, anterior	$0.00
D2331	Resin-based composite – 2 surfaces, anterior	$0.00
D2332	Resin-based composite – 3 surfaces, anterior	$0.00
D2335	Resin-based composite – 4 or more surfaces or involving incisal angle, anterior	$0.00
D2390	Resin-based composite crown, anterior	$30.00
D2391	Resin-based composite – 1 surface, posterior	$45.00
D2392	Resin-based composite – 2 surfaces, posterior	$55.00
D2393	Resin-based composite – 3 surfaces, posterior	$65.00
D2394	Resin-based composite – 4 or more surfaces, posterior	$70.00
Crown and bridge – All charges for crowns and bridges (fixed partial dentures) are per unit (each replacement or supporting tooth equals 1 unit). Coverage for replacement of crowns and bridges is limited to 1 every 5 years.		

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For single crowns, retainer ("abutment") crowns, and pontics: The charges below include the cost of predominantly base metal alloy. You may be charged an additional amount, based on the type of material the dentist uses for your restoration. You may be charged: • No more than $150.00 per tooth for any noble metal alloys, high noble metal alloys, titanium or titanium alloys • No more than $75.00 per tooth for any porcelain fused to metal (only on molar teeth) • Porcelain/ceramic substrate crowns on molar teeth are not covered. In addition, you may be charged up to these additional amounts: • No more than $100.00 per tooth if an indirectly fabricated ("cast") post and core is made of high noble metal alloy • No more than $150.00 per tooth/unit for crowns, inlays, onlays, post and cores, and veneers if your dentist uses same day in-office CAD/CAM (ceramic) services. Same day in-office CAD/CAM (ceramic) services refer to dental restorations that are created in the dental office by the use of a digital impression and an in-office CAD/CAM milling machine. Complex rehabilitation – An additional $125 charge per unit for multiple crown units/ complex rehabilitation (6 or more units of crown and/or bridge in same treatment plan requires complex rehabilitation for each unit – ask your dentist for the guidelines)		
D2510	Inlay – Metallic – 1 surface	$130.00
D2520	Inlay – Metallic – 2 surfaces	$130.00
D2530	Inlay – Metallic – 3 or more surfaces	$130.00
D2542	Onlay – Metallic – 2 surfaces	$130.00
D2543	Onlay – Metallic – 3 surfaces	$130.00
D2544	Onlay – Metallic – 4 or more surfaces	$130.00
D2610	Inlay – Porcelain/ceramic, 1 surface	$130.00
D2620	Inlay – Porcelain/ceramic, 2 surfaces	$130.00
D2630	Inlay – Porcelain/ceramic, 3 or more surfaces	$130.00
D2642	Onlay – Porcelain/ceramic, 2 surfaces	$130.00
D2643	Onlay – Porcelain/ceramic, 3 surfaces	$130.00
D2644	Onlay – Porcelain/ceramic, 4 or more surfaces	$130.00
D2650	Inlay – Resin-based composite, 1 surface	$130.00
D2651	Inlay – Resin-based composite, 2 surfaces	$130.00
D2652	Inlay – Resin-based composite, 3 or more surfaces	$130.00

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D2662	Onlay – Resin-based composite, 2 surfaces	$130.00
D2663	Onlay – Resin-based composite, 3 surfaces	$130.00
D2664	Onlay – Resin-based composite, 4 or more surfaces	$130.00
D2710	Crown – Resin-based composite, indirect	$130.00
D2712	Crown – 3/4 resin-based composite, indirect	$130.00
D2720	Crown – Resin with high noble metal	$130.00
D2721	Crown – Resin with predominantly base metal	$130.00
D2722	Crown – Resin with noble metal	$130.00
D2740	Crown – Porcelain/ceramic	$220.00
D2750	Crown – Porcelain fused to high noble metal	$130.00
D2751	Crown – Porcelain fused to predominantly base metal	$130.00
D2752	Crown – Porcelain fused to noble metal	$130.00
D2753	Crown - Porcelain fused to titanium and titanium alloys	$130.00
D2780	Crown – 3/4 cast high noble metal	$130.00
D2781	Crown – 3/4 cast predominantly base metal	$130.00
D2782	Crown – 3/4 cast noble metal	$130.00
D2783	Crown – 3/4 porcelain/ceramic	$130.00
D2790	Crown – Full cast high noble metal	$130.00
D2791	Crown – Full cast predominantly base metal	$130.00
D2792	Crown – Full cast noble metal	$130.00
D2794	Crown – Titanium and titanium alloys	$130.00
D2799	Interim crown *(not to be used as a temporary crown for a routine prosthetic restoration)*	$100.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	$0.00

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D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	$0.00
D2920	Re-cement or re-bond crown	$0.00
D2928	Prefabricated porcelain/ceramic crown – Permanent tooth	$95.00
D2929	Prefabricated porcelain/ceramic crown - Primary tooth	$95.00
D2930	Prefabricated stainless steel crown – Primary tooth	$17.00
D2931	Prefabricated stainless steel crown – Permanent tooth	$17.00
D2932	Prefabricated resin crown	$25.00
D2933	Prefabricated stainless steel crown with resin window	$25.00
D2934	Prefabricated esthetic coated stainless steel crown – Primary tooth	$95.00
D2940	Protective restoration	$3.00
D2941	Interim therapeutic restoration - Primary dentition	$3.00
D2950	Core buildup – Including any pins	$40.00
D2951	Pin retention – Per tooth – In addition to restoration	$10.00
D2952	Post and core – In addition to crown, indirectly fabricated	$45.00
D2953	Each additional indirectly prefabricated post – Same tooth	$45.00
D2954	Prefabricated post and core – In addition to crown	$30.00
D2957	Each additional prefabricated post – Same tooth	$25.00
D2960	Labial veneer (resin laminate) – Direct	$250.00
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	$45.00
D2980	Crown repair, necessitated by restorative material failure	$10.00
D2983	Veneer repair necessitated by restorative material failure	$10.00
D6210	Pontic – Cast high noble metal	$130.00
D6211	Pontic – Cast predominantly base metal	$130.00

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D6212	Pontic – Cast noble metal	$130.00
D6214	Pontic – Titanium and titanium alloys	$130.00
D6240	Pontic – Porcelain fused to high noble metal	$130.00
D6241	Pontic – Porcelain fused to predominantly base metal	$130.00
D6242	Pontic – Porcelain fused to noble metal	$130.00
D6243	Pontic – Porcelain fused to titanium and titanium alloys	$130.00
D6245	Pontic – Porcelain/ceramic	$130.00
D6250	Pontic – Resin with high noble metal	$130.00
D6251	Pontic – Resin with predominantly base metal	$130.00
D6252	Pontic – Resin with noble metal	$130.00
D6253	Interim Pontic	$130.00
D6545	Retainer – Cast metal for resin bonded fixed prosthesis	$130.00
D6600	Retainer inlay – Porcelain/ceramic, 2 surfaces	$130.00
D6601	Retainer inlay – Porcelain/ceramic, 3 or more surfaces	$130.00
D6602	Retainer inlay – Cast high noble metal, 2 surfaces	$130.00
D6603	Retainer inlay – Cast high noble metal, 3 or more surfaces	$130.00
D6604	Retainer inlay – Cast predominantly base metal, 2 surfaces	$130.00
D6605	Retainer inlay – Cast predominantly base metal, 3 or more surfaces	$130.00
D6606	Retainer inlay – Cast noble metal, 2 surfaces	$130.00
D6607	Retainer inlay – Cast noble metal, 3 or more surfaces	$130.00
D6608	Retainer onlay – Porcelain/ceramic, 2 surfaces	$130.00
D6609	Retainer onlay – Porcelain/ceramic, 3 or more surfaces	$130.00
D6610	Retainer onlay – Cast high noble metal, 2 surfaces	$130.00
D6611	Retainer onlay – Cast high noble metal, 3 or more surfaces	$130.00

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D6612	Retainer onlay – Cast predominantly base metal, 2 surfaces	$130.00
D6613	Retainer onlay – Cast predominantly base metal, 3 or more surfaces	$130.00
D6614	Retainer onlay – Cast noble metal, 2 surfaces	$130.00
D6615	Retainer onlay – Cast noble metal, 3 or more surfaces	$130.00
D6624	Retainer inlay – Titanium	$130.00
D6634	Retainer onlay – Titanium	$130.00
D6710	Retainer crown – Indirect resin based composite	$130.00
D6720	Retainer crown – Resin with high noble metal	$130.00
D6721	Retainer crown – Resin with predominantly base metal	$130.00
D6722	Retainer crown – Resin with noble metal	$130.00
D6740	Retainer crown – Porcelain/ceramic	$130.00
D6750	Retainer crown – Porcelain fused to high noble metal	$130.00
D6751	Retainer crown – Porcelain fused to predominantly base metal	$130.00
D6752	Retainer crown – Porcelain fused to noble metal	$130.00
D6753	Retainer crown – Porcelain fused to titanium and titanium alloys	$130.00
D6780	Retainer crown – 3/4 cast high noble metal	$130.00
D6781	Retainer crown – 3/4 cast predominantly base metal	$130.00
D6782	Retainer crown – 3/4 cast noble metal	$130.00
D6783	Retainer crown – 3/4 porcelain/ceramic	$130.00
D6784	Retainer crown - 3/4 titanium and titanium alloys	$130.00
D6790	Retainer crown – Full cast high noble metal	$130.00
D6791	Retainer crown – Full cast predominantly base metal	$130.00
D6792	Retainer crown – Full cast noble metal	$130.00
D6794	Retainer crown – Titanium and titanium alloys	$130.00

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D6930	Re-cement or re-bond fixed partial denture	$0.00
D6950	Precision attachment	$195.00
Endodontics (root canal treatment, excluding final restorations)		
D3110	Pulp cap – Direct (excluding final restoration)	$0.00
D3120	Pulp cap – Indirect (excluding final restoration)	$0.00
D3220	Pulpotomy – Removal of pulp, not part of a root canal	$7.00
D3221	Pulpal debridement (not to be used when root canal is done on the same day)	$35.00
D3222	Partial pulpotomy for apexogenesis – Permanent tooth with incomplete root development	$17.00
D3230	Pulpal therapy (resorbable filling) – Anterior, primary tooth (excluding final restoration)	$20.00
D3240	Pulpal therapy (resorbable filling) – Posterior, primary tooth (excluding final restoration)	$30.00
D3310	Anterior root canal – Permanent tooth (excluding final restoration)	$65.00
D3320	Premolar root canal – Permanent tooth (excluding final restoration)	$95.00
D3330	Molar root canal – Permanent tooth (excluding final restoration)	$195.00
D3331	Treatment of root canal obstruction – Nonsurgical access	$70.00
D3332	Incomplete endodontic therapy – Inoperable, unrestorable or fractured tooth	$60.00
D3333	Internal root repair of perforation defects	$70.00
D3346	Retreatment of previous root canal therapy – Anterior	$105.00
D3347	Retreatment of previous root canal therapy – Premolar	$140.00
D3348	Retreatment of previous root canal therapy – Molar	$220.00
D3351	Apexification/recalcification – Initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	$75.00

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D3352	Apexification/recalcification – Interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	$60.00
D3353	Apexification/recalcification – Final visit (includes completed root canal therapy – Apical closure/calcific repair of perforations, root resorption, etc.)	$60.00
D3410	Apicoectomy/periradicular surgery – Anterior	$85.00
D3421	Apicoectomy/periradicular surgery – Premolar (first root)	$90.00
D3425	Apicoectomy/periradicular surgery – Molar (first root)	$90.00
D3426	Apicoectomy/periradicular surgery (each additional root)	$60.00
D3430	Retrograde filling per root	$45.00
D3450	Root amputation – Per root	$65.00
D3460	Endodontic endosseous implant	$920.00
D3471	Surgical repair of root resorption – Anterior	$85.00
D3472	Surgical repair of root resorption – Premolar	$85.00
D3473	Surgical repair of root resorption – Molar	$85.00
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – Anterior	$85.00
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – Premolar	$85.00
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – Molar	$85.00
D3911	Intraorifice barrier	$0.00
D3920	Hemisection (including any root removal), not including root canal therapy	$70.00
D3921	Decoronation or submergence of an erupted tooth	$85.00

Periodontics (treatment of supporting tissues (gum and bone) of the teeth) - Periodontal regenerative procedures are limited to 1 regenerative procedure per site (or per tooth, if applicable), when covered on the Patient Charge Schedule. The relevant procedure codes are D4263, D4264, D4265, D4266 and D4267. Localized delivery of antimicrobial

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agents is limited to 8 teeth (or 8 sites, if applicable) per 12 consecutive months, when covered on the Patient Charge Schedule. The use of any tools or equipment, including but not limited to handpieces, lasers, scalers, etc., is considered inclusive to the overall covered procedure listed on the Patient Charge Schedule, and cannot be separately charged.		
D4210	Gingivectomy or gingivoplasty – 4 or more teeth per quadrant	$100.00
D4211	Gingivectomy or gingivoplasty – 1 to 3 teeth per quadrant	$65.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	$65.00
D4240	Gingival flap (including root planing) – 4 or more teeth per quadrant	$135.00
D4241	Gingival flap (including root planing) – 1 to 3 teeth per quadrant	$105.00
D4245	Apically positioned flap	$150.00
D4249	Clinical crown lengthening – Hard tissue	$125.00
D4260	Osseous surgery – 4 or more teeth per quadrant	$250.00
D4261	Osseous surgery – 1 to 3 teeth per quadrant	$195.00
D4263	Bone replacement graft – Retained natural tooth - First site in quadrant	$185.00
D4264	Bone replacement graft – Retained natural tooth - Each additional site in quadrant	$90.00
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	$95.00
D4266	Guided tissue regeneration – Resorbable barrier per site	$215.00
D4267	Guided tissue regeneration – Nonresorbable barrier per site (includes membrane removal)	$255.00
D4270	Pedicle soft tissue graft procedure	$195.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position	$75.00

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D4274	Mesial/distal wedge procedure single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	$65.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	$295.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous *(missing)* tooth position in graft	$205.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous *(missing)* tooth position in same graft site	$105.00
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – Each additional contiguous tooth, implant or edentulous tooth position in same graft site	$38.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor materials) – Each additional contiguous tooth, implant or edentulous tooth position in same graft site	$148.00
D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant *(limited to once per quadrant per consecutive 12 months)*	$35.00
D4342	Periodontal scaling and root planing – 1 to 3 teeth per quadrant *(limited to once per quadrant per consecutive 12 months)*	$25.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation *(limit 1 per calendar year)*	$0.00
	Additional scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation (*limit 2 per calendar year)*	$45.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit *(1 per lifetime, unless medically necessary)*	$35.00
D4381	Localized delivery of antimicrobial agents per tooth	$60.00

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D4910	Periodontal maintenance *(limit 4 per calendar year) (only covered after active periodontal therapy)*	$25.00
	Additional periodontal maintenance procedures (beyond 4 per calendar year)	$50.00
	Periodontal charting for planning treatment of periodontal disease	$0.00
	Periodontal hygiene instruction	$0.00
D4921	Gingival irrigation - Per quadrant	$0.00
Prosthetics (removable tooth replacement – dentures) - Includes up to 4 adjustments within first 6 months after insertion – Replacement limit 1 every 5 years. Characterization is considered an upgrade with maximum additional charge to the member of $200.00 per denture.		
D5110	Full upper denture	$135.00
D5120	Full lower denture	$135.00
D5130	Immediate full upper denture	$145.00
D5140	Immediate full lower denture	$145.00
D5211	Upper partial denture – Resin base (including retentive/clasping materials, rests, and teeth)	$135.00
D5212	Lower partial denture – Resin base (including retentive/clasping materials, rests, and teeth)	$135.00
D5213	Upper partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$140.00
D5214	Lower partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$140.00
D5221	Immediate upper partial denture – Resin base (including retentive/clasping materials, rests and teeth)	$135.00
D5222	Immediate lower partial denture – Resin base (including retentive/clasping materials, rests and teeth)	$135.00
D5223	Immediate upper partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$140.00

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D5224	Immediate lower partial denture – Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$140.00
D5225	Upper partial denture – Flexible base (including retentive/ clasping materials, rests and teeth)	$165.00
D5226	Lower partial denture – Flexible base (including retentive/ clasping materials, rests and teeth)	$165.00
D5227	Immediate upper partial denture - Flexible base (including any clasps, rests and teeth)	$135.00
D5228	Immediate lower partial denture - Flexible base (including any clasps, rests and teeth)	$135.00
D5282	Removable unilateral partial denture – One piece cast metal (including retentive/clasping materials, rests and teeth), upper	$135.00
D5283	Removable unilateral partial denture – One piece cast metal (including retentive/clasping materials, rests and teeth), lower	$135.00
D5284	Removable unilateral partial denture – One piece flexible base (including retentive/clasping materials, rests and teeth) - Per quadrant	$135.00
D5286	Removable unilateral partial denture – One piece resin base (including retentive/clasping materials, rests and teeth) - Per quadrant	$135.00
D5410	Adjust complete denture – Upper	$7.00
D5411	Adjust complete denture – Lower	$7.00
D5421	Adjust partial denture – Upper	$7.00
D5422	Adjust partial denture – Lower	$7.00
Repairs to prosthetics		
D5511	Repair broken complete denture base - Lower	$25.00
D5512	Repair broken complete denture base - Upper	$25.00
D5520	Replace missing or broken teeth – Complete denture (each tooth)	$25.00

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D5611	Repair resin partial denture base - Lower	$25.00
D5612	Repair resin partial denture base - Upper	$25.00
D5621	Repair cast partial framework - Lower	$25.00
D5622	Repair cast partial framework - Upper	$25.00
D5630	Repair or replace broken retentive/clasping materials - Per tooth	$30.00
D5640	Replace broken teeth – Per tooth	$25.00
D5650	Add tooth to existing partial denture	$25.00
D5660	Add clasp to existing partial denture - Per tooth	$30.00
D5670	Replace all teeth and acrylic on cast metal framework – Upper	$155.00
D5671	Replace all teeth and acrylic on cast metal framework – Lower	$155.00
Denture relining (limit 1 every 24 months)		
D5710	Rebase complete upper denture	$55.00
D5711	Rebase complete lower denture	$55.00
D5720	Rebase upper partial denture	$55.00
D5721	Rebase lower partial denture	$55.00
D5725	Rebase hybrid prosthesis	$110.00
D5730	Reline complete upper denture – Direct	$30.00
D5731	Reline complete lower denture – Direct	$30.00
D5740	Reline upper partial denture – Direct	$30.00
D5741	Reline lower partial denture – Direct	$30.00
D5750	Reline complete upper denture – Indirect	$55.00
D5751	Reline complete lower denture – Indirect	$55.00
D5760	Reline upper partial denture – Indirect	$55.00
D5761	Reline lower partial denture – Indirect	$55.00
D5765	Soft liner for complete or partial removable denture – Indirect	$55.00

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Interim dentures (limit 1 every 5 years)		
D5810	Interim complete denture – Upper	$190.00
D5811	Interim complete denture – Lower	$190.00
D5820	Interim partial denture (including retentive/clasping materials, rests and teeth), upper	$65.00
D5821	Interim partial denture (including retentive/clasping materials, rests and teeth), lower	$65.00
D5850	Tissue conditioning – Upper	$7.00
D5851	Tissue conditioning – Lower	$7.00
D5862	Precision attachment – By report	$160.00
D5875	Modification of removable prosthesis following implant surgery	$55.00
D5876	Add metal substructure to acrylic full denture (per arch)	$45.00
Implant services - Surgical placement of implants (D6010, D6012, D6013, D6040, D6050 and D7994) - limited to 1 implant per calendar year with a replacement of 1 per 10 years		
D6010	Surgical placement of implant body: Endosteal implant	$1,025.00
D6011	Surgical access to an implant body (second stage implant surgery)	$255.00
D6012	Surgical placement of interim implant body for transitional prosthesis: Endosteal implant	$405.00
D6013	Surgical placement of mini implant	$340.00
D6040	Surgical placement: Eposteal implant	$970.00
D6050	Surgical placement: Transosteal implant	$950.00
D6055	Connecting bar - Implant supported or abutment supported *(limit 1 per calendar year)*	$1,210.00
D6056	Prefabricated abutment - Includes modification and placement *(limit 1 per calendar year)*	$355.00
D6057	Custom fabricated abutment - Includes placement *(limit 1 per calendar year)*	$455.00

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D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis *(limit 1 per calendar year)*	$65.00
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure *(limit 2 per implant, per calendar year)*	$5.00
D6090	Repair implant supported prosthesis, by report *(limit 1 per calendar year)*	$135.00
D6091	Replacement of replaceable part of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment *(limit 1 per calendar year)*	$60.00
D6095	Repair implant abutment, by report *(limit 1 per calendar year)*	$130.00
D6100	Implant removal, by report *(limit 1 per calendar year)*	$255.00
D6101	Debridement of a periimplant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure *(limit 1 per calendar year)*	$105.00
D6102	Debridement and osseous contouring of a periimplant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, flap entry and closure *(limit 1 per calendar year)*	$195.00
D6103	Bone graft for repair of periimplant defect - Does not include flap entry and closure *(limit 1 per calendar year)*	$185.00
D6104	Bone graft at time of implant placement *(limit 1 per calendar year)*	$185.00
D6190	Radiographic/surgical implant index, by report *(limit 1 per calendar year)*	$170.00
D6191	Semi-precision abutment - Placement	$100.00
D7994	Surgical placement: Zygomatic implant	$1,230.00

Implant/abutment supported prosthetics – All charges for crowns and bridges (fixed partial dentures) are per unit (each replacement on a supporting implant(s) equals 1 unit). Coverage for replacement of crowns and bridges and implant supported dentures is limited to 1 every 5 years.

CIGNA DENTAL CARE PLAN
PATIENT CHARGE SCHEDULE (P410X)

For single crowns, retainer ("abutment") crowns, and pontics: The charges below include the cost of predominantly base metal alloy. You may be charged an additional amounts, based on the type of material the dentist uses for your restoration. You may be charged: • No more than $150.00 per tooth for any noble metal alloys, high noble metal alloys, titanium or titanium alloys • No more than $75.00 per tooth for any porcelain fused to metal (only on molar teeth) • Porcelain/ceramic substrate crowns on molar teeth are not covered. In addition, you may be charged up to these additional amounts: • No more than $100.00 per tooth if an indirectly fabricated ("cast") post and core is made of high noble metal alloy • No more than $150.00 per tooth/unit for crowns, inlays, onlays, post and cores, and veneers if your dentist uses same day in-office CAD/CAM (ceramic) services. Same day in-office CAD/CAM (ceramic) services refer to dental restorations that are created in the dental office by the use of a digital impression and an in-office CAD/CAM milling machine. Complex rehabilitation on implant/abutment supported prosthetic procedures – An additional $125 charge per unit for multiple crown units/complex rehabilitation (6 or more units of crown and/or bridge in same treatment plan requires complex rehabilitation for each unit – ask your dentist for the guidelines)		
D6058	Abutment supported porcelain/ceramic crown	$560.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	$625.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	$475.00
D6061	Abutment supported porcelain fused to metal crown (noble metal)	$625.00
D6062	Abutment supported cast metal crown (high noble metal)	$580.00
D6063	Abutment supported cast metal crown (predominantly base metal)	$430.00
D6064	Abutment supported cast metal crown (noble metal)	$580.00
D6065	Implant supported porcelain/ceramic crown	$560.00
D6066	Implant supported crown - Porcelain fused to high noble alloys	$625.00
D6067	Implant supported crown - High noble alloys	$580.00
D6068	Abutment supported retainer for porcelain/ceramic fixed partial denture	$460.00

CIGNA DENTAL CARE PLAN
PATIENT CHARGE SCHEDULE (P4I0X)

D6069	Abutment supported retainer for porcelain fused to metal fixed partial denture (high noble metal)	$610.00
D6070	Abutment supported retainer for porcelain fused to metal fixed partial denture (predominantly base metal)	$460.00
D6071	Abutment supported retainer for porcelain fused to metal fixed partial denture (noble metal)	$610.00
D6072	Abutment supported retainer for cast metal fixed partial denture (high noble metal)	$580.00
D6073	Abutment supported retainer for cast metal fixed partial denture (predominantly base metal)	$430.00
D6074	Abutment supported retainer for cast metal fixed partial denture (noble metal)	$580.00
D6075	Implant supported retainer for ceramic fixed partial denture	$460.00
D6076	Implant supported retainer for fixed partial denture - Porcelain fused to high noble alloys	$610.00
D6077	Implant supported retainer for metal fixed partial denture - High noble alloys	$580.00
D6082	Implant supported crown – Porcelain fused to predominantly base alloys	$475.00
D6083	Implant supported crown – Porcelain fused to noble alloys	$625.00
D6084	Implant supported crown – Porcelain fused to titanium and titanium alloys	$625.00
D6085	Interim implant crown	$100.00
D6086	Implant supported crown – Predominantly base alloys	$430.00
D6087	Implant supported crown – Noble alloys	$580.00
D6088	Implant supported crown – Titanium and titanium alloys	$580.00
D6092	Re-cement implant/abutment supported crown	$40.00
D6093	Re-cement implant/abutment supported fixed partial denture	$40.00

CIGNA DENTAL CARE PLAN
PATIENT CHARGE SCHEDULE (P4I0X)

D6094	Abutment supported crown - Titanium and titanium alloys	$580.00
D6096	Remove broken implant retaining screw	$40.00
D6097	Abutment supported crown – Porcelain fused to titanium and titanium alloys	$625.00
D6098	Implant supported retainer – Porcelain fused to predominantly base alloys	$460.00
D6099	Implant supported retainer for fixed partial denture – Porcelain fused to noble alloys	$610.00
D6110	Implant /abutment supported removable denture for edentulous arch – Upper	$635.00
D6111	Implant /abutment supported removable denture for edentulous arch – Lower	$635.00
D6112	Implant /abutment supported removable denture for partially edentulous arch – Upper	$640.00
D6113	Implant /abutment supported removable denture for partially edentulous arch – Lower	$640.00
D6114	Implant /abutment supported fixed denture for edentulous arch – Upper	$635.00
D6115	Implant /abutment supported fixed denture for edentulous arch – Lower	$635.00
D6116	Implant /abutment supported fixed denture for partially edentulous arch – Upper	$640.00
D6117	Implant /abutment supported fixed denture for partially edentulous arch – Lower	$640.00
D6118	Implant/abutment supported interim fixed denture for edentulous arch – Lower	$380.00
D6119	Implant/abutment supported interim fixed denture for edentulous arch – Upper	$380.00
D6120	Implant supported retainer – Porcelain fused to titanium and titanium alloys	$610.00

CIGNA DENTAL CARE PLAN
PATIENT CHARGE SCHEDULE (P4I0X)

D6121	Implant supported retainer for metal fixed partial denture – Predominantly base alloys	$430.00
D6122	Implant supported retainer for metal fixed partial denture – Noble alloys	$580.00
D6123	Implant supported retainer for metal fixed partial denture – Titanium and titanium alloys	$580.00
D6192	Semi-precision attachment - Placement	$160.00
D6194	Abutment supported retainer crown for fixed partial denture - Titanium and titanium alloys	$580.00
D6195	Abutment supported retainer – Porcelain fused to titanium and titanium alloys	$610.00
D6198	Remove interim implant component	$0.00
Oral surgery (includes routine postoperative treatment) Surgical removal of impacted teeth are covered for ages below 15 when medically necessary.		
D7111	Extraction of coronal remnants – Primary tooth	$3.00
D7140	Extraction, erupted tooth or exposed root – Elevation and/or forceps removal	$3.00
D7210	Extraction, erupted tooth – Removal of bone and/or section of tooth	$25.00
D7220	Removal of impacted tooth – Soft tissue	$40.00
D7230	Removal of impacted tooth – Partially bony	$60.00
D7240	Removal of impacted tooth – Completely bony	$80.00
D7241	Removal of impacted tooth – Completely bony, unusual complications (narrative required)	$100.00
D7250	Removal of residual tooth roots – Cutting procedure	$30.00
D7251	Coronectomy - Intentional partial tooth removal	$60.00
D7260	Oroantral fistula closure	$90.00
D7261	Primary closure of a sinus perforation	$90.00

CIGNA DENTAL CARE PLAN
PATIENT CHARGE SCHEDULE (P4I0X)

D7270	Tooth stabilization of accidentally evulsed or displaced tooth	$65.00
D7280	Exposure of an unerupted tooth *(excluding wisdom teeth)*	$65.00
D7283	Placement of device to facilitate eruption of impacted tooth	$60.00
D7285	Incisional biopsy of oral tissue – Hard (bone, tooth) *(tooth related – not allowed when in conjunction with another surgical procedure)*	$0.00
D7286	Incisional biopsy of oral tissue – Soft (all others) *(tooth related – not allowed when in conjunction with another surgical procedure)*	$0.00
D7287	Exfoliative cytological sample collection	$50.00
D7288	Brush biopsy – Transepithelial sample collection	$50.00
D7310	Alveoloplasty in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	$35.00
D7311	Alveoloplasty in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	$35.00
D7320	Alveoloplasty not in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	$50.00
D7321	Alveoloplasty not in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	$50.00
D7450	Removal of benign odontogenic cyst or tumor – Up to 1.25 cm	$0.00
D7451	Removal of benign odontogenic cyst or tumor – Greater than 1.25 cm	$0.00
D7471	Removal of lateral exostosis – Maxilla or mandible	$55.00
D7472	Removal of torus palatinus	$40.00
D7473	Removal of torus mandibularis	$40.00
D7485	Reduction of osseous tuberosity	$60.00
D7510	Incision and drainage of abscess – Intraoral soft tissue	$20.00
D7511	Incision and drainage of abscess – Intraoral soft tissue complicated	$25.00
D7520	Incision and drainage of abscess – Extraoral soft tissue	$25.00

CIGNA DENTAL CARE PLAN
PATIENT CHARGE SCHEDULE (P4I0X)

D7521	Incision and drainage of abscess – Extraoral soft tissue – Complicated (includes drainage of multiple fascial spaces)	$25.00
D7880	Occlusal orthotic device, by report - *(limit 1 per 24 months; only covered in conjunction with Temporomandibular Joint (TMJ) treatment)*	$150.00
D7881	Occlusal orthotic device adjustment	$7.00
D7910	Suture of recent small wounds up to 5cm	$25.00
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	$0.00
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach *(limit 1 per calendar year)*	$850.00
D7952	Sinus augmentation via a vertical approach *(limit 1 per calendar year)*	$640.00
D7953	Bone replacement graft for ridge preservation - Per site *(limit 1 per calendar year)*	$100.00
D7961	Buccal / labial frenectomy (frenulectomy)	$30.00
D7963	Frenuloplasty	$30.00
Orthodontics (tooth movement) - The Patient Charge for your entire orthodontic case, including retention, will be based upon the applicable charge in effect on the date your orthodontic treatment begins (banding/appliance insertion). Coverage is provided for twenty-four (24) months of active treatment. Cases beyond 24 months require an additional payment by the patient.		
D8010	Limited orthodontic treatment of the primary dentition - Banding	$390.00
D8020	Limited orthodontic treatment of the transitional dentition – Banding	$390.00
D8030	Limited orthodontic treatment of the adolescent dentition – Banding	$180.00
D8040	Limited orthodontic treatment of the adult dentition – Banding	$200.00
D8070	Comprehensive orthodontic treatment of the transitional dentition – Banding	$390.00

CIGNA DENTAL CARE PLAN
PATIENT CHARGE SCHEDULE (P4I0X)

D8080	Comprehensive orthodontic treatment of the adolescent dentition – Banding	$390.00
D8090	Comprehensive orthodontic treatment of the adult dentition – Banding	$390.00
D8210	Removable appliance therapy	$0.00
D8220	Fixed appliance therapy	$0.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	$85.00
D8670	Periodic orthodontic treatment visit	
	Children - Up to 19th birthday:	
	24-month treatment fee	$1,224.00
	Charge per month for 24 months	$51.00
	Adults:	
	24-month treatment fee	$1,728.00
	Charge per month for 24 months	$72.00
D8680	Orthodontic retention – Removal of appliances, construction and placement of retainer(s)	$270.00
D8681	Removable orthodontic retainer adjustment	$0.00
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment	$135.00
D8698	Re-cement or re-bond fixed retainer – Upper	$0.00
D8699	Re-cement or re-bond fixed retainer – Lower	$0.00
D8701	Repair of fixed retainer, includes reattachment – Upper	$0.00
D8702	Repair of fixed retainer, includes reattachment – Lower	$0.00
D8999	Unspecified orthodontic procedure – By report *(orthodontic treatment plan and records including all necessary images)*	$265.00

General anesthesia/IV sedation: coverage is provided when medically necessary for covered surgical procedures listed on the Patient Charge Schedule. Clinical guidelines

CIGNA DENTAL CARE PLAN
PATIENT CHARGE SCHEDULE (P4I0X)

related to the use of general anesthesia/IV sedation should be discussed with your treating network specialist.		
D9211	Regional block anesthesia	$0.00
D9212	Trigeminal division block anesthesia	$0.00
D9215	Local anesthesia	$0.00
D9222	Deep sedation/general anesthesia – First 15 minutes	$80.00
D9223	Deep sedation/general anesthesia – Each subsequent 15 minute increment	$80.00
D9230	Inhalation of nitrous oxide / analgesia, anxiolysis	$40.00
D9239	Intravenous moderate (conscious) sedation/anesthesia – First 15 minutes	$80.00
D9243	Intravenous moderate (conscious) sedation/analgesia - Each subsequent 15 minute increment	$80.00
D9610	Therapeutic parenteral drug, single administration	$15.00
D9612	Therapeutic parenteral drugs, 2 or more administrations, different medications	$25.00
D9613	Infiltration of sustained release therapeutic drug, per quadrant *(patient charge is per quadrant)*	$50.00
D9630	Drugs or medicaments dispensed in the office for home use	$15.00
D9910	Application of desensitizing medicament	$15.00
Emergency services		
D9110	Palliative (emergency) treatment of dental pain – Minor procedure	$3.00
D9120	Fixed partial denture sectioning	$0.00
D9440	Office visit – After regularly scheduled hours	$25.00
Miscellaneous services		
D9912	Pre-visit patient screening	$0.00
D9941	Fabrication of athletic mouthguard *(limit 1 per 12 months)*	$110.00

CIGNA DENTAL CARE PLAN
PATIENT CHARGE SCHEDULE (P4I0X)

D9942	Repair and/or reline of occlusal guard	$40.00
D9943	Occlusal guard adjustment	$0.00
D9944	Occlusal guard – Hard appliance, full arch *(limit 1 per 24 months)*	$95.00
D9945	Occlusal guard – Soft appliance, full arch *(limit 1 per 24 months)*	$50.00
D9946	Occlusal guard – Hard appliance, partial arch *(limit 1 per 24 months)*	$55.00
D9951	Occlusal adjustment – Limited	$25.00
D9952	Occlusal adjustment – Complete	$40.00
D9961	Duplicate/copy patient's records	$0.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays *(all other methods of bleaching are not covered)*	$125.00
D9990	Certified translation or sign language services, per visit	$0.00
D9995	Teledentistry – Synchronous; real-time encounter	$0.00
D9996	Teledentistry – Asynchronous; information stored and forwarded to dentist for subsequent review	$0.00

After your enrollment is effective:

Call the dental office identified in your Welcome Kit. If you wish to change dental offices, a transfer can be arranged at no charge by calling the toll free number listed on your ID card or plan materials. Multiple ways to locate a Network General Dentist:

- On-line provider directory at **Cigna.com**
- On-line provider directory on **myCigna.com**
- Call the number located on your ID card to:
  - Use the Dental Office Locator via Speech Recognition
  - Speak to a Customer Service Representative

EMERGENCY: If you have a dental emergency as defined in your group's plan documents, contact your Network General Dentist as soon as possible. If you are out of your service area or unable to contact your Network Office, emergency care can be rendered by any dental office, dental clinic, or other comparable facility. Definitive treatment (e.g., root canal) is not considered emergency care and should be performed or referred by your Network General Dentist. Consult your group's plan documents for a complete definition of dental emergency, your emergency benefit and a listing of Exclusions and Limitations.

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Section VII – Cost Proposal Page

Proposer Name: Cigna Health and Life Insurance Company (CHLIC), Cigna Dental Health of Florida, Inc., Cigna Dental Health Plan of Arizona, Inc., Cigna HealthCare of Connecticut, Inc., Cigna Dental Health of Kansas, Inc., Cigna Dental Health of Kentucky, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., and Cigna Dental Health of Texas, Inc.

	Fully Insured DHMO	Fully Insured DPPO	Fully Insured DPPO for Firefighters
Employee Only	$18.11	$56.88	$33.36
Employee + Spouse	$31.71	$106.57	$60.98
Employee + Child(ren)	$38.06	$109.56	$54.07
Family	$53.34	$138.09	$95.54

The premiums listed above are guaranteed for:

1 Year ____ 2 Years ____ 3 Years **X** 4 Years ____ 5 Years ____ 6 Years ____

Rate cap and details for any renewal not guaranteed:

The above quoted rates include a rate cap of 5.0% on the 1/1/26 renewal increase.

The above quoted rates include a rate cap of 5.0% on the 1/1/27 renewal increase.

Multi-year guarantees (especially 3 years) are preferred and will be factored into the evaluation.

Submitted by:

Yesenia Sanchez
Name (printed)

Signature

June 29, 2022
Date

Vice President of CHLIC and Authorized Signatory
Title

Financial Proposal

for

City of Fort Lauderdale

Effective Date: January 01, 2023

Date: June 22, 2022

Cigna Dental is Your New Growth Plan.

Dental care is not just a cost of doing business. **It's an investment in your future success.** And dental benefits aren't "just dental." When provided by Cigna, your dental program can help engage your workforce, increase productivity, improve health outcomes and manage healthcare costs. Cigna unlocks the full potential of your dental program to deliver more value.

Engaging your workforce by empowering smarter dental coverage and care choices

We do this through data-driven and actionable insights, deep collaboration and strategic partners, **offering the right coverage, care, and support, when and where employees need it,** and clinically driven programs that provide extra support for employees with certain risk factors.

- myCigna.com gives employees 24/7/365 access to value-based network search tools and information that can help them find a dentist who meets their specific, unique needs. And when employees utilize myCigna, **99.2% stay in-network** and they **save $117.10 more per member per year than those who don't.**[1]
- Cigna Dental Oral Health Integration Program® provides proactive, personalized support for customers with one of **14 medical conditions** that can be impacted by oral health risks like gum disease and cavities.
- Enrollment campaigns help make choosing a dental plan simpler by providing personalized, relevant decision guide tools and information and help to **increase enrollment into the Cigna Dental Care DHMO plan by an average of 8%.**[2]

Helping to improve health outcomes

Cigna Dental is an **industry leader** in engaging customers to use their preventive dental care benefits. And when customers get preventive care, the risk of developing periodontal disease, experiencing potential medical complications or needing care in the emergency room or urgent care center is reduced.

- Engaging customers to get important preventive dental care through proactive, automated outreach results in a **67% increase in visits.**[3]
- Moving the center of care to support better oral health routines with **Cigna @Home Dental can help to reduce plaque by 77%.**[4]
- Reducing the risk of opioid addiction through our proprietary opioid dashboard and safe prescribing program has resulted in a **23% reduction in the number of prescriptions written for children under 18, and a 9% reduction overall.**[5]

Helping to increase productivity

Poor oral health directly impacts employers. Every year, **$800M in productivity is lost** due to health-related problems, and **320.8M hours** of work/school are lost for dental care.[6] **92.4M of those hours are lost for unplanned or emergency dental care.**[6] The Cigna Dental program can help reduce lost productivity by making it easy and affordable for employees to access dental care, when, how and where employees need it most.

- Making it easy and affordable to access care by bringing network dentists right to the workplace through **Cigna Onsite Dental℠**
- **Cigna Dental Virtual Care** eliminates the need for many dental-related emergency room visits by giving employees access to licensed dentists 24/7/365. **In 2021, 73% of Cigna Dental Virtual Care users avoided the emergency room.**[7]

Helping to manage healthcare costs

Our dental program is designed to fit the lives of your employees, and we wrap them in the care and support they need to stay healthy. From the beginning of each customer's journey with us, we are by their side. Enrollment support, oral health assessments, network search-ability, treatment cost estimators, 24/7/365 access to dentists through Cigna Dental Virtual Care - our proactive and insightful solutions make getting dental care affordable and easy. And when employees get important dental care services, medical costs go down.

- When customers get consecutive years of preventive dental care, there's an average savings of **4.4% per member, per year** on medical costs. **For customers with diabetes, the savings are even higher - 12.2%.** And for customers impacted by high social index and health equity factors, there's an **additional savings of 37.3%.**[8]
- Our networks grow every year and give employees access to quality, high-value dentists. The search tools on myCigna help employees make informed decisions about their care, specific to their needs. **95% of surveyed customers would recommend their network dentist to friends or family.**[9]

1. Internal reporting as of November 2021 for DPPO customers who use myCigna and customers who do not use myCigna. Results may vary.
2. Internal reporting. Average increase in DHMO enrollment for clients who participate in a second-sale dual-enrollment campaign. Results may vary.
3. Internal reporting as of November 2021 for DPPO customers who received email for overdue preventive care and out-of-network claims. Results may vary.
4. Kay, E., Shou, L. A randomised controlled trial of a smartphone application for improving oral hygiene. Br Dent J 226, 508–511 (2019).
5. Internal report published in 2019, based on review and analysis of 2015-2018 Cigna pharmacy claims and Cigna dental membership data. Results may vary.
6. Kelekar, Uma, and Shillpa Naavaal. "Hours Lost to Planned and Unplanned Dental Visits Among US Adults." Preventing chronic disease vol. 15 E04. 11 Jan. 2018, doi:10.5888/pcd15.170225. Accessed November 2021.
7. Internal reporting on average cost for ER claims submitted for dental-related concerns 2018-2019. 3. Internal reporting on Cigna Dental Virtual Care utilization for 2021.
8. "Preventive Dental Treatment Associated with Lower Medical Utilization and Costs." Cigna national study, December 2020. Individual results may vary.
9. Cigna internal utilization data – average percentage of recommendations across network DPPO dentists by Cigna customers. As of October 2019.

City of Fort Lauderdale

Guaranteed Cost Funding
Non-Participating
January 01, 2023 - December 31, 2023

Cigna Total DPPO Tier	Expected Lives	Current Rates	Renewal Rates*
Dental PPO - City Plan 1			
Employee Only	482	$56.88	$56.88
Employee + Spouse	237	$106.57	$106.57
Employee + Child(ren)	146	$109.56	$109.56
Employee + Family	274	$138.09	$138.09
Annual Cost	1,139	$1,278,068	$1,278,068
Percent Change (Renewal vs Current)			**0.00%**

**The above quoted rates include 0.00% Health Insurance Assessment fees (PPACA).*

**The above quoted rates do not include any commissions.*

Cigna Total DPPO Tier	Expected Lives	Current Rates	Renewal Rates*
Dental PPO - Firefighters Plan 2			
Employee Only	155	$33.36	$33.36
Employee + Spouse	53	$60.98	$60.98
Employee + Child(ren)	55	$54.07	$54.07
Employee + Family	142	$95.54	$95.54
Annual Cost	405	$299,319	$299,319
Percent Change (Renewal vs Current)			**0.00%**

**The above quoted rates include 0.00% Health Insurance Assessment fees (PPACA).*

**The above quoted rates do not include any commissions.*

Total	**1,544**	**$1,577,387**	**$1,577,387**
Percent Change (Renewal vs Current)			**0.00%**

The above quoted rates are guaranteed for 36 months. (Valid for 01/01/2023, 01/01/2024 & 01/01/2025 effective dates.)

The above quoted rates include a rate cap of 5.0% on the 1/1/26 renewal increase.This rate cap does not include the cost of the Health Insurance Assessment fee (PPACA).

The above quoted rates include a rate cap of 5.0% on the 1/1/27 renewal increase.This rate cap does not include the cost of the Health Insurance Assessment fee (PPACA).

Dental Care Access Tier	Expected Lives	Current Rates	Quoted Rates
Cigna Dental Care [P4I0X]			
Employee Only	275	$18.11	$18.11
Employee + Spouse	76	$31.71	$31.71
Employee + Child(ren)	70	$38.06	$38.06
Employee + Family	75	$53.34	$53.34

Annual Cost	496	$168,659	$168,659
Percent Change (Renewal vs Current)			**0.00%**

**The above quoted rates include 0.00% Health Insurance Assessment fees (PPACA).*

**The above quoted rates do not include any commissions.*

The above quoted rates are guaranteed for 36 months. (Valid for 01/01/2023, 01/01/2024 & 01/01/2025 effective dates.)

The above quoted rates include a rate cap of 5.0% on the 1/1/26 renewal increase.This rate cap does not

PROPOSED RENEWAL TERMS AND CONDITIONS

A. General Terms of this Renewal Proposal

Cigna HealthCare is pleased to present this proposal for renewal for an insured group dental, benefit plan (the "Plan") sponsored by City of Fort Lauderdale. This proposal is valid for 90 days from its original date of release, 06/22/2022. Any revisions or updates made to this proposal will not renew this valid timeframe unless expressly communicated by Cigna HealthCare.

The information contained in this Proposal by Cigna HealthCare is proprietary and highly confidential. It is being provided with the understanding that it will not be used by the employer, its representatives or consultants for any purpose other than the evaluation of the Proposal. Under no circumstances is any of the information contained herein (including excerpts, summaries, extracts, and evaluations thereof) to be used, disseminated, disclosed or otherwise communicated to any person or entity other than the employer, its representatives and consultants, and their respective employees who are directly involved in the evaluation process.

Renewal Caveats

Cigna HealthCare may revise or withdraw this renewal proposal if:

- there is a change to the effective date of the quote
- plan modifications are requested
- there is a change in law, regulation, tax rates, or the application of any of these that affect Cigna HealthCare's costs
- less than 200 employees or less than 25% of total eligible employees enroll in the Plan
- enrollment varies by more than 10% from at least one of the following enrollment levels: 1,544 total with 1,139 in the City Plan 1 plan and 405 in the Firefighters Plan 2 plan
- the employer contribution levels are different than shown in the RFP or other than what the quote assumes
- commissions are requested to be different than: Net
- it is requested to interface with a third party vendor
- administration of the Plan will require more than the following:
    - Billing lines: 140
    - Billing and Claim Branch Benefit Options: 150
- Cigna HealthCare is not the exclusive provider of Dental benefits.

B. Scope and Application of this Proposal

Unless otherwise indicated, this Proposal:

- supersedes and renders null and void any prior Cigna HealthCare offer or proposal with respect to the Plan.
- all Insured Premium and/or Rates include the cost of the Health Insurance Assessment (PPACA), for 2020. Premium and/or Rates for 2021 and later do not include Health Insurance Assessment Fees (PPACA).
- excludes charges for converting a qualified customer of a group plan to an individual plan.
- assumes that Cigna HealthCare's standard insurance policy form approved for use in the applicable state by the state insurance regulator will be issued. Because the insurance policy and certificate terms require regulatory approval, there is very little flexibility to change the provisions. The provisions of the insurance policy and certificate will supersede the Proposal in the event of a conflict.
- assumes when/if a Cigna HealthCare non-voluntary vision benefit is added to the medical plan, it is added as a rider and always non-excepted, regardless of funding.

Cigna HealthCare may have an agreement with your benefit advisor, under which the benefit advisor may be paid for providing marketplace intelligence or for the performance of administrative services. The qualification for and amount of this payment may be based upon overall business growth and/or retention levels. Any such payment is funded through Cigna HealthCare's general overhead.

The benefit advisor may qualify for incentive payment (monetary or non-monetary) from Cigna HealthCare. For example, the benefit advisor may receive payment based upon new sales, new customer growth or retention. This incentive payment is funded from Cigna HealthCare's general overhead.

Cigna HealthCare sponsors programs to inform benefit advisors about Cigna HealthCare's plan coverage and services (including producer advisory councils). The cost of these events is funded through Cigna HealthCare's general overhead.

4.7 Performance Guarantees

Cigna will offer the Performance Guarantees as noted in the last column. We have also provided our Performance Guarantee client facing file.

Implementation Performance Guarantees	Performance Commitment	Liquidated Damages % Amount	Cigna Response to offering
Identification Card Delivery Performance Standard	98% of Identification Cards mailed within 10 business days of receipt of complete and accurate eligibility data	0.25% of annual Administrative Fee	Implementation ID Card Timeliness. 98% of the ID cards will be mailed by the agreed upon Commitment Date in the Implementation Calendar. Results measured at Account Level
Call Readiness Performance Commitment	Service Center(s) ready to respond to customer inquiries as of Plan effective date	0.25% of annual Administrative Fee	Implementation Call Readiness. Service Center(s) ready to respond to customer inquiries as of the Commitment Date set forth in the approved Implementation Calendar. Results measured at Account Level.
Secure Internet Portals Commitment	Employer and member portals fully functional and available to City and participants on effective date	0.25% of annual Administrative Fee	Implementation Claim Readiness. Benefit Profile and eligibility information loaded on claims processing system as of the Commitment Date set forth in the approved Implementation Calendar. Results measured at Account Level.
Overall Satisfaction with Implementation Services Performance Standard	Based on a mutually agreed upon Satisfaction Survey (standard will be measured and reported to Employer annually after open enrollment implementation).	0.25% of annual Administrative Fee	Implementation Satisfaction. Score of no less than three (3) on the question: Overall, how satisfied were you with your most recent installation experience with Cigna in the Cigna Implementation Survey. Results measured at Account Level.

The following pages have been redacted:

Pages 76-81 Performance Guarantee Information

Network Summary

Indicate the number of DHMO and DPPO dentists, not dental offices by category. For, general dentists, list only those accepting new patients. If a provider has more than one office, he or she should be counted only once.

DHMO Network	Broward	Miami- Dade	Palm Beach	Martin	Monroe
General Dentists	513	549	360	54	2
Pediatric Dentists	75	68	53	3	0
Oral Surgeons	46	42	31	15	0
Endodontists	44	27	33	10	0
Periodontists	44	31	29	10	0
Orthodontists	64	71	35	12	0
Prosthodontists	(1)	(1)	(1)	(1)	(1)
DPPO Network					
General Dentists	1211	1308	894	109	33
Pediatric Dentists	112	92	78	8	1
Oral Surgeons	78	65	70	14	2
Endodontists	82	62	70	8	0
Periodontists	80	63	64	9	0
Orthodontists	88	109	80	11	1
Prosthodontists	20	17	19	1	1

(1) Prosthodontist are credentialed under general practitioner for the DHMO Network

CITY OF FORT LAUDERDALE

CIGNA Dental Network Disruption - Dental Care Access & Dental PPO Utilization Report

2204-1870352

Cigna Dental Care Access network

This Cigna Dental Care® (DHMO) proposal assumes that covered services will be provided by the Cigna Dental Care Access network of contracted general and specialty dentists.

The term "DHMO" is used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care plans, and plans with open access features. The Cigna DHMO is not available in the following states and territories: AK, ID, ME, MT, ND, NH, NM, PR, SD, VI, VT, WV, and WY.

Cigna Dental Care Access Plus network

This Cigna Dental Care® (DHMO) proposal assumes that covered services will be provided by the Cigna Dental Care Access Plus network of contracted general and specialty dentists.

The term "DHMO" is used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care plans, and plans with open access features. The Cigna DHMO is not available in the following states and territories: AK, ID, ME, MT, ND, NH, NM, PR, SD, VI, VT, WV, and WY.

	Submitted Info	Cigna Dental Care Access Results	
		Matched Info	% Match
# of Provider Access Points	223	217	97%
Encounter Procdr Count	2,148	2,124	99%
Encounter Member Count	430	421	98%
Patient Charge Amt Sum	$ 63,915	$ 63,615	100%

Provider Access Point Match Criteria Results

Pass #	Disruption Passes	DCA
1	Name, Facility, Addr, City, State, Zip	187
2	Name, Addr, City, State, Zip	2
3	Lic Nbr, Addr, City, State, Zip	-
4	NPI, Addr, City, State, Zip	-
5	TIN, Addr, City, State, Zip	26
6	Name, Facility, City, State, Zip	-
7	Facility, Addr, City, State, Zip	-
8	Name, Facility, City, State	-
9	Name, City, State, Zip	-
10	Facility, City, State, Zip	-
11	Name, Facility, Zip	1
12	Name, City, State	1
13	Facility, City, State	-
14	NPI, Zip	-
15	Lic Nbr, Zip	-
16	TIN	-
	Total Matches	**217**

Methodology:

Name (is based on First Name & Last Name; Limited First Name to 1 character)
Facility (is Limited to the first 9 characters, and no Punctuation)

Ofc Number	Ofc Name	Provider Specialty Description	Provider First Name	Provider Last Name	TIN	DO Address 1	DO City Name	DO State	DO Zip	Encounter Procdr Count	Encounter Member Count	Patient Charge Amt Sum	Dental Care Access	Dental Care Access Pass
658915	AFFORDABLE DENTISTRY OF S FL	GENERAL DENTISTRY	AGUEDA	PEREZ DIAZ	822443297	4000 SHERIDAN ST	HOLLYWOOD	FL	33021	4	2	0.00	Y	1
641704	ALDAMA DENTAL GROUP PA	GENERAL DENTISTRY	EVELYN	ALDAMA-ESPINOSA	261602419	645 NE 127TH ST	MIAMI	FL	33161	15	2	340.00	Y	1
114874	ALLIED DENTAL SOLUTIONS LLC	GENERAL DENTISTRY	ANTHONY	ADKINS	851943810	6209 W COMMERCIAL BLVD	FORT LAUDERDALE	FL	33319	5	1	0.00	Y	1
114874	ALLIED DENTAL SOLUTIONS LLC	GENERAL DENTISTRY	HARVEY	MOSKOWITZ	851943810	6209 W COMMERCIAL BLVD	FORT LAUDERDALE	FL	33319	4	1	80.00	Y	1
644026	ALLURE DENTAL	GENERAL DENTISTRY	VIKTOR	KOPYNETS	823168454	4267 W COMMERCIAL BLVD	FORT LAUDERDALE	FL	33319	9	1	100.00	Y	1
176695	ALLURE DENTAL OF PLANTATION	GENERAL DENTISTRY	CATHERINE	LOPEZ	841748152	1945 N PINE ISLAND RD	FORT LAUDERDALE	FL	33322	6	1	38.00	Y	1
176695	ALLURE DENTAL OF PLANTATION	GENERAL DENTISTRY	VADIM	VALDMAN	841748152	1945 N PINE ISLAND RD	FORT LAUDERDALE	FL	33322	4	2	6.00	Y	1
482629	ALTIMA DENTAL GROUP	GENERAL DENTISTRY	JORGE	FERNANDEZ-ABRIL	451262771	15795 SW 152ND ST	MIAMI	FL	33187	20	3	21.00	Y	1
482629	ALTIMA DENTAL GROUP				451262771	15795 SW 152ND ST	MIAMI	FL	33187	3	1	3.00	Y	5
287647	AMERICAN DENTAL OF FL MARGATE	GENERAL DENTISTRY	HELEM	GUTIERREZ	263291016	1605 N STATE RD 7	POMPANO BEACH	FL	33063	17	2	28.00	Y	1
661829	A PLUS DENTAL OF AVENTURA	GENERAL DENTISTRY	ANNY	OLIVA PEREZ	824612718	2925 AVENTURA BLVD	MIAMI	FL	33180	3	1	0.00	Y	1
509595	ASPEN DENTAL	GENERAL DENTISTRY	VALERIA	ROA CANAL	474665148	3411 SW 36TH TER	OCALA	FL	34474	13	1	1,105.00	Y	1
509595	ASPEN DENTAL				474665148	3411 SW 36TH TER	OCALA	FL	34474	3	1	110.00	Y	5
600188	ASPEN DENTAL	GENERAL DENTISTRY	ANDREW	LEE	812471327	2755 E GULF TO LAKE HWY	INVERNESS	FL	34453	9	4	0.00	Y	1
600188	ASPEN DENTAL	GENERAL DENTISTRY	MIGUEL	ROQUE MARTINEZ	812471327	2755 E GULF TO LAKE HWY	INVERNESS	FL	34453	5	1	50.00	Y	1
610040	ASPEN DENTAL	GENERAL DENTISTRY	CHRISTINA	TSENG	471706456	3951 SE FEDERAL HWY	STUART	FL	34997	6	1	780.00	Y	1
610040	ASPEN DENTAL	GENERAL DENTISTRY	JESSICA	SHAPIRO	471706456	3951 SE FEDERAL HWY	STUART	FL	34997	1	1	340.00	Y	5
610040	ASPEN DENTAL	GENERAL DENTISTRY	RANDALL	RODRIGUEZ-TORRES	471706456	3951 SE FEDERAL HWY	STUART	FL	34997	9	1	457.00	Y	5
633606	ASPEN DENTAL	GENERAL DENTISTRY	MARISOL	MORA LONDONO	474665148	10430 US HIGHWAY 441 STE 102	LEESBURG	FL	34788	3	1	0.00	Y	1
666605	ASPEN DENTAL	GENERAL DENTISTRY	GABRIELA	CUEBAS	822396526	1704 STIRLING RD	DANIA	FL	33004	2	1	50.00	Y	1
666605	ASPEN DENTAL	GENERAL DENTISTRY	SAMARAH	AL-JAMALI	822396526	1704 STIRLING RD	DANIA	FL	33004	7	1	910.00	Y	1
666605	ASPEN DENTAL				822396526	1704 STIRLING RD	DANIA	FL	33004	3	1	0.00	Y	5
285447	ATRIA DENTAL HEALTH CTR	GENERAL DENTISTRY	HUGO	POZAICER	463461267	18503 PINES BLVD	HOLLYWOOD	FL	33029	7	1	0.00	Y	1
683195	BOYNTON BEACH MODERN DENTISTRY	GENERAL DENTISTRY	CODY	CRAIG	834320921	8773 BOYNTON BEACH BLVD	BOYNTON BEACH	FL	33472	13	3	25.00	Y	1
683195	BOYNTON BEACH MODERN DENTISTRY	GENERAL DENTISTRY	SUSEL	PEREZ-OJEDA	834320921	8773 BOYNTON BEACH BLVD	BOYNTON BEACH	FL	33472	10	1	165.00	Y	1
683195	BOYNTON BEACH MODERN DENTISTRY				834320921	8773 BOYNTON BEACH BLVD	BOYNTON BEACH	FL	33472	10	1	25.00	Y	5
138651	BRIGHT NOW! DENTAL- LARGO	GENERAL DENTISTRY	KEUM	PARK	650665173	10500 ULMERTON RD	LARGO	FL	33771	4	1	40.00	Y	1
202381	COAST DENTAL - EAST LAKE	GENERAL DENTISTRY	RACHEL	SPICOLA	593365515	3150 TAMPA RD STE 4	OLDSMAR	FL	34677	5	1	335.00	Y	1
230755	COAST DENTAL-NEW SMYRNA BEACH	GENERAL DENTISTRY	ALBERTO	SANCHEZ TORRES	593365515	1119 S DIXIE FWY	NEW SMYRNA BEACH	FL	32168	2	1	25.00	Y	5
230755	COAST DENTAL-NEW SMYRNA BEACH	GENERAL DENTISTRY	CLAUDIA	GREEN	593365515	1119 S DIXIE FWY	NEW SMYRNA BEACH	FL	32168	9	1	75.00	Y	1
269622	COAST DENTAL- SEBRING	GENERAL DENTISTRY	NANCY	HAVENS	593365515	901 US HIGHWAY 27 N	SEBRING	FL	33870	1	1	25.00	Y	1
231750	COAST -TALLAHASSEE	GENERAL DENTISTRY	DEEPTHI	JANGA	593365515	1329 E TENNESSEE ST	TALLAHASSEE	FL	32308	3	1	40.00	Y	2
231750	COAST -TALLAHASSEE	GENERAL DENTISTRY	MICHAEL	CROVATT	593365515	1329 E TENNESSEE ST	TALLAHASSEE	FL	32308	1	1	25.00	Y	2
590750	CORAL SPRINGS DENTAL CENTER	GENERAL DENTISTRY	CANDIDA	CASADO	810975728	1700 N UNIVERSITY DR	POMPANO BEACH	FL	33071	1	1	0.00	Y	5
590750	CORAL SPRINGS DENTAL CENTER	GENERAL DENTISTRY	JARED	SHULMAN	810975728	1700 N UNIVERSITY DR	POMPANO BEACH	FL	33071	34	7	465.00	Y	1
697936	DAVIE MODERN DENTISTRY	GENERAL DENTISTRY	ANTHONY	AZADI	811451906	5796 S UNIVERSITY DR	FORT LAUDERDALE	FL	33328	16	1	260.00	Y	1
101865	DEERFIELD DENTAL SERVICES	GENERAL DENTISTRY	FRANK	GOBER	591788725	1800 W HILLSBORO BLVD	DEERFIELD BEACH	FL	33442	9	3	1,285.00	Y	1
138132	DENTAL ASSOCIATES OF KENDALL	GENERAL DENTISTRY	MICHELLE	TYDIR	650615748	11400 N KENDALL DR	MIAMI	FL	33176	6	1	90.00	Y	1
414065	DENTAL ASSOC OF HOLLYWOOD	GENERAL DENTISTRY	YEGANEH	REZAIE	260518079	3801 HOLLYWOOD BLVD	HOLLYWOOD	FL	33021	14	1	620.00	Y	1
440823	DENTAL OPTIONS PA	GENERAL DENTISTRY	CRISTINA	HERNANDEZ ACOSTA	261172646	2999 NE 191 ST	MIAMI	FL	33180	24	5	40.00	Y	1
246066	DENTAL SMILES OF LAUDERHILL PA	GENERAL DENTISTRY	JOEL	KARPEL	831066213	7193 W OAKLAND PARK BLVD	FORT LAUDERDALE	FL	33313	2	1	0.00	Y	1
246066	DENTAL SMILES OF LAUDERHILL PA				831066213	7193 W OAKLAND PARK BLVD	FORT LAUDERDALE	FL	33313	2	1	0.00	Y	5
101869	DENTAL TEAM OF BAYVIEW	GENERAL DENTISTRY	JACOB	ELEFANT	842122030	2826 E OAKLAND PARK BLVD	FORT LAUDERDALE	FL	33306	34	2	2,370.00	Y	1
698843	DENTIST OF BUFORD	GENERAL DENTISTRY	KATIE	MCCANN LEE	824414030	3687 BUFORD DR	BUFORD	GA	30519	10	2	0.00	Y	1
678803	DENTISTS OF FORT LAUDERDALE	GENERAL DENTISTRY	ALESSANDRA	SIGILLO	833631193	1865 CORDOVA RD	FORT LAUDERDALE	FL	33316	20	2	675.00	Y	1
665525	DENTISTS OF PINES	GENERAL DENTISTRY	KATHERINE	SIRAGE	825090576	10430 PINES BLVD	HOLLYWOOD	FL	33026	4	1	0.00	Y	1
665525	DENTISTS OF PINES	GENERAL DENTISTRY	NICOL	MIRANDA	825090576	10430 PINES BLVD	HOLLYWOOD	FL	33026	12	1	155.00	Y	1
707130	DR ALICE FAMILY DENTISTRY LLC	GENERAL DENTISTRY	ALICE	REICH	814913911	300 NW 70TH AVE	FORT LAUDERDALE	FL	33317	10	1	120.00	Y	12
101714	DR MARK HERMAN DDS PA	GENERAL DENTISTRY	CHRISTIAN	MILANES	650921571	5329 W ATLANTIC AVE	DELRAY BEACH	FL	33484	1	1	0.00	Y	1
101714	DR MARK HERMAN DDS PA	GENERAL DENTISTRY	MARK	HERMAN	650921571	5329 W ATLANTIC AVE	DELRAY BEACH	FL	33484	14	3	200.00	Y	1
101729	DR MICHAEL R BARNARD DDS PA	GENERAL DENTISTRY	MICHAEL	BARNARD	592681987	1209 W BROWARD BLVD	FORT LAUDERDALE	FL	33312	42	15	290.00	Y	1
101729	DR MICHAEL R BARNARD DDS PA	GENERAL DENTISTRY	ZELJKA	LICINA	592681987	1209 W BROWARD BLVD	FORT LAUDERDALE	FL	33312	14	5	95.00	Y	1
101729	DR MICHAEL R BARNARD DDS PA				592681987	1209 W BROWARD BLVD	FORT LAUDERDALE	FL	33312	2	1	0.00	Y	1
105345	ERIC MEHLER DDS	GENERAL DENTISTRY	ERIC	MEHLER	650322438	7800 W OAKLAND PARK BLVD STE 1	FORT LAUDERDALE	FL	33351	6	1	135.00	N	
101499	FAMILY DENTAL ASSOC	GENERAL DENTISTRY	DANA	FAHEY	815382754	6130 W ATLANTIC BLVD	POMPANO BEACH	FL	33063	2	1	0.00	Y	1
101499	FAMILY DENTAL ASSOC	GENERAL DENTISTRY	MARC	MINGEL	815382754	6130 W ATLANTIC BLVD	POMPANO BEACH	FL	33063	9	4	0.00	Y	1
101726	FRESH DENTAL SMILES	GENERAL DENTISTRY	DEBORAH	LUIS	471565474	7100 W COMMERCIAL BLVD	FORT LAUDERDALE	FL	33319	5	1	25.00	Y	1
687564	GENTLE DENTISTRY	GENERAL DENTISTRY	MANAL	HILALI	263394448	10151 W COMMERCIAL BLVD	FORT LAUDERDALE	FL	33351	13	1	370.00	Y	1
258439	GENTLE TEETH	GENERAL DENTISTRY	ROHIT	SHARMA	205309414	12251 TAFT STREET	HOLLYWOOD	FL	33026	2	2	0.00	Y	1
140774	G & G DENTAL ASSOC	GENERAL DENTISTRY	JORGE	ARENAS	650043559	7030 NW 57TH ST	FORT LAUDERDALE	FL	33319	17	4	145.00	Y	1
639072	GREAT EXPRESSIONS DENTAL CNTR	GENERAL DENTISTRY	WINSOME	JONES	341486721	9853 JOHNNYCAKE RIDGE RD	MENTOR	OH	44060	9	1	0.00	Y	1
101575	GREAT EXPRESSIONS DENTAL CNTRS	GENERAL DENTISTRY	TESSA	SCOTT	650719035	17301 NW 27TH AVE	MIAMI GARDENS	FL	33056	4	1	0.00	Y	5
101737	GREAT EXPRESSIONS DENTAL CNTRS	GENERAL DENTISTRY	ROBERT	BRODY	650719035	140 S UNIVERSITY DR	HOLLYWOOD	FL	33025	7	1	45.00	Y	1
277224	GREAT EXPRESSIONS DENTAL CNTRS	GENERAL DENTISTRY	MANUEL	ESTRADA	650719035	1201 N FEDERAL HIGHWAY	FORT LAUDERDALE	FL	33304	13	3	70.00	Y	1
626885	GREAT EXPRESSIONS DENTAL CNTRS	GENERAL DENTISTRY	KENNETH	ANENBERG	650719035	7401 N UNIVERSITY DR	FORT LAUDERDALE	FL	33321	13	2	385.00	Y	1
101684	GREAT EXPRESSIONS DENTAL CTRS	GENERAL DENTISTRY	JHEZANUEL CAROLINA	GONVCALVES CORDERO	650719035	2365 N UNIVERSITY DR	POMPANO BEACH	FL	33065	14	3	275.00	Y	1
218643	GREAT EXPRESSIONS DENTAL CTRS	GENERAL DENTISTRY	SHANNON	SMITH	650719035	6035 SE FEDERAL HWY	STUART	FL	34997	3	1	55.00	Y	1
653133	GREENBERG DENTAL & ORTHODONTIC	GENERAL DENTISTRY	STACY	STEIN	263975070	14560 S MILITARY TRL STE B2	DELRAY BEACH	FL	33484	12	2	190.00	Y	1
638380	GREENBERG DENTAL&ORTHODONTICS	GENERAL DENTISTRY	MARCELA	PATTERSON	263975070	1739 E COMMERCIAL BLVD	FORT LAUDERDALE	FL	33334	12	1	140.00	Y	5
142696	HIALEAH SQR DENTISTRY	GENERAL DENTISTRY	MILDRED	ROMERO-MELIS	272168352	4186 W 12TH AVE	HIALEAH	FL	33012	8	1	220.00	Y	1
145796	HORIZON DENTAL CARE	GENERAL DENTISTRY	MONICA	AGUDELO	650235625	6890 MIRAMAR PKWY	HOLLYWOOD	FL	33023	4	1	70.00	Y	1
416308	JACARANDA DENTAL ASSOC	GENERAL DENTISTRY	RANIA	KASHLAN	815361463	600 S PINE ISLAND RD	FORT LAUDERDALE	FL	33324	4	2	110.00	Y	1
142363	JEREMY GERBER DMD PA	GENERAL DENTISTRY	JEREMY	GERBER	203993947	1332 SE 17TH ST	FORT LAUDERDALE	FL	33316	33	7	456.00	Y	1
115036	JOHN F LARGEN DMD	GENERAL DENTISTRY	JOHN	LARGEN	592566623	12651 W SUNRISE BLVD STE 300	FORT LAUDERDALE	FL	33323	8	1	128.00	Y	1
260889	MICHAEL J FRIEND DMD PA	GENERAL DENTISTRY	DANA	ZEIG	043688903	8962 CLEARY BLVD	FORT LAUDERDALE	FL	33324	1	1	0.00	Y	1
260889	MICHAEL J FRIEND DMD PA	GENERAL DENTISTRY	MICHAEL	FRIEND	043688903	8962 CLEARY BLVD	FORT LAUDERDALE	FL	33324	9	2	0.00	Y	1
488761	MIRACLE DENTAL CENTER	GENERAL DENTISTRY	JUAN	CERRUTTI	852824718	9449 SHERIDAN ST	HOLLYWOOD	FL	33024	1	1	0.00	Y	1

625596	OAKLAND PARK FAMILY DENTAL	GENERAL DENTISTRY	MARC	MINGEL	814403403	2901 W OAKLAND PARK BLVD	FORT LAUDERDALE	FL	33311	8	3	100.00	Y	1
688281	PEMBROKE PINES DENTAL	GENERAL DENTISTRY	BLANCA	PENA MARRO	834281222	8383 PINES BLVD	HOLLYWOOD	FL	33024	2	1	0.00	Y	1
688281	PEMBROKE PINES DENTAL	GENERAL DENTISTRY	MILEIDIS	PENA MARRO	834281222	8383 PINES BLVD	HOLLYWOOD	FL	33024	6	1	15.00	Y	1
101742	PLANTATION DENTAL ASSOCIATES	GENERAL DENTISTRY	MARI	TAKEDA	202058007	10080 NW 1ST CT	FORT LAUDERDALE	FL	33324	9	4	45.00	Y	1
101742	PLANTATION DENTAL ASSOCIATES	GENERAL DENTISTRY	MARY	PALENZUELA	202058007	10080 NW 1ST CT	FORT LAUDERDALE	FL	33324	13	3	45.00	Y	1
140771	PLANTATION DENTAL SERVICES	GENERAL DENTISTRY	ELISA	SUAREZ	650129699	314 S UNIVERSITY DR	FORT LAUDERDALE	FL	33324	69	9	2,375.00	Y	1
427614	SAGE DENTAL COCONUT CREEK	GENERAL DENTISTRY	BEATRIZ	DUARTE	263005908	5463 LYONS RD	POMPANO BEACH	FL	33073	9	2	165.00	Y	1
427614	SAGE DENTAL COCONUT CREEK	GENERAL DENTISTRY	JASON	ZYLBERING	263005908	5463 LYONS RD	POMPANO BEACH	FL	33073	26	5	700.00	Y	1
439296	SAGE DENTAL OF COOPER CITY	GENERAL DENTISTRY	DAVID	RAPPAPORT	271436445	12129 SHERIDAN ST	HOLLYWOOD	FL	33026	12	2	55.00	Y	1
439296	SAGE DENTAL OF COOPER CITY	GENERAL DENTISTRY	JENNIFER	VIGNOLA	271436445	12129 SHERIDAN ST	HOLLYWOOD	FL	33026	21	3	325.00	Y	1
101874	SAGE DENTAL OF CORAL SPRINGS	GENERAL DENTISTRY	REBECCA	SHIPPEE	272813237	987 N UNIVERSITY DR	POMPANO BEACH	FL	33071	2	1	0.00	Y	5
539406	SAGE DENTAL OF DAVIE	GENERAL DENTISTRY	DUSTIN	HALLER	463455311	9870 GRIFFIN RD	FORT LAUDERDALE	FL	33328	3	2	0.00	Y	1
101871	SAGE DENTAL OF DEERFIELD BEACH	GENERAL DENTISTRY	JASON	ZYLBERING	272808186	2265 W HILLSBORO BOULEVARD	DEERFIELD BEACH	FL	33442	4	2	85.00	Y	1
101871	SAGE DENTAL OF DEERFIELD BEACH	GENERAL DENTISTRY	LAUREN	ARGUELLES	272808186	2265 W HILLSBORO BOULEVARD	DEERFIELD BEACH	FL	33442	10	2	565.00	Y	1
585436	SAGE DENTAL OF DOWNTOWN FTL	GENERAL DENTISTRY	ERIKA	CUAREZMA	473696720	551 N FEDERAL HWY	FORT LAUDERDALE	FL	33301	1	1	0.00	Y	1
585436	SAGE DENTAL OF DOWNTOWN FTL	GENERAL DENTISTRY	JOSHUA	JAFFE	473696720	551 N FEDERAL HWY	FORT LAUDERDALE	FL	33301	62	14	645.00	Y	1
547626	SAGE DENTAL OF FT LAUDERDALE	GENERAL DENTISTRY	KIREN	GEORGE	464571377	6171 N FEDERAL HWY	FORT LAUDERDALE	FL	33308	16	4	465.00	Y	1
547626	SAGE DENTAL OF FT LAUDERDALE	GENERAL DENTISTRY	LAUREN	ARGUELLES	464571377	6171 N FEDERAL HWY	FORT LAUDERDALE	FL	33308	5	3	25.00	Y	1
547626	SAGE DENTAL OF FT LAUDERDALE	GENERAL DENTISTRY	MARIA	ROMAN	464571377	6171 N FEDERAL HWY	FORT LAUDERDALE	FL	33308	22	3	515.00	Y	5
615251	SAGE DENTAL OF HALLANDALE BCH	GENERAL DENTISTRY	RAFAELA	DEJANOVIC	475264969	1701 E HALLANDALE BEACH BLVD	HALLANDALE	FL	33009	29	4	475.00	Y	5
573955	SAGE DENTAL OF HOLLYWOOD	GENERAL DENTISTRY	ANUJ	MALIK	471820802	4461 SHERIDAN ST	HOLLYWOOD	FL	33021	6	3	310.00	Y	1
713481	SAGE DENTAL OF MARGATE PLLC	GENERAL DENTISTRY	KRYSTINA	LEPORE	861315772	5443 W ATLANTIC BLVD	POMPANO BEACH	FL	33063	17	1	690.00	Y	1
159748	SAGE DENTAL OF N MIAMI BEACH	GENERAL DENTISTRY	JEFFREY	PEREZ	650847868	850 IVES DAIRY RD	MIAMI	FL	33179	4	2	85.00	Y	1
520076	SAGE DENTAL OF PEMBROKE PINES	GENERAL DENTISTRY	GIOVANNI	GONZALEZ	461139956	17027 PINES BLVD	HOLLYWOOD	FL	33027	5	2	0.00	Y	5
520076	SAGE DENTAL OF PEMBROKE PINES	GENERAL DENTISTRY	LUIS	GUERRERO	461139956	17027 PINES BLVD	HOLLYWOOD	FL	33027	22	3	620.00	Y	1
101719	SAGE DENTAL OF PLANTATION	GENERAL DENTISTRY	MARIO	LASKA	650908498	8440 W BROWARD BLVD	FORT LAUDERDALE	FL	33324	62	10	3,170.00	Y	1
101719	SAGE DENTAL OF PLANTATION	GENERAL DENTISTRY	ZUHDIYAH	DAROJAT	650908498	8440 W BROWARD BLVD	FORT LAUDERDALE	FL	33324	24	4	1,545.00	Y	1
204995	SAGE DENTAL OF POMPANO BEACH	GENERAL DENTISTRY	ARLET	LOPEZ NEYRA	650924956	1650 N FEDERAL HWY	POMPANO BEACH	FL	33062	4	2	135.00	Y	5
204995	SAGE DENTAL OF POMPANO BEACH	GENERAL DENTISTRY	ILYA	STEIN	650924956	1650 N FEDERAL HWY	POMPANO BEACH	FL	33062	2	2	50.00	Y	1
204995	SAGE DENTAL OF POMPANO BEACH	GENERAL DENTISTRY	JOHNNY	EL HELOU	650924956	1650 N FEDERAL HWY	POMPANO BEACH	FL	33062	2	2	25.00	Y	5
204995	SAGE DENTAL OF POMPANO BEACH	GENERAL DENTISTRY	LAUREN	ARGUELLES	650924956	1650 N FEDERAL HWY	POMPANO BEACH	FL	33062	3	3	50.00	Y	1
617442	SAGE DENTAL OF THE LAKES	GENERAL DENTISTRY	ELIVRA	RODRIGUEZ	811814399	16879 NW 67TH AVE	HIALEAH	FL	33014	4	1	50.00	Y	11
159308	SAGE DENTAL OF WEST DELRAY	GENERAL DENTISTRY	INGRID	ROMERO	593538177	13722 S JOG RD	DELRAY BEACH	FL	33446	7	2	85.00	Y	1
599984	SAGE DENTAL OF WESTON PLLC	GENERAL DENTISTRY	LUIS	GUERRERO	473708532	2366 WESTON RD	FORT LAUDERDALE	FL	33326	1	1	25.00	Y	1
599984	SAGE DENTAL OF WESTON PLLC	GENERAL DENTISTRY	MARIA	CHACIN-ZAA	473708532	2366 WESTON RD	FORT LAUDERDALE	FL	33326	8	2	75.00	Y	1
666607	SAMAR DENTAL SOLUTIONS	GENERAL DENTISTRY	ANGELA	OSPINA	830604254	1313 NE 125 ST	MIAMI	FL	33161	8	1	100.00	Y	1
509914	SMILE NOW DENTAL CARE	GENERAL DENTISTRY	FRANK	KALAFATIC	454798915	6230 N FEDERAL HWY	FORT LAUDERDALE	FL	33308	3	1	0.00	Y	1
557883	SOTO & CASTILLO DENTAL CARE	GENERAL DENTISTRY	SANDRA	CASTILLO	815443024	3911 HOLLYWOOD BLVD	HOLLYWOOD	FL	33021	2	1	0.00	Y	1
101489	STEVEN GILSON DMD	GENERAL DENTISTRY	STEVEN	GILSON	592655484	10167 W SUNRISE BLVD	FORT LAUDERDALE	FL	33322	2	2	0.00	N	
105143	STEVEN G MAUTNER DDS PA	GENERAL DENTISTRY	STEVEN	MAUTNER	650350225	5609 NW 29TH ST	POMPANO BEACH	FL	33063	18	4	508.00	Y	1
262059	SUNRISE CENTER FOR DENTAL SPEC	GENERAL DENTISTRY	ENRICO	BAUTISTA	454337609	1776 N PINE ISLAND RD	FORT LAUDERDALE	FL	33322	23	5	1,045.00	Y	1
262059	SUNRISE CENTER FOR DENTAL SPEC	GENERAL DENTISTRY	LISA	YOUNG	454337609	1776 N PINE ISLAND RD	FORT LAUDERDALE	FL	33322	10	1	505.00	Y	1
560906	SUPERIOR DENTAL PLANTATION	GENERAL DENTISTRY	RICHARD	DOUGLAS	461919850	660 N STATE ROAD 7	FORT LAUDERDALE	FL	33317	6	1	155.00	Y	1
560906	SUPERIOR DENTAL PLANTATION	GENERAL DENTISTRY	SIDNEY	MARTIN	461919850	660 N STATE ROAD 7	FORT LAUDERDALE	FL	33317	8	1	290.00	Y	1
617670	TAMARAC FAMILY DENTAL AND OS				833691108	7351 W OAKLAND PARK BLVD	FORT LAUDERDALE	FL	33319	6	1	140.00	N	
138024	THE DENTAL GROUP	GENERAL DENTISTRY	HENRY	RODRIGUEZ-MARTIN	562315803	2609 W OAKLAND PARK BLVD	FORT LAUDERDALE	FL	33311	7	3	0.00	Y	1
138024	THE DENTAL GROUP	GENERAL DENTISTRY	JESSICA	RIVAS-PLATA	562315803	2609 W OAKLAND PARK BLVD	FORT LAUDERDALE	FL	33311	4	1	0.00	Y	5
138024	THE DENTAL GROUP				562315803	2609 W OAKLAND PARK BLVD	FORT LAUDERDALE	FL	33311	6	2	70.00	Y	5
119023	THE EMERALD HILLS DENTAL CNTR	GENERAL DENTISTRY	DARREN	SNOW	591399832	3856 SHERIDAN ST	HOLLYWOOD	FL	33021	1	1	0.00	Y	1
655245	THREE LAKES DENTAL CNTR	GENERAL DENTISTRY	GANGA	VERMA	822915524	4651 NW 31ST AVE	FORT LAUDERDALE	FL	33309	9	1	210.00	Y	1
259551	TLC DENTAL-FT LAUDERDALE	GENERAL DENTISTRY	ELEVTERIA	COUTRAS	030576792	3001 E COMMERCIAL BLVD	FORT LAUDERDALE	FL	33308	31	7	380.00	Y	1
259551	TLC DENTAL-FT LAUDERDALE	GENERAL DENTISTRY	TINA	AKHAVAN	030576792	3001 E COMMERCIAL BLVD	FORT LAUDERDALE	FL	33308	5	1	55.00	Y	5
618311	TLC DENTAL-HOLLYWOOD LLC	GENERAL DENTISTRY	JARED	HELFANT	465306191	1718 SHERIDAN ST	HOLLYWOOD	FL	33020	1	1	0.00	Y	5
618311	TLC DENTAL-HOLLYWOOD LLC	GENERAL DENTISTRY	MARCEL	BAGHDADI-GEGATI	465306191	1718 SHERIDAN ST	HOLLYWOOD	FL	33020	2	1	0.00	Y	5
618311	TLC DENTAL-HOLLYWOOD LLC	GENERAL DENTISTRY	YITTA	GARDEN	465306191	1718 SHERIDAN ST	HOLLYWOOD	FL	33020	5	2	0.00	Y	1
139551	TLC DENTAL-NORTH LAUDERDALE	GENERAL DENTISTRY	LISSET	ARENAS	030576797	7110 SOUTHGATE BLVD	POMPANO BEACH	FL	33068	11	2	100.00	Y	1
139551	TLC DENTAL-NORTH LAUDERDALE	GENERAL DENTISTRY	RONALD	MORALES	030576797	7110 SOUTHGATE BLVD	POMPANO BEACH	FL	33068	25	6	395.00	Y	1
139551	TLC DENTAL-NORTH LAUDERDALE	GENERAL DENTISTRY	STEPHANIE	LOMBARDO	030576797	7110 SOUTHGATE BLVD	POMPANO BEACH	FL	33068	3	1	0.00	Y	5
159721	TLC DENTAL TAMARAC	GENERAL DENTISTRY	HENRY	JACOBSOHN	462672620	6702 N UNIVERSITY DR	FORT LAUDERDALE	FL	33321	19	5	190.00	Y	1
159721	TLC DENTAL TAMARAC	GENERAL DENTISTRY	JENNIFER	SORROZA	462672620	6702 N UNIVERSITY DR	FORT LAUDERDALE	FL	33321	11	3	50.00	Y	1
521163	TOWNCARE DENTAL OF FTL PLLC	GENERAL DENTISTRY	DOUGLAS	PYSER	811869287	1739 E COMMERCIAL BLVD	FORT LAUDERDALE	FL	33308	10	4	130.00	Y	1
436970	TOWNCARE DENTAL OF PEMBROKE	GENERAL DENTISTRY	LISA	YOUNG	800861096	600 N HIATUS RD	HOLLYWOOD	FL	33026	5	1	205.00	Y	1
458849	VERRETT DENTAL CENTER	GENERAL DENTISTRY	HAJAR	HASAN VERRETT	263703779	3058 NW 79TH ST	MIAMI	FL	33147	5	1	133.00	Y	1
182061	VIVIAN KUNSTMANN DDS PA	GENERAL DENTISTRY	VIVIAN	KUNSTMANN	650757445	9291 GLADES RD	BOCA RATON	FL	33434	2	1	0.00	Y	1
433665	VULTAGGIO DENTISTRY	GENERAL DENTISTRY	FRANCESCO	VULTAGGIO	264429924	841 SE 8TH AVE	DEERFIELD BEACH	FL	33441	14	2	90.00	Y	1
437823	WELLEBY FAMILY DENTAL	GENERAL DENTISTRY	ZAILEEN	JUMA	474829680	10127 W OAKLAND PARK BLVD	FORT LAUDERDALE	FL	33351	1	1	3.00	Y	1
635920	WEST PINES MODERN DENTISTRY	GENERAL DENTISTRY	JAVIER	OCHOA	821089818	18312 PINES BLVD	HOLLYWOOD	FL	33029	5	1	50.00	Y	1
635920	WEST PINES MODERN DENTISTRY	GENERAL DENTISTRY	KATIE	MCCANN LEE	821089818	18312 PINES BLVD	HOLLYWOOD	FL	33029	6	1	90.00	Y	1
698820	WEST SUNRISE DENTISTRY	GENERAL DENTISTRY	NOEMI	TISMINESKY-CARDIER	474698313	9310 W COMMERCIAL BLVD	FORT LAUDERDALE	FL	33351	9	2	135.00	Y	1
625082	ADVANCED ENDODONTICS	ENDODONTICS	ALEXANDER	GARCIA-GODOY	844923154	7737 N UNIVERSITY DR	FORT LAUDERDALE	FL	33321	3	1	195.00	Y	1
581706	AMERICAN PEDIATRIC DENTAL GROU	PEDIATRIC DENTISTRY	TAMARA	MCCALLUM	465586791	3353 N UNIVERSITY DR	POMPANO BEACH	FL	33065	6	1	0.00	Y	1
649721	AMERICAN PEDIATRIC DENTAL GRP	PEDIATRIC DENTISTRY	YAMILA	GARBER	815119349	12331 SW 3RD ST	FORT LAUDERDALE	FL	33325	21	2	243.00	Y	1
543522	ARFA DENT INC	PEDIATRIC DENTISTRY	PATRICK	LOLO	454496137	7301 W PALMETTO PARK RD	BOCA RATON	FL	33433	3	1	0.00	Y	1
543522	ARFA DENT INC	PEDIATRIC DENTISTRY	SUHEILY	APONTE-RODRIGUEZ	454496137	7301 W PALMETTO PARK RD	BOCA RATON	FL	33433	7	1	0.00	Y	1
108699	CAPONERA ORTHODONTICS	ORTHODONTICS	RINALDO	CAPONERA	270812901	7420 NW 5TH ST	FORT LAUDERDALE	FL	33317	15	3	2,487.00	Y	5
140036	CHILDRENS PEDIATRIC OF WELLING	PEDIATRIC DENTISTRY	FRANCISCO	JIMENEZ	650607946	12798 FOREST HILL BLVD STE 305	WELLINGTON	FL	33414	11	1	6.00	Y	1
590750	CORAL SPRINGS DENTAL CENTER	ENDODONTICS	MIKHAIL	GANKIN	810975728	1700 N UNIVERSITY DR	POMPANO BEACH	FL	33071	2	1	265.00	Y	1
590750	CORAL SPRINGS DENTAL CENTER	ORAL SURGERY	MATTHEW	ROSSEN	810975728	1700 N UNIVERSITY DR	POMPANO BEACH	FL	33071	1	1	0.00	Y	1
654369	COSMIC SMILES PEDIATRIC DENT	PEDIATRIC DENTISTRY	JULIAN	BERLIN	815071822	3037 E COMMERCIAL BLVD	FORT LAUDERDALE	FL	33308	6	1	0.00	N	
255504	DAN MAZOR DDS	PERIODONTICS	DAN	MAZOR	650425633	3870 SHERIDAN ST	HOLLYWOOD	FL	33021	3	1	125.00	Y	1
205563	DEERFIELD CNTR FOR DNTL SPECIA	ORAL SURGERY	FRED	PEDROLETTI	650913652	1800 W HILLSBORO BLVD	DEERFIELD BEACH	FL	33442	3	1	25.00	Y	1
205563	DEERFIELD CNTR FOR DNTL SPECIA	PERIODONTICS	MATTHEW	FIEN	650913652	1800 W HILLSBORO BLVD	DEERFIELD BEACH	FL	33442	2	1	50.00	Y	1
273549	DENT-ALL-PALM CITY INC	PERIODONTICS	ALLEN	PEARLMAN	201095473	3662 SW 30TH AVE	PALM CITY	FL	34990	3	1	290.00	Y	1

440823	DENTAL OPTIONS PA	ORTHODONTICS	ALEXANDER	YADEGARI	261172646	2999 NE 191 ST	MIAMI	FL	33180	12	1	0.00	Y	1
440823	DENTAL OPTIONS PA	PERIODONTICS	SHMUEL	STERN	261172646	2999 NE 191 ST	MIAMI	FL	33180	2	1	50.00	Y	1
108324	DENTAL SPECIALTY CENTER	ENDODONTICS	BENJAMIN	PORRAS	592823728	9050 PINES BLVD	HOLLYWOOD	FL	33024	9	1	130.00	Y	1
108324	DENTAL SPECIALTY CENTER	ORAL SURGERY	MICHAEL	SORGEN	592823728	9050 PINES BLVD	HOLLYWOOD	FL	33024	1	1	0.00	Y	1
108918	DENTAL SPECIALTY CENTER	ENDODONTICS	BENJAMIN	PORRAS	592513548	8320 W SUNRISE BLVD	FORT LAUDERDALE	FL	33322	3	1	95.00	Y	1
159675	DENTAL TEAM OF DELRAY	ENDODONTICS	RENEE	LITVAK	650875279	801 SE 6TH AVE STE 101	DELRAY BEACH	FL	33483	2	1	195.00	Y	1
678803	DENTISTS OF FORT LAUDERDALE	ENDODONTICS	LAUREN	TINK	833631193	1865 CORDOVA RD	FORT LAUDERDALE	FL	33316	2	1	95.00	Y	1
678803	DENTISTS OF FORT LAUDERDALE	ORAL SURGERY	LINA	ALSAD	833631193	1865 CORDOVA RD	FORT LAUDERDALE	FL	33316	8	1	345.00	Y	1
678803	DENTISTS OF FORT LAUDERDALE	PERIODONTICS	LINDSAY	HILL	833631193	1865 CORDOVA RD	FORT LAUDERDALE	FL	33316	1	1	0.00	Y	1
108182	ENDODONTICS ASSOCIATES PA	ENDODONTICS	LARISA	KUSHNIR	593224557	3165 N MCMULLEN BOOTH RD	CLEARWATER	FL	33761	2	1	7.00	Y	1
670194	EZZZ SMILES	PEDIATRIC DENTISTRY	FRANK	MAYE	753136614	9970 CENTRAL PARK BLVD	BOCA RATON	FL	33428	22	1	312.00	Y	1
101499	FAMILY DENTAL ASSOC	ORAL SURGERY	JEROME	BISTRITZ	815382754	6130 W ATLANTIC BLVD	POMPANO BEACH	FL	33063	7	1	315.00	Y	1
140774	G & G DENTAL ASSOC	ENDODONTICS	ANAS	SELMAN	650043559	7030 NW 57TH ST	FORT LAUDERDALE	FL	33319	1	1	65.00	Y	1
101737	GREAT EXPRESSIONS DENTAL CNTRS	PEDIATRIC DENTISTRY	SHARLENE	STARKMAN	650719035	140 S UNIVERSITY DR	HOLLYWOOD	FL	33025	22	2	56.00	Y	1
101684	GREAT EXPRESSIONS DENTAL CTRS	PERIODONTICS	LEONARD	OSTROFF	650719035	2365 N UNIVERSITY DR	POMPANO BEACH	FL	33065	4	1	140.00	Y	1
691665	IZZY'S KIDZ DENTISTRY	PEDIATRIC DENTISTRY	YISROEL	NOSKOW	842152718	2323 NE 26TH AVE	POMPANO BEACH	FL	33062	25	1	165.00	Y	1
247267	JACARANDA SMILES-PLANTATION	ORTHODONTICS	MILAN	KHAKHRIA	134205825	104 NW 100TH AVE	FORT LAUDERDALE	FL	33324	15	2	740.00	Y	1
247267	JACARANDA SMILES-PLANTATION	PEDIATRIC DENTISTRY	RENE	LANDA	134205825	104 NW 100TH AVE	FORT LAUDERDALE	FL	33324	23	4	138.00	Y	1
108472	KAWA ORTHODONTICS LLP	ORAL SURGERY	JOHN	DIGNEY	562338791	20423 STATE ROAD 7 STE F18	BOCA RATON	FL	33498	13	2	570.00	Y	1
108472	KAWA ORTHODONTICS LLP	ORTHODONTICS	LARRY	KAWA	562338791	20423 STATE ROAD 7 STE F18	BOCA RATON	FL	33498	44	4	3,269.00	Y	1
618187	KIDS CARE DENTAL	PEDIATRIC DENTISTRY	NIGEL	GRANDISON	542080841	10794 PINES BLVD STE 101	HOLLYWOOD	FL	33026	6	1	0.00	Y	1
223545	LUCAS ORTHODONTICS	ORTHODONTICS	ALBERT	LUCAS	650628374	10056 PINES BLVD	HOLLYWOOD	FL	33024	7	1	1,028.00	Y	1
245125	MAIN ST CHILDREN'S DENTISTRY	PEDIATRIC DENTISTRY	AURELIO	BULA	203729334	19084 NE 29TH AVE	MIAMI	FL	33180	7	1	7.00	Y	1
245125	MAIN ST CHILDREN'S DENTISTRY	PEDIATRIC DENTISTRY	CAROLINA	AKERMAN	203729334	19084 NE 29TH AVE	MIAMI	FL	33180	6	1	0.00	Y	1
143677	MAIN ST CHILDRENS DNTSTRY & OR	ORTHODONTICS	JORGE	VARGAS	203736502	7115 W BROWARD BLVD	FORT LAUDERDALE	FL	33317	13	1	1,134.00	Y	1
143677	MAIN ST CHILDRENS DNTSTRY & OR	PEDIATRIC DENTISTRY	CAROLINA	AKERMAN	203736502	7115 W BROWARD BLVD	FORT LAUDERDALE	FL	33317	16	1	28.00	Y	1
143677	MAIN ST CHILDRENS DNTSTRY & OR	PEDIATRIC DENTISTRY	DAVID	LUTHER	203736502	7115 W BROWARD BLVD	FORT LAUDERDALE	FL	33317	38	2	0.00	Y	1
187094	ORAL FACIAL RECONST & IMPLANT	ORAL SURGERY	KURT	FRIEDMAN	592043705	100 NW 82ND AVE	FORT LAUDERDALE	FL	33324	18	2	1,060.00	Y	1
259145	OROFACIAL & DENTAL IMPLANT SUR	ORAL SURGERY	ZAKIR	SHAIKH	593736325	12780 WATERFORD LAKES PKWY	ORLANDO	FL	32828	9	1	560.00	Y	1
438857	ORTHODONTIC SPECIALIST OF FL	ORTHODONTICS	JOAN	PALACIOS	453735352	5810 S UNIVERSITY DR	FORT LAUDERDALE	FL	33328	10	1	918.00	Y	1
140771	PLANTATION DENTAL SERVICES	ENDODONTICS	ROBERT	COMORA	650129699	314 S UNIVERSITY DR	FORT LAUDERDALE	FL	33324	2	1	130.00	Y	1
140771	PLANTATION DENTAL SERVICES	PERIODONTICS	STEVEN	BERKOWITZ	650129699	314 S UNIVERSITY DR	FORT LAUDERDALE	FL	33324	2	1	125.00	Y	1
427614	SAGE DENTAL COCONUT CREEK	PERIODONTICS	NINA	CUNNINGHAM	263005908	5463 LYONS RD	POMPANO BEACH	FL	33073	5	2	1,210.00	Y	1
439296	SAGE DENTAL OF COOPER CITY	ORAL SURGERY	PAUL	SEIDER	271436445	12129 SHERIDAN ST	HOLLYWOOD	FL	33026	4	2	95.00	Y	1
101874	SAGE DENTAL OF CORAL SPRINGS	ORAL SURGERY	FRANCESCA	VERRATTI DI PAOLO	272813237	987 N UNIVERSITY DR	POMPANO BEACH	FL	33071	11	1	600.00	Y	1
539406	SAGE DENTAL OF DAVIE	ORAL SURGERY	FRANCESCA	VERRATTI DI PAOLO	463455311	9870 GRIFFIN RD	FORT LAUDERDALE	FL	33328	2	1	75.00	Y	1
585436	SAGE DENTAL OF DOWNTOWN FTL	PERIODONTICS	NINA	CUNNINGHAM	473696720	551 N FEDERAL HWY	FORT LAUDERDALE	FL	33301	2	1	1,050.00	Y	1
547626	SAGE DENTAL OF FT LAUDERDALE	ORAL SURGERY	FRANCESCA	VERRATTI DI PAOLO	464571377	6171 N FEDERAL HWY	FORT LAUDERDALE	FL	33308	15	4	610.00	Y	1
547626	SAGE DENTAL OF FT LAUDERDALE	ORTHODONTICS	LUIZ	BARBOSA	464571377	6171 N FEDERAL HWY	FORT LAUDERDALE	FL	33308	2	1	350.00	Y	1
547626	SAGE DENTAL OF FT LAUDERDALE	PEDIATRIC DENTISTRY	COURTNY	PATTERSON	464571377	6171 N FEDERAL HWY	FORT LAUDERDALE	FL	33308	10	1	0.00	Y	1
615251	SAGE DENTAL OF HALLANDALE BCH	ENDODONTICS	ANDREINA	DE ARMAS	475264969	1701 E HALLANDALE BEACH BLVD	HALLANDALE	FL	33009	1	1	0.00	Y	5
615251	SAGE DENTAL OF HALLANDALE BCH	PERIODONTICS	FRANCISCO	OLIVER	475264969	1701 E HALLANDALE BEACH BLVD	HALLANDALE	FL	33009	5	1	1,250.00	Y	1
159748	SAGE DENTAL OF N MIAMI BEACH	ENDODONTICS	RYAN	GERMANN	650847868	850 IVES DAIRY RD	MIAMI	FL	33179	5	3	160.00	Y	1
520076	SAGE DENTAL OF PEMBROKE PINES	ORTHODONTICS	KIM	STAPLETON	461139956	17027 PINES BLVD	HOLLYWOOD	FL	33027	13	1	882.00	Y	1
520076	SAGE DENTAL OF PEMBROKE PINES	PEDIATRIC DENTISTRY	MARTA	ORTIZ-PEREZ	461139956	17027 PINES BLVD	HOLLYWOOD	FL	33027	18	1	3.00	Y	1
101719	SAGE DENTAL OF PLANTATION	ENDODONTICS	ANTHONY	CARTER	650908498	8440 W BROWARD BLVD	FORT LAUDERDALE	FL	33324	2	1	95.00	Y	1
101719	SAGE DENTAL OF PLANTATION	ORTHODONTICS	NANCY	PROANO WISE	650908498	8440 W BROWARD BLVD	FORT LAUDERDALE	FL	33324	3	1	153.00	Y	5
101719	SAGE DENTAL OF PLANTATION	PERIODONTICS	JASON	HERSH	650908498	8440 W BROWARD BLVD	FORT LAUDERDALE	FL	33324	14	3	2,990.00	Y	1
101719	SAGE DENTAL OF PLANTATION	PERIODONTICS	NINA	CUNNINGHAM	650908498	8440 W BROWARD BLVD	FORT LAUDERDALE	FL	33324	2	2	0.00	Y	1
417213	SHELLING ORTHODONTICS	ORTHODONTICS	ROBERT	SHELLING	261365336	19615 STATE ROAD 7 STE 33	BOCA RATON	FL	33498	4	1	486.00	Y	1
231414	SMILEY KIDZ DENTAL CARE PA	PEDIATRIC DENTISTRY	OANA	ROMASAN	651021909	1700 NE 26TH ST	FORT LAUDERDALE	FL	33305	13	2	0.00	Y	1
999999	SPECIALIST HOLDING OFFICE	ENDODONTICS	ORECIALIST	HOLDING OFFICE	0		FORT LAUDERDALE	FL	33324	3	3	0.00	N	
262059	SUNRISE CENTER FOR DENTAL SPEC	ENDODONTICS	ROBERT	COMORA	454337609	1776 N PINE ISLAND RD	FORT LAUDERDALE	FL	33322	3	3	455.00	Y	1
262059	SUNRISE CENTER FOR DENTAL SPEC	PERIODONTICS	THOMAS	COPULOS	454337609	1776 N PINE ISLAND RD	FORT LAUDERDALE	FL	33322	3	1	1,305.00	Y	1
636833	SUPERSMILES ORTHODONTICS & PED	ORTHODONTICS	MICHAEL	MARURI	274029100	1670 N UNIVERSITY DR	POMPANO BEACH	FL	33071	3	1	153.00	Y	1
636833	SUPERSMILES ORTHODONTICS & PED	PEDIATRIC DENTISTRY	AMANDA	BUSCEMI	274029100	1670 N UNIVERSITY DR	POMPANO BEACH	FL	33071	15	1	69.00	Y	1
461144	SUPER SMILES PEDIATRICS	ORTHODONTICS	MICHAEL	MARURI	274029100	815 S UNIVERSITY DR	FORT LAUDERDALE	FL	33324	14	1	1,267.00	Y	1
461144	SUPER SMILES PEDIATRICS	PEDIATRIC DENTISTRY	AMANDA	BUSCEMI	274029100	815 S UNIVERSITY DR	FORT LAUDERDALE	FL	33324	27	2	216.00	Y	1
617670	TAMARAC FAMILY DENTAL AND OS	ORAL SURGERY	WILLIAM	MATHURIN	833691108	7351 W OAKLAND PARK BLVD	FORT LAUDERDALE	FL	33319	1	1	25.00	N	
139551	TLC DENTAL-NORTH LAUDERDALE	ENDODONTICS	CRAIG	TOVER	030576797	7110 SOUTHGATE BLVD	POMPANO BEACH	FL	33068	3	1	195.00	Y	1
649060	TLC DENTAL - SPECIALTY GROUP	ORAL SURGERY	ADAM	FISHER	823619006	3001 E COMMERCIAL BLVD	FORT LAUDERDALE	FL	33308	14	2	689.00	Y	1
698820	WEST SUNRISE DENTISTRY	ORAL SURGERY	LINA	ALSAD	474698313	9310 W COMMERCIAL BLVD	FORT LAUDERDALE	FL	33351	10	1	520.00	Y	1
257412	ZAMBRANO ORTHODONTICS	ORTHODONTICS	JAIME	ZAMBRANO	874104335	550 BILTMORE WAY	MIAMI	FL	33134	4	1	423.00	Y	1

City of Fort Lauderdale
CIGNA Dental Network Disruption
2204-1870352

Cigna.

04/27/2022

Submitted Amount		Cigna Dental Care Access		Cigna Dental Care Access Plus		Cigna Advantage		Cigna DPPO		Total Cigna DPPO	
# of Provider Access Points	1,291	442	34%	483	37%	968	75%	202	16%	1,170	91%
Submitted Amount	$ 3,510,259	$ 1,165,301	33%	$ 1,261,632	36%	$ 2,576,111	73%	$ 637,367	18%	$ 3,213,478	92%
Payable Amount	$ 1,327,865	$ 432,977	33%	$ 464,601	35%	$ 891,146	67%	$ 280,477	21%	$ 1,171,623	88%
# of Services	21,595	7,949	37%	8,561	40%	16,047	74%	3,808	18%	19,855	92%

Cigna Dental Care Access network

This Cigna Dental Care® (DHMO) proposal assumes that covered services will be provided by the Cigna Dental Care Access network of contracted general and specialty dentists.

The term "DHMO" is used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care plans, and plans with open access features. The Cigna DHMO is not available in the following states and territories: AK, ID, ME, MT, ND, NH, NM, PR, SD, VI, VT, WV, and WY.

Cigna Dental Care Access Plus network

This Cigna Dental Care® (DHMO) proposal assumes that covered services will be provided by the Cigna Dental Care Access Plus network of contracted general and specialty dentists.

The term "DHMO" is used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care plans, and plans with open access features. The Cigna DHMO is not available in the following states and territories: AK, ID, ME, MT, ND, NH, NM, PR, SD, VI, VT, WV, and WY.

Submitted Amount		DHMO results	
# of Provider Access Points	1,291	442	34%
Submitted Amount	$ 3,510,259	$ 1,165,301	33%
Payable Amount	$ 1,327,865	$ 432,977	33%
# of Services	21,595	7,949	37%

Tax ID	Provider	First Name	Last Name	addr1	city	st	zip	Rndrg Prov License State Code	Rndrg Prov License Num	Submitted Rendering Npi	Submitted Billing Npi	Submitted Amount	Payable Amount	Number of Services	Spec Code	Dental Care Access	Dental Care Access Pass	Cigna DPPO Advantage	Cigna DPPO Advantage Pass	Cigna DPPO	Cigna DPPO Pass	Total Cigna DPPO	Total Cigna DPPO Pass
010559055	SERGEY KOROL DMD	SERGEY	KOROL	2315 S DIXIE HWY	WEST PALM BEACH	FL	33401	FL	15197	1174726921	1174726921	161.00	70.00	2	GP	Y	2	Y	1	N		Y	1
010574562	BRENT JARRETT DDS PA	BRENT	JARRETT	7312 W ATLANTIC BLVD	MARGATE	FL	33063	FL	15297	1720147382	1720147382	12,607.00	2,418.60	42	GP	N		Y	1	N		Y	1
010712049	JOSHUA M SLATKOFF DMD PA	JOSHUA	SLATKOFF	1400 E BROWARD BLVD	FORT LAUDERDALE	FL	33301	FL	15872	1427172337	1427172337	13,409.00	5,763.40	67	GP	N		Y	1	N		Y	1
010718993	DEDICATED DENTAL GROUP PA	TATYANA	NUDEL	7321 N STATE ROAD 7	PARKLAND	FL	33073	FL	15904	1013991421	1013991421	1,261.00	745.00	14	GP	N		Y	1	N		Y	1
010915345	BIG TOOTH BOCA LLC	GLORIA	GALVEZ	21301 POWERLINE RD STE 208	BOCA RATON	FL	33433	FL	16165	1851486443	1851486443	322.00	212.00	5	PD	Y	1	Y	1	N		Y	1
010924720	KOCHER & KOCHER DENTISTRY PA	JENNIFER	KOCHER	4801 S UNIVERSITY DR	DAVIE	FL	33328	FL	17970	1942478953	1235360439	5,729.00	2,069.00	50	GP	N		Y	1	N		Y	1
010924720	KOCHER & KOCHER DENTISTRY PA	MICHAEL	KOCHER	4801 S UNIVERSITY DR	DAVIE	FL	33328	FL	18328	1336302587	1235360439	3,191.00	1,183.50	33	GP	N		Y	1	N		Y	1
020683899	PEMBROKE MIRO DENTAL OFFICE PA	CLAUDIO	MIRO	7071 TAFT ST	HOLLYWOOD	FL	33024	FL	11650	1417024118	1417024118	654.00	248.00	4	GP	N		Y	2	N		Y	2
020785577	DIEGO AZAR DMD PA	ANOUSHIRVAN	BAGHAEI	730 RIVERSIDE DR	CORAL SPRINGS	FL	33071	FL	17121	1922385640	1841207065	2,814.65	1,213.00	16	GP	N		Y	2	N		Y	2
020785577	DIEGO AZAR DMD PA	DIEGO	AZAR	730 RIVERSIDE DR	CORAL SPRINGS	FL	33071	FL	17120	1841207065	1841207065	5,306.00	2,441.60	50	GP	N		Y	2	N		Y	2
030400407	CONSTANTIN FIACOS DMD, PA	CONSTANTIN	FIACOS	6231 N FEDERAL HWY	FORT LAUDERDALE	FL	33308	FL	15553	1124020649	1124020649	10,267.00	6,606.40	65	GP	N		N		Y	1	Y	1
030446553	BUCKEYE DENTAL GRP OF BEACH LA	KEVIN	STANICH	7265 PORTAGE ST NW	MASSILLON	OH	44646	OH	21036	1376542027	1992703953	254.00	136.00	5	GP	N		Y	1	N		Y	1
030474754	OSCAR GONZALEZ DDS PA	OSCAR	GONZALEZ	12565 ORANGE DR	DAVIE	FL	33330	FL	15086	1417018508	1417018508	31,135.66	5,124.80	93	GP	N		Y	2	N		Y	2
030474754	OSCAR GONZALEZ DDS PA	SHAHBOD	RASSOULIAN	12565 ORANGE DR	DAVIE	FL	33330	FL	14482	1447455225	1417018508	1,386.00	647.00	1	PE	N		Y	5	N		Y	5
030474754	OSCAR GONZALEZ DDS PA			12565 ORANGE DR	DAVIE	FL	33330			1356424394	1417018508	4,307.00	240.00	5	GP	N		Y	2	N		Y	2
030576792	TLC DENTAL	CRAIG	TOVER	3001 EAST COMMERCIAL BLVD	FORT LAUDERDALE	FL	33308	FL	11718	1568419828	1053444869	269.00	0.00	2	EN	Y	1	Y	1	N		Y	1
030576792	TLC DENTAL	ELEVTERIA	COUTRAS	3001 E COMMERCIAL BLVD	FORT LAUDERDALE	FL	33308	FL	16690	1689798431	1053444869	5,787.60	3,291.40	38	GP	Y	1	Y	1	N		Y	1
030576792	TLC DENTAL	ELEVTERIA	COUTRAS	3001 EAST COMMERCIAL BLVD	FORT LAUDERDALE	FL	33308	FL	16690	1689798431	1053444869	2,634.00	1,037.00	13	GP	Y	1	Y	1	N		Y	1
030576792	TLC DENTAL	JARED	HELFANT	3001 E COMMERCIAL BLVD	FORT LAUDERDALE	FL	33308	FL	19259	1770887077	1053444869	6,475.68	1,444.08	29	GP	Y	5	Y	5	N		Y	5
030576792	TLC DENTAL	MOLLY	MCCARTY	3001 E COMMERCIAL BLVD	FORT LAUDERDALE	FL	33308	FL	16573			329.00	135.29	1	OR	Y	1	Y	1	N		Y	1
030576792	TLC DENTAL			3001 EAST COMMERCIAL BLVD	FORT LAUDERDALE	FL	33308		19509	1427336940	1053444869	4,017.76	1,510.80	13	OS	Y	3	Y	3	N		Y	3
030576792	TLC DENTAL			435 E SHERIDAN ST	DANIA	FL	33004		0	1134279987	1053444869	1,732.50	863.21	9	OR	Y	4	Y	4	N		Y	4
030576797	TLC DENTAL-NORTH LAUDERDALE LLC	RONALD	MORALES	7110 SOUTHGATE BLVD	N LAUDERDALE	FL	33068	FL	13551	1215156260	1649302894	2,609.00	1,834.00	20	GP	Y	1	Y	1	N		Y	1
030576797	TLC DENTAL-NORTH LAUDERDALE LLC	RONALD	MORALES	7110 SOUTHGATE BLVD	POMPANO BEACH	FL	33068	FL	13551	1215156260	1649302894	289.80	165.00	4	GP	Y	1	Y	1	N		Y	1
030576797	TLC DENTAL-NORTH LAUDERDALE LLC	THAIS	ROSALES	7110 SOUTHGATE BLVD	N LAUDERDALE	FL	33068	FL	25186	1700404233	1649302894	178.80	79.00	3	GP	Y	5	Y	5	N		Y	5
042818414	RASHMI SHAH DDS	RASHMI	SHAH	1091 N MAIN ST	BROCKTON	MA	02301	MA	15243	1902928146	1457523573	2,269.00	720.40	6	EN	Y	5	Y	1	N		Y	1
043589759	PEDRO L CASTILLO DDS	PEDRO	CASTILLO	1300 N FEDERAL HWY	LAKE WORTH	FL	33460	FL	15632	1720244726	1720244726	983.00	633.00	18	GP	N		Y	2	N		Y	2
043683245	DEBORAH A FERRER DMD PA			1500 E BROWARD BLVD	FORT LAUDERDALE	FL	33301		0	1134322449	1134322449	6,552.30	3,601.03	48	OR	N		N		Y	12	Y	12
043688820	BR DENTAL PC	BRIAN	RAMSKI	213 S DILLARD ST	WINTER GARDEN	FL	34787	FL	16050	1255446092	1255446092	198.00	114.00	2	GP	N		Y	1	N		Y	1
043688820	BR DENTAL PC	BRIAN	RAMSKI	213 S DILLARD ST STE 140	WINTER GARDEN	FL	34787	FL	16050	1255446092	1255446092	772.00	447.00	10	GP	N		Y	1	N		Y	1
043688903	MICHAEL J FRIEND DMD PA	DANA	ZEIG	8962 CLEARY BLVD	PLANTATION	FL	33324	FL	21255	1497131122	1477904860	195.00	110.05	3	GP	Y	1	Y	5	N		Y	5
043688903	MICHAEL J FRIEND DMD PA	MICHAEL	FRIEND	8962 CLEARY BLVD	PLANTATION	FL	33324	FL	15822	1518975390	1477904860	1,839.00	744.00	18	GP	Y	1	Y	1	N		Y	1
043701422	HUGH G ALLEN	HUGH	ALLEN	12379 PEMBROKE RD	PEMBROKE PINES	FL	33025	FL	13921	1154532752	1154532752	1,329.00	540.00	16	GP	N		Y	2	N		Y	2
043708041	RCT DOCTORS PA	JULIA	TULCAN	5461 N UNIVERSITY DR	CORAL SPRINGS	FL	33067	FL	15882	1689889420	1689889420	1,510.00	1,024.00	5	EN	Y	2	Y	2	N		Y	2
043708041	RCT DOCTORS PA	SINISA	FIRIC	5461 N UNIVERSITY DR	CORAL SPRINGS	FL	33067	FL	15401	1235264136	1235264136	1,156.00	138.00	3	EN	Y	2	Y	2	N		Y	2
043739375	GEORGE RENE NICOLAS DMD PA	GEORGE	NICOLAS	7000 W PALMETTO PARK RD	BOCA RATON	FL	33433	FL	14209	1457598518	1457598518	1,083.72	450.00	6	OR	Y	2	Y	2	N		Y	2
043739375	GEORGE RENE NICOLAS DMD PA	GEORGE	NICOLAS	7000 W PALMETTO PARK RD STE 10	BOCA RATON	FL	33433	FL	14209	1457598518	1457598518	3,509.30	1,294.60	17	OR	Y	2	Y	2	N		Y	2
043787144	MARC A MINCH DMD PA	MARC	MINCH	2620 S SEACREST BLVD	BOYNTON BEACH	FL	33435	FL	16027	1538172135	1538172135	4,733.90	2,872.50	25	GP	N		N		Y	1	Y	1
046002284	COMMONWEALTH OF MASSACHUSETTS			PO BOX 412412	BOSTON	MA	02241		0	1902928146		685.00	252.00	7		N		N		N		N	
050539365	ANGELA BERKOVICH DMD PA	ANGELA	BERKOVICH	1348 E HILLSBORO BLVD	DEERFIELD BEACH	FL	33441	FL	15538	1477633576	1477633576	450.00	220.00	5	GP	N		Y	1	N		Y	1
050560957	WESTON FAMILY DENTAL CENTER INC	STEVEN	DIFILIPPO	1350 SW 160TH AVE	FORT LAUDERDALE	FL	33326	FL	15391	1982771762	1982771762	1,227.00	295.00	14	GP	Y	1	Y	1	N		Y	1
050579548	IVAN PARRA DDS PA	IVAN	PARRA	6991 W BROWARD BLVD	PLANTATION	FL	33317	FL	16116	1174629554	1174629554	410.00	300.00	4	GP	N		Y	2	N		Y	2
050584041	BRICKELL SOUTH DENTAL			243 SW 8TH ST	MIAMI	FL	33130		ZZZZ	1952875635	1437312261	730.00	435.00	8	GP	Y	13	Y	13	N		Y	13
050625239	JORGE I SOLANO DMD PA	JORGE	SOLANO	2076 UNIVERSITY DR	PEMBROKE PINES	FL	33024	FL	16855	1780708354	1780708354	5,457.37	1,583.97	42	GP	N		Y	1	N		Y	1
061655005	DR AARON MICHEAL SCHAMBACK DMD	CHRISTINA	RIZK	155 SW PORT ST LUCIE BLVD	PORT ST LUCIE	FL	34984	FL	24714	1083272173	1528125358	123.00	75.00	3	GP	N		Y	2	N		Y	2
076485954	DR JONATHAN SCHROTT	JONATHAN	SCHROTT	401 W END AVE	NEW YORK	NY	10024	NY	0371411	1265597140	1265597140	191.00	0.00	1	GP	N		Y	2	N		Y	2
112596095	MICHAEL E JAEGER DDS	MICHAEL	JAEGER	12012 SOUTHSHORE BLVD	WELLINGTON	FL	33414	FL	15033	1124104351	1124104351	1,483.06	627.06	17	GP	N		Y	2	N		Y	2
113673991	JEFFREY A BELL			3525 E CALUMET ST STE 1600	APPLETON	WI	54915		5249	1962589721	1962589721	390.00	390.00	7		N		N		N		N	
114466577	R SOVEN DMD			12101 TAFT ST	PEMBROKE PINES	FL	33026		0			250.00	90.00	1		N		N		N		N	
134205825	MILAN KHAKHRIA DMD MS PA	MILAN	KHAKHRIA	104 NW 100TH AVE	PLANTATION	FL	33324	FL	15571	1275635914	1275635914	16,088.40	7,104.27	81	OR	Y	2	Y	2	N		Y	2
134205825	MILAN KHAKHRIA DMD MS PA	RENE	LANDA	104 NW 100TH AVE	PLANTATION	FL	33324	FL	18735	1215166368	1275635914	7,057.00	2,888.00	88	PD	Y	2	Y	2	N		Y	2
134205825	MILAN KHAKHRIA DMD MS PA			18503 PINES BLVD	PEMBROKE PINES	FL	33029		0	1275635914	1275635914	3,280.09	1,627.92	24	OR	Y	2	Y	2	N		Y	2
141444544	DAVID P SZCZESNY DMD	DAVID	SZCZESNY	1900 E OAKLAND PARK BLVD	FORT LAUDERDALE	FL	33306	FL	8626			709.00	379.00	10	GP	N		Y	1	N		Y	1
141444544	DAVID P SZCZESNY DMD			1900 E OAKLAND PARK BLVD	FT LAUDERDALE	FL	33306		ZZZZ			144.00	144.00	2	GP	N		Y	1	N		Y	1
161646121	KAUFMAN & STRAUSS DDS	HEATHER	KAUFMAN	11380 PROSPERITY FARMS RD	PALM BCH GRDNS	FL	33410	FL	15680	1174618144	1174618144	1,370.00	887.00	18	GP	N		Y	2	N		Y	2
200034205	ANGELA DEFABRIQUE DMD PA	ANGELA	DEFABRIQUE	1019 N STATE ROAD 7	WEST PALM BEACH	FL	33411	FL	15807		1265526727	599.04	199.84	3	OR	Y	9	Y	9	N		Y	9
200034205	ANGELA DEFABRIQUE DMD PA	ANGELA	DEFABRIQUE	1420 ROYAL PALM BEACH BLVD	ROYAL PALM BEACH	FL	33411	FL	15807		1265526727	2,705.80	609.00	5	OR	Y	2	Y	2	N		Y	2
200034205	ANGELA DEFABRIQUE DMD PA			1019 N STATE ROAD 7	WEST PALM BEACH	FL	33411		15807		1265526727	798.72	399.36	4	OR	Y	9	Y	9	N		Y	9
200098848	CLEVELAND FAMILY DENTAL INC	BRADLEY	COX	3777 HIGHWAY 129 S	CLEVELAND	GA	30528	GA	12934	1558429803	1558429803	4,293.47	1,446.51	12	GP	N		N		Y	1	Y	1
200164773	SHARONE V REID DDS PA	SHARONE	REID	4230 W BROWARD BLVD	PLANTATION	FL	33317	FL	16054	1265567044	1265567044	102.00	49.00	1	GP	N		N		Y	1	Y	1
200171638	HANS SPERLING	HANS	SPERLING	3900 HOLLYWOOD BLVD STE 304	HOLLYWOOD	FL	33021	FL	15244	1497854251	1497854251	1,096.00	421.00	13	GP	Y	2	Y	1	N		Y	1
200182779	DORIS A FERRES DMD PA	DORIS	FERRES	2980 9TH ST SW	VERO BEACH	FL	32968	FL	15399	1659397131	1659397131	1,674.00	863.00	13	GP	N		Y	1	N		Y	1
200182779	DORIS A FERRES DMD PA	DORIS	FERRES	4125 9TH ST SW	VERO BEACH	FL	32968	FL	15399	1659397131	1659397131	418.00	244.00	6	GP	N		Y	6	N		Y	6
200185918	COMFORTABLE CARE DENTAL HEALTH	BRENT	FORD	3037 SW PORT ST LUCIE BLVD	PORT SAINT LUCIE	FL	34953	FL	DN21556	1922475110	1295234961	2,099.00	264.00	15	GP	N		Y	2	N		Y	2
200185918	COMFORTABLE CARE DENTAL HEALTH	JEFFREY	SCHWARTZ	4623 FOREST HILL BLVD	WEST PALM BEACH	FL	33415	FL	11362	1548368996	1972861706	198.00	113.00	3	GP	N		Y	2	N		Y	2
200185918	COMFORTABLE CARE DENTAL HEALTH	MARIANNINA	SAVOCA ASTUDILLO	15800 ORANGE BLVD	LOXAHATCHEE	FL	33470	FL	25077	1427676485	1316554686	333.00	237.00	3	GP	N		Y	2	N		Y	2
200185918	COMFORTABLE CARE DENTAL HEALTH	ROBERT	QUESADA	1500 E BROWARD BLVD	FORT LAUDERDALE	FL	33301	FL	14140	1871629220	1861948846	1,469.00	0.00	4	GP	N		Y	2	N		Y	2
200185918	COMFORTABLE CARE DENTAL HEALTH	SARAH	MCCOURT	3037 SW PORT ST LUCIE BLVD	PORT SAINT LUCIE	FL	34953	FL	22985	1083139653	1295234961	1,140.00	756.00	4	GP	N		Y	5	N		Y	5
200185918	COMFORTABLE CARE DENTAL HEALTH	THOMAS	LANE	1831 NE 45TH STREET	FORT LAUDERDALE	FL	33308	FL	11299	1598882326	1588781314	445.29	267.15	3	GP	N		Y	16	N		Y	16
200185918	COMFORTABLE CARE DENTAL HEALTH	WHITNEY	HAIDET	21300 TOWN COMMONS DR	ESTERO	FL	33928	FL	21229	1326459769	1871847855	404.20	225.00	6	GP	N		Y	2	N		Y	2
200185918	COMFORTABLE CARE DENTAL HEALTH PA	ALVIN	DENNIS	1385 W HWY 434	LONGWOOD	FL	32750	FL	17540	1306048095	1851503577	191.00	65.00	2	GP	N		Y	2	N		Y	2
200185918	COMFORTABLE CARE DENTAL HEALTH PA	ALVIN	DENNIS	1385 W STATE ROAD 434	LONGWOOD	FL	32750	FL	17540	1306048095	1851503577	381.00	129.00	5	GP	N		Y	2	N		Y	2
200185918	COMFORTABLE CARE DENTAL HEALTH PA	BRANDI	DINH	21300 TOWN COMMONS DR	ESTERO	FL	33928	FL	DN24161	1285292698	1871847855	3,093.00	1,483.00	11	GP	N		Y	2	N		Y	2
200185918	COMFORTABLE CARE DENTAL HEALTH PA	BRENT	FORD	3037 SW PORT ST LUCIE BLVD	PORT SAINT LUCIE	FL	34953	FL	DN21556	1922475110	1295234961	2,762.00	982.20	15	GP	N		Y	2	N		Y	2
200185918	COMFORTABLE CARE DENTAL HEALTH PA	DAVID	HAMILTON	149 TUSCAN WAY	SAINT AUGUSTINE	FL	32092	FL	20801	1053723700	1609285089	509.00	261.00	7	GP	N		Y	2	N		Y	2
200185918	COMFORTABLE CARE DENTAL HEALTH PA	DAVID	HOHIMER	817 S UNIVERSITY DR	PLANTATION	FL	33324	FL	15986	1568664225	1205918489	3,162.00	1,856.00	37	GP	N		Y	2	N		Y	2
200185918	COMFORTABLE CARE DENTAL HEALTH PA	ERIK	ROOS	1239 S POWERLINE RD	POMPANO BEACH	FL	33069	FL	22493	1083078828	1023380995	402.00	222.00	6	GP	N		Y	2	N		Y	2
200185918	COMFORTABLE CARE DENTAL HEALTH PA	FREDDY	VALLEJO	101 N PINE ISLAND RD	PLANTATION	FL	33324	FL	13863	1669443339	1063096683	1,720.00	1,048.00	26	GP	N		Y	2	N		Y	2
200185918	COMFORTABLE CARE DENTAL HEALTH PA	JEFFREY	SCHULTZ	45 FLOCO AVE	YULEE	FL	32097	FL	10974	1407867237	1619513009	3,222.00	1,337.60	12	GP	N		Y	2	N		Y	2
200185918	COMFORTABLE CARE DENTAL HEALTH PA	JEFFREY	SCHWARTZ	4623 FOREST HILL BLVD	WEST PALM BEACH	FL	33415	FL	11362	1548368996	1972861706	3,529.35	1,458.50	23	GP	N		Y	2	N		Y	2
200185918	COMFORTABLE CARE DENTAL HEALTH PA	KATARZYNA	PLOWER	2275 20TH ST	VERO BEACH	FL	32960	FL	19332	1942594627	1033486667	913.00	474.00	16	GP	N		Y	2	N		Y	2
200185918	COMFORTABLE CARE DENTAL HEALTH PA	MARIANNINA	SAVOCA ASTUDILLO	15800 ORANGE BLVD	LOXAHATCHEE	FL	33470	FL	25077	1427676485	1316554686	100.00	70.00	1	GP	N		Y	2	N		Y	2
200185918	COMFORTABLE CARE DENTAL HEALTH PA	MARK	BOUKZAM	4048 W HILLSBORO BLVD	DEERFIELD BEACH	FL	33442	FL	10455	1659949006	1659949006	840.00	222.00	11	GP	N		Y	16	N		Y	16
200185918	COMFORTABLE CARE DENTAL HEALTH PA	NANCYBEL	URENA	1239 S POWERLINE RD	POMPANO BEACH	FL	33069	FL	22678	1972033199	1023380995	340.00	266.00	5	GP	N		Y	2	N		Y	2
200185918	COMFORTABLE CARE DENTAL HEALTH PA	NICHOLAS	DEVILLIERS	817 S UNIVERSITY DR	PLANTATION	FL	33324	FL	DN23309	1316393143	1205918489	666.00	423.00	3	GP	N		Y	5	N		Y	5
200185918	COMFORTABLE CARE DENTAL HEALTH PA	RENEE	SCHULTE	1647 COUNTY ROAD 220	FLEMING ISLAND	FL	32003	FL	19717	1336403153	1003188475	194.00	110.00	2	GP	N		Y	2	N		Y	2
200185918	COMFORTABLE CARE DENTAL HEALTH PA	ROBERT	QUESADA	1500 E BROWARD BLVD	FORT LAUDERDALE	FL	33301	FL	14140	1871629220	1861948846	35,744.40	9,808.60	145	GP	N		Y	2	N		Y	2
200185918	COMFORTABLE CARE DENTAL HEALTH PA	SABRINA	DIAZ	1310 NW 23RD AVE	GAINESVILLE	FL	32605	FL	21202	1619359585	1861604530	1,032.00	472.00	8	GP	N		Y	2	N		Y	2
200185918	COMFORTABLE CARE DENTAL HEALTH PA	THOMAS	LANE	1831 NE 45TH STREET	FORT LAUDERDALE	FL	33308	FL	11299	1598882326	1588781314	3,566.87	2,112.80	33	GP	N		Y	16	N		Y	16
200185918	COMFORTABLE CARE DENTAL HEALTH PA	THOMAS	ROTH	1239 S POWERLINE RD	POMPANO BEACH	FL	33069	FL	11687	1902876550	1023380995	2,555.00	1,297.60	16	GP	N		Y	2	N		Y	2
200185918	COMFORTABLE CARE DENTAL HEALTH PA			10457 S US HIGHWAY 1	PORT SAINT LUCIE	FL	34952		0	1578582359	1023430261	288.00	226.00	7	GP	N		Y	4	N		Y	4
200185918	COMFORTABLE CARE DENTAL HEALTH PA			149 TUSCAN WAY	SAINT AUGUSTINE	FL	32092		0	1336567171	1609285089	40.00	40.00	1	GP	N		Y	4	N		Y	4
200185918	COMFORTABLE CARE DENTAL HEALTH PA	WHITNEY	HAIDET	21300 TOWN COMMONS DR	ESTERO	FL	33928	FL	21229	1326459769	1871847855	1,829.00	979.80	7	GP	N		Y	2	N		Y	2
200185918	COMFORTABLE CARE DENTAL HEALTH PA	YANSI	ESPINOSA RODRIGUEZ	10457 S US HIGHWAY 1	PORT SAINT LUCIE	FL	34952	FL	DN24410	1316509862	1023430261	12,244.22	2,942.82	45	GP	N		Y	2	N		Y	2
200204227	AARON J WICKS DDS	AARON	WICKS	2474 FREDERICK DOUGLASS BLVD	NEW YORK	NY	10027	NY	050804	1790978971	1790978971	1,014.00	238.00	5	GP	N		Y	2	N		Y	2
200240108	IRA M KOTCH DMD PA	IRA	KOTCH	1 SW 129TH AVE	PEMBROKE PINES	FL	33027	FL	10090	1689798878	1689798878	1,519.00	844.50	8	GP	N		N		Y	2	Y	2
200359716	DR AIDA LOPEZ DDS	AIDA	LOPEZ	12550 BISCAYNE BLVD	NORTH MIAMI	FL	33181	FL	14609	1881000990	1851492797	551.00	289.00	7	GP	N		Y	1	N		Y	1

200514072	FOREST HILL DENTAL CENTER	ESTELLE	CONSTABLE-BERESFORD	2885 N MILITARY TRL	WEST PALM BEACH	FL	33409	FL	16144	1437297439	1437297439	2,201.00	1,006.00	33	GP	N		Y	2	N		Y	2
200968729	ADVANTAGE DENTAL ESTHETIC GROUP INC	JORGE	MESA	17130 ROYAL PALM BLVD	WESTON	FL	33326	FL	12634	1053348276	1538510862	314.00	188.00	6	GP	N		Y	1	N		Y	1
2011138164	VERARDI DENTAL	MARY	VERARDI	917 RINEHART RD	LAKE MARY	FL	32746	FL	16615	1417903485	1750427852	3,930.00	115.00	9	GP	N		Y	1	N		Y	1
2012257540	PERFECT SMILE DENTISTRY II LLC	RASMI	AKEL	7593 BOYNTON BEACH BLVD	BOYNTON BEACH	FL	33437	FL	15799	1801937594	1790804649	1,537.00	616.00	11	GP	N		Y	1	N		Y	1
201260671	KERI A SHENKER DMD	KERI	SHENKER	201 N UNIVERSITY DR	PLANTATION	FL	33324	FL	16444	1346242468	1346242468	1,502.00	960.50	13	GP	N		N		Y	1	Y	1
201272092	CDPG PA	ANJAY	KALRA	1451 SEBASTIAN BLVD	SEBASTIAN	FL	32958	FL	15428	1457364044	1720257504	358.00	260.00	5	GP	N		Y	2	N		Y	2
201272092	CDPG PA	ANJAY	KALRA	2710 SE 17TH ST	OCALA	FL	34471	FL	15428	1457364044	1720257504	436.00	358.00	5	GP	N		Y	2	N		Y	2
201272092	CDPG PA	COLLEEN	IVERSON	2710 SE 17TH ST	OCALA	FL	34471	FL	25264	1386273878	1720257504	108.00	79.00	2	GP	N		Y	2	N		Y	2
201272092	CHRISTIE DENTAL PARTNERS PA	ANJAY	KALRA	1451 SEBASTIAN BLVD	SEBASTIAN	FL	32958	FL	15428	1457364044	1720257504	421.00	319.00	7	GP	N		Y	1	N		Y	1
201272092	CHRISTIE DENTAL PARTNERS PA	ANJAY	KALRA	2710 SE 17TH ST	OCALA	FL	34471	FL	15428	1457364044	1720257504	85.00	71.00	1	GP	N		Y	1	N		Y	1
201272092	CHRISTIE DENTAL PARTNERS PA	ILONA	ZIATYK	2710 SE 17TH ST	OCALA	FL	34471	FL	24164	1912566571	1720257504	228.00	185.00	2	GP	N		Y	1	N		Y	1
201291023	DANIEL S LAUER DMD PA	DANIEL	LAUER	3535 MILITARY TRAIL	JUPITER	FL	33458	FL	DN15685	1568541290	1568541290	103.00	37.00	1	PE	N		N		Y	1	Y	1
201577593	PETER SCERBO DDS	PETER	SCERBO	255 SE 14TH ST	FORT LAUDERDALE	FL	33316	FL	16840	1033248554	1033248554	407.00	142.00	4	GP	N		N		Y	2	Y	2
201577593	PETER SCERBO DDS	PETER	SCERBO	255 SE 14TH ST STE 1A	FORT LAUDERDALE	FL	33316	FL	16840	1033248554	1033248554	7,739.20	1,427.80	59	GP	N		N		Y	2	Y	2
201577593	PETER SCERBO DDS			255 SE 14TH ST	FORT LAUDERDALE	FL	33316		0	1134319775	1033248554	2,377.00	43.00	2	GP	N		N		Y	2	Y	2
201577593	PETER SCERBO DDS			255 SE 14TH ST STE 1A	FORT LAUDERDALE	FL	33316		0	1043597214	1033248554	4,668.00	0.00	2	GP	N		N		Y	2	Y	2
201641040	GRAYHILLS AND MOHI			250 PROFESSIONAL WAY	WELLINGTON	FL	33414		0	1942363288	1942363288	288.00	288.00	5		N		N		N		N	
201677120	HOWARD B SHULLMAN DMD PA	DOMINIC	MOREL-MAYNARD	9859 LAKE WORTH RD	WELLINGTON	FL	33467	FL	21761	1073800520	1073800520	3,481.00	1,491.80	10	OS	N		N		Y	2	Y	2
201677120	HOWARD B SHULLMAN DMD PA			9859 LAKE WORTH RD	WELLINGTON	FL	33467		15742	1922157437	1922157437	3,164.48	1,868.63	12	OS	N		N		Y	5	Y	5
201741128	PEDIATRIC DENTAL SPECIALISTS LLC INC	TRICIA	ALTSCHULER	9291 GLADES RD	BOCA RATON	FL	33434	FL	16655	1780877175	1780877175	308.00	294.00	5	PD	N		N		Y	1	Y	1
201771667	UTTMA S DHAM DMD PA	UTTMA	DHAM	51 NW 100TH AVE	PLANTATION	FL	33324	FL	16314	1578719423	1578719423	7,535.00	3,806.80	68	GP	N		N		Y	2	Y	2
201800497	MAYCO DENTAL PA	JUAN	CERRUTTI	9449 SHERIDAN ST	COOPER CITY	FL	33024	FL	24614	1992233167	1023137429	558.00	218.00	7	GP	Y	2	Y	2	N		Y	2
201800497	MAYCO DENTAL PA	MAY	YAZJI COREY	9449 SHERIDAN ST	COOPER CITY	FL	33024	FL	16888	1801932694	1023137429	549.00	294.00	8	GP	Y	2	Y	2	N		Y	2
201823255	JAXOMS PA	ZANE	KHAN	14453 BEACH BLVD	JACKSONVILLE BEACH	FL	32250	FL	15038	1851447247	1851447247	9,407.00	1,366.00	16	OS	Y	2	Y	2	N		Y	2
201913723	AFFORDABLE DENTAL CENTER OF WEST	SABA	RIZVI	11941 W SUNRISE BLVD	PLANTATION	FL	33323	FL	15321	1174703300	1174703300	18,463.00	3,666.00	41	GP	N		N		Y	2	Y	2
201951053	PAYNE & PAYNE DENTISTRY LLC	ALTON	STONE	3015 JEFFERSON ST	MARIANNA	FL	32446	FL	25344	1104436369	1619079720	2,812.00	1,428.00	15	GP	N		Y	1	N		Y	1
202043193	THOMAS A GALINIS DMD			2812 SW MAPP RD	PALM CITY	FL	34990		0	1043411234	1043411234	4,936.00	1,609.00	22		N		N		N		N	
202058007	PLANTATION DENTAL ASSOCIATES PL	BRENT	HERBERT	10080 NW 1ST CT	PLANTATION	FL	33324	FL	17136	1770539231	1093806028	12,514.00	6,373.20	128	GP	Y	1	Y	1	N		Y	1
202058007	PLANTATION DENTAL ASSOCIATES PL	MARI	TAKEDA	10080 NW 1ST CT	PLANTATION	FL	33324	FL	18436	1790916849	1093806028	8,662.56	4,672.96	67	GP	Y	1	Y	1	N		Y	1
202058007	PLANTATION DENTAL ASSOCIATES PL	MARY	PALENZUELA	10080 NW 1ST CT	PLANTATION	FL	33324	FL	14352	1366498990	1093806028	10,907.04	6,290.64	120	GP	Y	1	Y	1	N		Y	1
202197409	CHAD LALSINGH DMD PA	CHAD	LALSINGH	240 W PALMETTO PARK RD	BOCA RATON	FL	33432	FL	16380	1295871382	1295871382	3,261.00	0.00	3	PE	N		N		Y	1	Y	1
202277129	SAGE DENTAL OF BOYNTON BEACH PA	GABY	SLEMENT	6626 HYPOLUXO RD	LAKE WORTH	FL	33467	FL	20294	1790980415	1790980415	580.00	349.00	13	GP	Y	1	Y	1	N		Y	1
202287586	BELLEFONTE CHILDREN'S DENTISTRY	JENNIFER	HUGHES	1879 VETERANS PARK DR	NAPLES	FL	34109	FL	20970	1477997245	1477997245	1,769.00	838.20	23	PD	N		N		Y	2	Y	2
202331928	MICHEL MATOUK MD DDS	CARLO	GUEVARA	2600 E COMMERCIAL BLVD	FORT LAUDERDALE	FL	33308	FL	20097	1851602734	1730241654	6,999.80	657.60	18	OS	Y	2	Y	2	N		Y	2
202331928	MICHEL MATOUK MD DDS	MICHEL	MATOUK	2600 E COMMERCIAL BLVD	FORT LAUDERDALE	FL	33308	FL	15692	1669419461	1730241654	3,256.00	975.68	4	OS	Y	5	Y	2	N		Y	2
202380164	MARIA FIGUEREDO DMD	MARIA	FIGUEREDO	9016 NW 25TH ST	DORAL	FL	33172	FL	16963	1144313602	1144313602	382.00	139.00	4	GP	N		Y	2	N		Y	2
202458040	RICHARD KARAM DDS PA	RICHARD	KARAM	7100 PINES BLVD	PEMBROKE PINES	FL	33024	FL	16249		1013183011	1,032.00	356.00	15	GP	N		N		Y	1	Y	1
202669320	WATERWAYS DENTAL PA	ERIC	ALVAREZ	6240 CORAL RIDGE DR	CORAL SPRINGS	FL	33076	FL	15919	1326237454	1326237454	754.00	87.20	6	GP	Y	2	Y	2	N		Y	2
202811512	ANIA CABRERIZO DMD	CHRISTINA	PUIG	4410 W 16 AVE	HIALEAH	FL	33012	FL	22180	1679954788	1972854149	232.00	60.94	1	PD	Y	2	Y	2	N		Y	2
202811512	ANIA CABRERIZO DMD	LIZZA	RIVERA DEL TORO	4410 W 16 AVE	HIALEAH	FL	33012	FL	21702	1053381988	1972854149	232.00	60.94	1	PD	Y	2	Y	2	N		Y	2
202870310	TIMOTHY J PRUETT DMD PL			15820 DORA AVE	TAVARES	FL	32778		0	1699832618	1699832618	18,245.11	2,337.51	23	GP	N		Y	5	N		Y	5
202915960	DENTAL NOW OF PALM SPRINGS LLC	KELLY	GONZALEZ	8000 W BROWARD BLVD	PLANTATION	FL	33388	FL	20710	1376766568	1376766568	1,688.00	537.00	21	GP	Y	2	Y	2	N		Y	2
202915960	DENTAL NOW OF PALM SPRINGS LLC	LAURIE	GITTESS	8000 W BROWARD BLVD	PLANTATION	FL	33388	FL	13474	1376766568	1376766568	1,299.96	496.80	9	OR	Y	2	Y	2	N		Y	2
202915960	DENTAL NOW OF PALM SPRINGS LLC	MARSHALL	MOINI	8000 W BROWARD BLVD	PLANTATION	FL	33388	FL	24529	1376766568	1376766568	395.00	103.00	7	GP	Y	2	Y	2	N		Y	2
202915960	DENTAL NOW OF PALM SPRINGS LLC			8000 W BROWARD BLVD	PLANTATION	FL	33388		ZZZZ	1376766568	1376766568	200.00	0.00	2	GP	Y	5	Y	5	N		Y	5
202915960	DENTAL NOW OF PALM SPRINGS LLC	ZELJKA	LICINA	8000 W BROWARD BLVD	PLANTATION	FL	33388	FL	20101	1376766568	1376766568	175.00	56.00	4	GP	Y	2	Y	2	N		Y	2
202996316	BRIAN K BONS DDS			2210 N FLAMINGO RD	PEMBROKE PINES	FL	33028		0	1093998619	1093998619	2,566.80	1,283.40	8		N		N		N		N	
203141319	JAMES KERNS DMD PLLC	DORY	GREEN	6905 W BROWARD BLVD	PLANTATION	FL	33317	FL	19577	1538459409	1659584209	7,633.00	2,719.00	51	GP	Y	1	Y	1	N		Y	1
203230151	TRAVIS BENNETT DDS	TRAVIS	BENNETT	102965 OVERSEAS HWY	KEY LARGO	FL	33037	FL	17122	1790889251	1790889251	417.00	346.00	4	GP	N		N		Y	2	Y	2
203344873	ANTHONY J APICELLA DMD	ANTHONY	APICELLA	1037 S STATE RD 7	WELLINGTON	FL	33414	FL	16126	1700912169	1700912169	3,882.00	845.00	16	GP	N		Y	2	N		Y	2
203344873	ANTHONY J APICELLA DMD	SHANE	ZACHAREWICZ	1037 S STATE RD 7	WELLINGTON	FL	33414	FL	18547	1417294612	1700912169	6,002.00	1,733.00	18	GP	N		Y	2	N		Y	2
203404121	REZA ARDALAN DMD PA	AMIR REZA	ARDALAN	130 SW CHAMBER CT	PORT SAINT LUCIE	FL	34986	FL	16127	1093873820	1093873820	1,249.00	717.00	18	PD	N		N		Y	1	Y	1
203404121	REZA ARDALAN DMD PA	ANDREW	NICKEL	130 SW CHAMBER CT	PORT SAINT LUCIE	FL	34986	FL	24756	1730616970	1093873820	5,492.00	3,197.14	52	GP	N		N		Y	1	Y	1
203427385	MARIO A KU DDS PA	MARIO	KU-TORRES	5180 SW 34TH ST	GAINESVILLE	FL	32608	FL	16000	1376613901	1376613901	8,219.00	808.50	15	GP	N		Y	6	N		Y	6
203538298	SELECTIVE DENTAL INC	DANIEL	PEGUERO	3401 S CONGRESS AVE	PALM SPRINGS	FL	33461	FL	14643	1952442097	1952442097	476.00	188.00	4	GP	N		Y	1	N		Y	1
203607383	NEW IMAGE DENTISTRY OF ST LUCIE	KAMINI	TALATI	638 S W BAYSHORE BOULEVARD	PORT SAINT LUCIE	FL	34983	FL	16082	1861429185	1861429185	10,398.00	1,080.00	27	GP	N		Y	1	N		Y	1
203700848	NICHOLAS J MARCIANO DMD	NICHOLAS	MARCIANO	26711 DUBLIN WOODS CIRCLE	BONITA SPRINGS	FL	34135	FL	16569	1043438278	1437424710	354.00	149.00	4	GP	N		Y	2	N		Y	2
203729334	MAIN STREET CHILDRENS DENTISTRY OF	CAROLINA	AKERMAN	19084 NE 29TH AVE	AVENTURA	FL	33180	FL	17117	1205924560	1083726335	698.00	337.00	12	PD	Y	2	Y	2	N		Y	2
203729334	MAIN STREET CHILDRENS DENTISTRY OF	STEVEN	BERKOWITZ	19086 NE 29TH AVE	AVENTURA	FL	33180	FL	17208	1982853339	1851496236	1,371.60	0.00	3	PE	Y	2	Y	2	N		Y	2
203736502	MAIN STREET CHILDRENS DENTISTRY AND	CAROLINA	AKERMAN	7115 W BROWARD BLVD	PLANTATION	FL	33317	FL	17117	1205924560	1437566494	1,603.80	599.00	26	PD	Y	2	Y	2	N		Y	2
203736502	MAIN STREET CHILDRENS DENTISTRY AND	DAVID	LUTHER	7115 W BROWARD BLVD	PLANTATION	FL	33317	FL	DN23779	1710535349	1437566494	710.40	334.00	11	PD	Y	2	Y	2	N		Y	2
203791829	THE DENTAL PLACE INC	SHARON	ROBINSON	6738 W SUNRISE BLVD STE 105	PLANTATION	FL	33313	FL	16911	1730255100	1730255100	14,499.00	4,561.40	88	GP	N		Y	1	N		Y	1
203965948	SAMEER SAJOO			3471 W FEDERAL HWY	FORT LAUDERDALE	FL	33306		16208	1134149651	1134149651	698.00	538.00	8		N		N		N		N	
203993947	JEREMY GERBER DMD PA	JEREMY	GERBER	1332 SE 17TH ST	FORT LAUDERDALE	FL	33316	FL	16721	1568588581	1568588580	3,989.95	1,159.05	30	GP	Y	1	Y	1	N		Y	1
204002271	TREVISAN ORAL SURGEY & DENTAL IMPLANT CTR			929 N HWY 441 27	LADY LAKE	FL	32159			1740325794	1740325794	1,065.00	429.00	4	OS	Y	4	Y	4	N		Y	4
204002271	TREVISAN ORAL SURGEY & DENTAL IMPLANT CTR			929 N HWY 441 27	LEESBURG	FL	34748		0	1740325794	1740325794	165.00	165.00	2	OS	Y	4	Y	4	N		Y	4
204014518	NORMANDY DENTISTRY	GUNJAN	HARMANI	7885 NORMANDY BLVD	JACKSONVILLE	FL	32221	FL	24695	1407978075	1306891213	319.00	140.00	7	GP	N		Y	5	N		Y	5
204014518	NORMANDY DENTISTRY	VAN	CHE	7885 NORMANDY BLVD	JACKSONVILLE	FL	32221	FL	26068	1891364311	1306891213	179.00	104.00	2	GP	N		Y	1	N		Y	1
204086611	GATEWAY DENTAL INC	PABLO	MIRANDA	2375 SW 27TH AVE	MIAMI	FL	33145	FL	15212	1023036365	1184925653	372.00	148.00	1	GP	Y	1	Y	1	N		Y	1
204086611	GATEWAY DENTAL INC	VICTORIA	HERRERA	2375 SW 27TH AVE	MIAMI	FL	33145	FL	18302	1114185550	1184925653	3,521.00	1,352.00	16	GP	Y	1	Y	1	N		Y	1
204100112	ALL SMILES ORTHODONTICS PA	REBECA	POWER	900 SE OCEAN BLVD	STUART	FL	34994	FL	16817	1558415851	1558415851	7,662.50	1,790.00	27	OR	Y	1	Y	1	N		Y	1
204132428	SOFI DENTAL CARE & SPA	ARDAVAN	SAIDI	119 WASHINGTON AVE	MIAMI BEACH	FL	33139	FL	16061	1922296524	1922296524	1,572.00	219.20	4	GP	Y	1	Y	1	N		Y	1
204306491	AT TAWHEED DENTAL CORP	FADI	KABLAWI	888 NE 126TH ST STE 203	NORTH MIAMI	FL	33161	FL	17359	1922052844	1922052844	3,420.00	1,291.40	16	GP	N		N		Y	2	Y	2
204361864	SYLVAN FAIN DDS PA	DAVID	SKAFF	11645 BISCAYNE BLVD	MIAMI	FL	33181	FL	12071	1134564065	1285957860	914.00	477.00	9	GP	N		Y	1	N		Y	1
204399325	AUSTIN SMITH DDS			1240 N UNIVERSITY DR	PLANTATION	FL	33322		14156	1669673273	1669673273	200.00	100.00	3		N		N		N		N	
204476053	PINE ISLAND DENTAL	THOMAS	ZURFLUH	8850 W STATE ROAD 84	DAVIE	FL	33324	FL	13443	1457400665	1457400665	295.00	152.00	2	GP	N		Y	1	N		Y	1
204495878	MILAN L KHAKHRIA DMD MS PA	RENE	LANDA	18503 PINES BLVD	PEMBROKE PINES	FL	33029	FL	18735	1215166368	1043677925	2,847.00	736.40	39	PD	Y	2	Y	2	N		Y	2
204587282	DIXON AND DIXON INC	SCOTT	DIXON	1620 SE 4TH AVE	FORT LAUDERDALE	FL	33316	FL	14286	1891810339	1891810339	3,595.00	1,595.10	10	GP	N		N		Y	2	Y	2
204623166	MAIN ST CHILDRENS DENT OF S BROWARD PA	ANA MARIA	GALLEGO	9900 STIRLING RD	COOPER CITY	FL	33024	FL	18718	1396034401	1891807160	1,541.60	690.00	16	PD	Y	1	Y	1	N		Y	1
204623166	MAIN ST CHILDRENS DENT OF S BROWARD PA	JORGE	VARGAS	9900 STIRLING RD	COOPER CITY	FL	33024	FL	16470	1154419349	1891807160	498.17	228.60	3	OR	Y	1	Y	1	N		Y	1
204917153	AUREL CIOBANU DDS	AUREL	CHEBANU	333 NW 70TH AVE	PLANTATION	FL	33317	FL	17416	1992885594	1447428107	1,780.00	1,053.00	9	GP	N		N		Y	1	Y	1
204973449	COOPER CITY FAMILY DENTISTRY	ALFREDO	MARTIN	5900 HIATUS RD	COOPER CITY	FL	33330	FL	15701	1588680292	1588680292	4,329.45	3,106.00	46	GP	N		N		Y	1	Y	1
204973978	MICHAEL S HARRIS DMD	MICHAEL	HARRIS	12794 FOREST HILL BLVD	WELLINGTON	FL	33414	FL	16357	1811940281	1811940281	9,804.00	3,050.92	28	OS	N		Y	1	N		Y	1
204989201	DOUGLAS B PHILLIPS DDS			1111 HENDERSONVILLE RD	ASHEVILLE	NC	28803		0	1053393116	1588903629	446.00	438.00	5		N		N		N		N	
205083198	LAWRENCE A HIER DDS MS	LAWRENCE	HIER	1232 W INDIANTOWN RD	JUPITER	FL	33458	FL	14311	1154491140	1154491140	4,541.63	1,743.00	10	OR	N		Y	2	N		Y	2
205146619	AVI SCHETRITT	AVI	SCHETRITT	1500 E HILLSBORO BLVD	DEERFIELD BEACH	FL	33441	FL	15240	1528165651	1528165651	2,483.00	860.80	5	PE	N		N		Y	2	Y	2
205146619	AVI SCHETRITT	CHRISTOPHER	DETURE	1500 E HILLSBORO BLVD	DEERFIELD BEACH	FL	33441	FL	14431	1114042272	1528165651	1,551.00	423.80	4	PE	N		N		Y	2	Y	2
205165515	NEW SUNSHINE DENTAL LLC	RODOLFO	TRIGUEROS	9145 SW 40TH ST	MIAMI	FL	33165	FL	17612	1134146186	1396061495	1,277.00	198.00	6	GP	N		Y	1	N		Y	1
205309414	CHANDY SAMUEL DDS PA	CHANDY	SAMUEL	12251 TAFT STREET	PEMBROKE PINES	FL	33026	FL	17317	1891917688	1891917688	1,764.00	662.40	12	OR	Y	2	Y	2	N		Y	2
205309414	CHANDY SAMUEL DDS PA	RESHMA	BADDALOO	12251 TAFT STREET	PEMBROKE PINES	FL	33026	FL	23446	1043704026	1043704026	1,804.00	413.00	28	GP	Y	2	Y	2	N		Y	2
205309414	CHANDY SAMUEL DDS PA	ROHIT	SHARMA	12251 TAFT STREET	PEMBROKE PINES	FL	33026	FL	18494	1679875207	1679875207	14,457.00	4,092.10	80	GP	Y	2	Y	2	N		Y	2
205309414	CHANDY SAMUEL DDS PA	ROSEMEEN	DAOOD	12251 TAFT STREET	PEMBROKE PINES	FL	33026	FL	18199	1649550310	1649550310	2,130.00	345.00	26	PE	Y	2	Y	2	N		Y	2
205319032	YANITZA DIXON DMD			212 SE 12TH ST	FORT LAUDERDALE	FL	33316		17598	1255453726	1255453726	5,816.00	2,310.80	26		N		N		N		N	
205350951	ALEXIS GLASER DMD PA			8964 TAFT ST	PEMBROKE PINES	FL	33024		0	1932437670	1932437670	735.00	625.00	11		N		N		N		N	
205407398	TIMOTHY P CHEN DMD PA	ALEXANDER	YADEGARI	12741 MIRAMAR PKWY	MIRAMAR	FL	33027	FL	23096	1902117435	1265815054	2,437.44	738.00	12	PD	Y	5	Y	2	N		Y	2
205407398	TIMOTHY P CHEN DMD PA	TIMOTHY	CHEN	12741 MIRAMAR PKWY	MIRAMAR	FL	33027	FL	16682	1467598292	1265815054	3,353.00	1,617.00	54	PD	Y	2	Y	2	N		Y	2
205495196	SONRIE DENTAL CARE P.A	SANDRA	GOMEZ-TRAINOR	1740 E COMMERCIAL BLVD	FORT LAUDERDALE	FL	33334	FL	16504	1326163114	1326163114	3,761.00	1,043.80	18	GP	N		Y	1	N		Y	1
205614193	NATALIA MARIA BENDA DDS	NATALIA	BENDA	6361 N ANDREWS AVE	FORT LAUDERDALE	FL	33309	FL	15626	1063514131	1063514131	17,129.66	6,201.66	102	GP	N		Y	2	N		Y	2
205880110	FIRST DENTAL PA			251 COMMERCIAL BLVD	LAUD BY SEA	FL	33308		0	1427190024	1427190024	1,704.00	1,380.00	28		N		N		N		N	
205974844	PAUL A HEINEMANN DDS PA			10187 CLEARY BLVD	PLANTATION	FL	33324		0	1053587923	1053587923	360.00	360.00	6		N		N		N		N	
208036431	GROSMAN & MARRANZINI PA	ALON	GROSMAN	4401 S FLAMINGO RD	DAVIE	FL	33330	FL	15664	1548392889	1548392889	9,440.50	2,592.60	39	OR	N		Y	1	N		Y	1
208036431	GROSMAN & MARRANZINI PA	ANDREA	BOUCHER	4401 S FLAMINGO RD	DAVIE	FL	33330	FL	19099	1497067094	1497067094	239.36	91.36	5	PD	N		Y	1	N		Y	1

208036431	GROSMAN & MARRANZINI PA	MARIA	MARRANZINI	4401 S FLAMINGO RD	DAVIE	FL	33330	FL	15203	1740354174	1740354174	4,345.00	1,331.00	61	PD	N		Y	1	N		Y	1
208214194	ANDRE GRENIER DMD PLLC	ANDRE	GRENIER	8200 W SUNRISE BLVD	PLANTATION	FL	33322	FL	16730	1295929040	1295929040	9,148.00	3,394.40	18	PE	N		Y	1	N		Y	1
208445461	EYAD SHEHADEH DDS PA	EYAD	SHEHADEH	973 N NOB HILL RD	PLANTATION	FL	33324	FL	17833	1750496261	1093966806	5,064.00	3,086.00	62	GP	N		Y	1	N		Y	1
208501256	HOWARD GOLDBERG DDS PA	HOWARD	GOLDBERG	4895 WINDWARD PASSAGE DR	BOYNTON BEACH	FL	33436	FL	17736	1225123763	1225123763	1,692.00	289.00	11	GP	N		Y	1	N		Y	1
208547656	CITY DENTAL	DAVID	PEREZ	8799 STIRLING RD	COOPER CITY	FL	33328	FL	12110	1944247323	1942427323	3,362.00	1,149.43	23	GP	N		N		Y	2	Y	2
208577828	URREA-FELDSBERG DDS	CHRISTINA	SMITH	12301 TAFT ST	PEMBROKE PINES	FL	33026	FL	17836	1104963149	1982772877	676.00	374.00	12	PD	N		Y	2	N		Y	2
208577828	URREA-FELDSBERG DDS	HELENA	URREA-FELDSBERG	12301 TAFT ST	PEMBROKE PINES	FL	33026	FL	16226	1982772877	1982772877	467.00	260.00	7	PD	N		Y	2	N		Y	2
208577828	URREA-FELDSBERG DDS	HELENA	URREA-FELDSBERG	4420 SHERIDAN ST	HOLLYWOOD	FL	33021	FL	16226	1982772877	1982772877	1,203.00	699.00	23	PD	N		Y	2	N		Y	2
208737121	DAVID B KAGAN DDS	DARSHAN	PANCHAL	9789 GLADES RD	BOCA RATON	FL	33434	FL	20477	1992044960	1366657264	103.00	0.00	1	GP	N		N		Y	2	Y	2
208737121	DAVID B KAGAN DDS	FARAEL	VORONA	9789 GLADES RD	BOCA RATON	FL	33434	FL	DN24998	1134737109	1366657264	255.00	237.00	4	GP	N		N		Y	3	Y	3
208737121	DAVID B KAGAN DDS	THAIS	ROSALES	9789 GLADES RD	BOCA RATON	FL	33434	FL	25186	1700404233	1366657264	103.00	85.00	1	GP	N		N		Y	2	Y	2
208737121	DAVID B KAGAN DDS			9789 GLADES RD	BOCA RATON	FL	33434		0	1700404233	1366657264	368.00	368.00	6	GP	N		N		Y	4	Y	4
208754293	MICHAEL J ROSEFF DMD LLC	MICHAEL	ROSEFF	8784 BOYNTON BEACH BLVD	BOYNTON BEACH	FL	33472	FL	16835	1457494213	1457494213	1,645.00	1,037.00	26	PD	N		Y	2	N		Y	2
208793584	BRADLEY SANTELLI	BRAD	SANTELLI	3319 S STATE ROAD 7	WELLINGTON	FL	33449	FL	17283	1194057620	1194057620	11,305.00	2,843.00	45	OS	Y	5	Y	5	N		Y	5
208937577	CENTENE MANAGEMENT			CENTENE MANAGEMENT	CHICAGO	IL	60689					95.00	8.80	1		N		N		N		N	
223703976	MANKAME DIPAK DDS PA SAGD	DIPAK	MANKAME	300 NW 70TH AVE	PLANTATION	FL	33317	FL	8570	1609047596	1609047596	4,256.00	2,171.60	27	GP	N		Y	2	N		Y	2
223868692	DR RICHARD OKLIN	RICHARD	OKLIN	6805 PEMBROKE RD	PEMBROKE PINES	FL	33023	FL	16012	1679699615	1679699615	4,117.00	977.00	18	GP	N		Y	1	N		Y	1
251255715	JOSEPH R LADNER DMD MS INC			701 N HERMITAGE RD STE 1	HERMITAGE	PA	16148		028488	1568475705	1568475705	150.00	91.00	1		N		N		N		N	
251399828	SUSAN CALDERBANK DMD	SUSAN	CALDERBANK	43 CLINTON ST	GREENVILLE	PA	16125	PA	020035	1598854291	1598854291	228.00	97.00	4	GP	N		Y	1	N		Y	1
260090201	MARC L. ANDERSON, DDS	MARC	ANDERSON	9940 BELVEDERE RD	ROYAL PALM BCH	FL	33411	FL	16898	1669592598	1669592598	5,820.00	1,687.00	49	GP	N		Y	2	N		Y	2
260090201	MARC L. ANDERSON, DDS	MARC	ANDERSON	9940 BELVEDERE RD STE E	WEST PALM BEACH	FL	33411	FL	16898	1669592598	1669592598	276.00	53.00	1	GP	N		Y	2	N		Y	2
260146766	BRIAN P RASK DMD PA	BRIAN	RASK	1 NE 23 AVE	POMPANO BEACH	FL	33062	FL	16824	1568670354	1568670354	1,253.00	806.60	9	GP	N		N		Y	1	Y	1
260178417	OMS CORP PA	RAMON	PEREZ	10173 W SUNRISE BLVD	PLANTATION	FL	33322	FL	16203	1114138617	1609036037	1,105.00	205.00	5	OS	Y	2	Y	2	N		Y	2
260249041	CNGY DENTAL INC	GLORIA	NIETO	5937 SHERIDAN ST	HOLLYWOOD	FL	33021	FL	16408	1124233648	1124233648	1,334.00	548.40	13	GP	N		Y	2	N		Y	2
260257667	LARYSA K SMITH ENTERPRISE INC	LARYSA	SMITH	11435 W PALMETTO PARK RD	BOCA RATON	FL	33428	FL	17497	1710036819	1710036819	457.00	233.00	5	GP	Y	2	Y	2	N		Y	2
260361664	POMPANO FAMILY DENTAL	GISELE	OLIVEIRA	2000 NE 44TH ST	LIGHTHOUSE PT	FL	33064	FL	17484	1962692996	1962692996	1,268.00	590.60	13	GP	N		N		Y	1	Y	1
260419919	DR MATTHEW LEVI HUNT DMD	MATTHEW	HUNT	1730 HWY 14 E	LANDRUM	SC	29356	SC	4194	1861522682	1366606675	133.00	125.00	2	GP	N		N		Y	2	Y	2
260419919	DR MATTHEW LEVI HUNT DMD	VIRGINIA	TODD	1730 HWY 14 E	LANDRUM	SC	29356	SC	9154	1376039461	1366606675	195.00	174.00	3	GP	N		N		Y	2	Y	2
260518079	DENTAL ASSOCIATES OF HOLLYWOOD PA	YEGANEH	REZAIE	3801 HOLLYWOOD BLVD	HOLLYWOOD	FL	33021	FL	19415	1043506041	1265627657	5,418.00	1,619.00	18	GP	Y	1	Y	1	N		Y	1
260536901	BRIANNE C DESANTIS DMD MS PL	BRIANNE	DESANTIS	106 N OLD KINGS RD	ORMOND BEACH	FL	32174	FL	17127	1528394129	1528394129	2,800.00	1,375.00	11	OR	N		N		Y	2	Y	2
260622898	W MICHAEL INGALLS DDS	CHRISTOPHER	INGALLS	245 WAYMONT CT	LAKE MARY	FL	32746	FL	DN18998	1003186529	1003186529	1,910.00	1,133.35	32	PD	N		N		Y	2	Y	2
260642958	U FIRST DENTAL			100 N STATE ROAD 7 STE 200A	MARGATE	FL	33063		0	1366657140	1366657140	742.00	583.00	10		N		N		N		N	
260764708	DR TAMARA ROJAS DMD PA	TAMARA	ROJAS	5000 HOLLYWOOD BLVD	HOLLYWOOD	FL	33021	FL	16433	1245211317	1245211317	168.00	125.00	2	PE	N		Y	1	N		Y	1
260834365	FINE DENTISTRY OF DOWNTOWN ORLANDO	AILEEN	TRIVEDI	429 N FERN CREEK AVE	ORLANDO	FL	32803	FL	16463	1972562742	1740477181	1,400.00	436.60	12	GP	N		Y	1	N		Y	1
260849265	FORT LAUDERDALE OMS PA	ROLAND	HERNANDEZ	1625 SE 3RD AVE	FORT LAUDERDALE	FL	33316	FL	16358	1427259431	1427259431	2,515.00	1,143.00	3	OS	Y	6	Y	6	N		Y	6
260849265	FORT LAUDERDALE OMS PA	ROLAND	HERNANDEZ	2000 S ANDREWS AVE	FORT LAUDERDALE	FL	33316	FL	16358	1427259431	1427259431	21,522.00	5,807.91	60	OS	Y	1	Y	1	N		Y	1
261147142	BRADLEY GINZLER DDS	BRADLEY	GINZLER	1590 NW 10TH AVE	BOCA RATON	FL	33486	FL	17375	1982709671	1982709671	340.00	42.00	4	EN	N		Y	2	N		Y	2
261147142	BRADLEY GINZLER DDS	BRADLEY	GINZLER	2929 N UNIVERSITY DR	CORAL SPRINGS	FL	33065	FL	17375	1982709671	1730560483	159.00	100.00	3	EN	N		Y	2	N		Y	2
261147142	BRADLEY GINZLER DDS	BRADLEY	GINZLER	2929 N UNIVERSITY DR STE 102	CORAL SPRINGS	FL	33065	FL	17375	1982709671	1730560483	1,432.00	918.00	4	EN	N		Y	2	N		Y	2
261172646	DENTAL OPTIONS PA	CRISTINA	HERNANDEZ ACOSTA	2999 NE 191ST ST	AVENTURA	FL	33180	FL	20922	1255731246	1922385343	410.00	201.00	4	GP	Y	1	Y	1	N		Y	1
261172646	DENTAL OPTIONS PA	SHMUEL	STERN	11645 BISCAYNE BLVD	N MIAMI	FL	33181	FL	16076	1821151812	1922385343	1,194.00	281.00	4	PE	Y	1	Y	1	N		Y	1
261172646	DENTAL OPTIONS PA	STEPHEN	MANGAN	2999 NE 191ST ST	AVENTURA	FL	33180	FL	18777	1316260854	1922385343	166.00	65.00	1	EN	Y	1	Y	1	N		Y	1
261365336	ROBERT J SHELLING DMD PA	ROBERT	SHELLING	19615 STATE ROAD 7 STE 33	BOCA RATON	FL	33498	FL	17192	1225210545	1225210545	3,650.00	1,038.00	9	OR	Y	2	Y	2	N		Y	2
261573822	ORAL FACIAL COMPREHENSIVE CARE PLLC	GIANNY	MONTENEGRO	3483 NE 163RD ST	NORTH MIAMI BEACH	FL	33160	FL	20788	1093123861	1639357544	488.00	294.00	7	GP	N		Y	1	N		Y	1
261651421	KOZLOWSKI ORTHODONTICS			156 BOSTON POST RD	EAST LYME	CT	06333			1043747116	1740613165	1,645.12	822.56	1		N		N		N		N	
261669042	MARGO BRILLIANT DDS	JEFF	ROTHENBERG	18851 NE 29TH AVE	AVENTURA	FL	33180	FL	15735	1770777245	1932314895	1,884.49	555.60	2	OR	N		Y	2	N		Y	2
261669042	MARGO BRILLIANT DDS	MARGO	BRILLIANT	18851 NE 29TH AVE	AVENTURA	FL	33180	FL	9558	1144228404	1144228404	4,318.66	1,223.20	15	OR	N		Y	2	N		Y	2
261756736	DYNAMIC PEDIATRIC DENTISTRY FOR CHILDREN PLC	CINDY	WILSON	3305 SE FEDERAL HWY	STUART	FL	34997	FL	17725	1023196797	1013237411	418.00	206.00	5	PD	Y	1	Y	1	N		Y	1
261763371	JUSTIN A DEVACK	JUSTIN	DEVACK	4600 W COMMERCIAL BLVD	TAMARAC	FL	33319	FL	18210	1346411428	1346411428	739.00	330.00	11	GP	N		N		Y	1	Y	1
262075973	WHITE SMILES OF BOCA PA	KERRI	WHITE	200 W PALMETTO PARK RD	BOCA RATON	FL	33432	FL	17502	1629111596	1629111596	4,355.00	1,896.80	59	GP	N		Y	1	N		Y	1
262119766	G GLENN BUCHANAN DDS	G GLENN	BUCHANAN	999 THIRD AVE	SEATTLE	WA	98104	WA	6807	1649344870	1083047989	4,242.00	680.00	15	GP	N		Y	2	N		Y	2
262347702	NATASHA HABIB DDS PS	LINDA	CIRTAUT	1025 153RD ST SE	MILL CREEK	WA	98012	WA	00005233	1245309855	1821174517	377.00	264.00	3	GP	N		Y	2	N		Y	2
262347702	NATASHA HABIB DDS PS	NATASHA	HABIB	1025 153RD ST SE	MILL CREEK	WA	98012	WA	00009369	1821174517	1821174517	589.00	0.00	1	GP	N		Y	2	N		Y	2
262858769	PETTIS & SHEPARD DENTASTIC DENTAL CENTER LLC	CYRUS	PETTIS	2747 E ATLANTIC BLVD	POMPANO BEACH	FL	33062	FL	7571	1508071192	1508071192	174.00	76.00	2	GP	Y	2	Y	2	N		Y	2
262858769	PETTIS & SHEPARD DENTASTIC DENTAL CENTER LLC			1511 SE 15TH CT	DEERFIELD BEACH	FL	33441		0	1508071192	1508071192	49.00	49.00	1	GP	Y	16	Y	16	N		Y	16
262916317	RICHARD S LEIDERMAN	RICHARD	LEIDERMAN	7390 NW 5TH ST	PLANTATION	FL	33317	FL	6881	1902933021	1902933021	3,616.00	1,163.20	6	PE	Y	1	Y	1	N		Y	1
262958971	RAUL COOK DDS PA	RAUL	COOK	3020 NE 32ND AVE	FORT LAUDERDALE	FL	33308	FL	18465	1720241797	1720241797	24,859.60	4,068.60	48	PE	Y	1	Y	1	N		Y	1
262961201	ELI ABBO DMD PA	BILL	ABBO	3031 NE 163RD ST	NORTH MIAMI BEACH	FL	33160	FL	DN17781	1720147853	1629284575	559.00	274.00	5	PR	N		Y	2	N		Y	2
263005908	SAGE DENTAL OF COCONUT CRK PLLC	ADI	SUTA	5463 LYONS RD	COCONUT CREEK	FL	33073	FL	20174	1457791816	1700034600	1,648.00	914.00	28	PD	Y	1	Y	1	N		Y	1
263005908	SAGE DENTAL OF COCONUT CRK PLLC	BEATRIZ	DUARTE	5463 LYONS RD	COCONUT CREEK	FL	33073	FL	18475	1144477084	1700034600	9,695.60	2,981.60	51	GP	Y	1	Y	1	N		Y	1
263005908	SAGE DENTAL OF COCONUT CRK PLLC	FREDERICKA	SALBO	5463 LYONS RD	COCONUT CREEK	FL	33073	FL	21036	1639560543	1700034600	2,852.00	0.00	6	EN	Y	1	Y	1	N		Y	1
263005908	SAGE DENTAL OF COCONUT CRK PLLC	JASON	ZYLBERING	5463 LYONS RD	COCONUT CREEK	FL	33073	FL	18248	1891957601	1700034600	242.00	163.00	2	GP	Y	1	Y	1	N		Y	1
263005908	SAGE DENTAL OF COCONUT CRK PLLC	NINA	CUNNINGHAM	5463 LYONS RD	COCONUT CREEK	FL	33073	FL	20076	1861870917	1700034600	93.00	84.00	1	PE	Y	1	Y	1	N		Y	1
263069066	CHRISTIAN ROULEAU	CHRISTIAN	ROULEAU	104 SE 1ST ST	FT LAUDERDALE	FL	33301	FL	18541	1699756502	1699756502	1,308.00	788.00	4	PD	Y	13	Y	1	N		Y	1
263126969	CASSIA BARROS DDS PA	CASSIA	BARROS	824 SE 8TH AVE	DEERFIELD BEACH	FL	33441	FL	16522	1417037706	1417037706	264.00	104.00	6	PD	Y	1	Y	1	N		Y	1
263172953	DEBORAH FERRER DMD PA	DANA	FAHEY	16223 MIRAMAR PARKWAY	MIRAMAR	FL	33027	FL	12687	1265617617	1790050417	598.10	250.10	8	GP	N		Y	2	N		Y	2
263179150	R EDWARD DANIEL DMD	ROBERT	DANIEL	3961 SPANISH TRL RD	PENSACOLA	FL	32504	FL	9186	1295951457	1295951457	140.00	101.00	2	GP	N		N		Y	2	Y	2
263201611	ARVEEN H ANDALIB DDS PA	ARVEEN	ANDALIB	1411 S UNIVERSITY DR	PLANTATION	FL	33324	FL	18347	1003054040	1003054040	4,367.00	697.60	16	GP	Y	2	Y	2	N		Y	2
263291016	AMERICAN DNTL OF FLORIDA-MARGATE	HELEM	GUTIERREZ	1605 N STATE RD 7	MARGATE	FL	33063	FL	22874	1679095905	1689987026	765.00	351.00	7	GP	Y	1	Y	1	N		Y	1
263295828	CYNTHIA A BROWN	CYNTHIA	BROWN	1800 N FEDERAL HWY	POMPANO BEACH	FL	33062	FL	14067	1316142706	1316142706	1,946.00	1,134.60	23	GP	N		Y	2	N		Y	2
263330682	DAVID PRUSAKOWSKI			9291 GLADES RD	BOCA RATON	FL	33434		18422	1174739361	1174739361	624.00	314.40	1	EN	N		N		Y	9	Y	9
263394448	GENTLE DENTISTRY OF TAMARAC	MANAL	HILALI	10151 W COMMERCIAL BLVD	TAMARAC	FL	33351	FL	18133	1770775884	1770775884	6,998.00	3,274.80	40	GP	Y	1	Y	1	N		Y	1
263512829	AMELIA ISLAND DENTAL	JENNIFER	VIENNEAU	829 S 14TH ST	FER BCH	FL	32034	FL	16871	1801977483	1801977483	8,596.00	438.00	19	GP	N		Y	1	N		Y	1
263648557	PENSACOLA ENDODONTICS LLC	SIDNEY	ROSENTHAL	3298 SUMMIT BLVD	PENSACOLA	FL	32503	FL	14371	1104005008	1255567715	1,477.00	856.00	2	GP	N		Y	1	N		Y	1
263699117	MAX ZASLAVSKY DMD PA	MAX	ZASLAVSKY	6451 N FEDERAL HWY	FORT LAUDERDALE	FL	33308	FL	16890	1457413304	1457413304	204.00	142.00	2	GP	N		Y	2	N		Y	2
263703779	VERRETT HOLISTIC DENTAL LLC	HAJAR	HASAN VERRETT	3058 NW 79TH ST	MIAMI	FL	33147	FL	18479	1386894715	1386894715	206.00	96.00	2	GP	Y	2	Y	2	N		Y	2
263766926	ADAM BARBAG DMD PA	ADAM	BARBAG	1720 N UNIVERSITY DR	CORAL SPRINGS	FL	33071	FL	18122	1972701209	1972701209	4,723.00	1,775.00	31	GP	N		Y	1	N		Y	1
263835251	JACKSON & JOYCE FAMILY DENTISTRY LLP	JOSEPH	JOYCE	1910 SE 18TH AVE	OCALA	FL	34471	FL	15185	1164493078	1447483524	426.00	266.00	4		N		N		N		N	
263835251	JACKSON & JOYCE FAMILY DENTISTRY LLP	SCOTT	JACKSON	1910 SE 18TH AVE	OCALA	FL	34471	FL	014031	1770513046	1447483524	1,031.00	507.60	10		N		N		N		N	
263909147	GURMAN K SAHI DMD	GURMAN	SAHI	4400 W SAMPLE RD	COCONUT CREEK	FL	33073	FL	17509	1689711020	1689711020	425.00	280.00	8	GP	Y	2	Y	2	N		Y	2
263913025	DOUGLAS GOLDBERG DMD	DOUGLAS	GOLDBERG	2706 N UNIVERSITY DR	CORAL SPRINGS	FL	33065	FL	11266	1275757452	1275757452	184.80	184.80	7	GP	N		Y	2	N		Y	2
263948409	MANOCHA MCSOLEY AND BALAN PL	KALA	BALAN	1838 MICCOSUKEE RD	TALLAHASSEE	FL	32308	FL	15351	1437580404	1770920357	280.00	157.00	5	GP	N		Y	1	N		Y	1
263948409	MANOCHA MCSOLEY AND BALAN PL	VIRAJ	MANOCHA	1838 MICCOSUKEE RD	TALLAHASSEE	FL	32308	FL	17885	1104972132	1770920357	268.00	84.00	4	GP	N		Y	1	N		Y	1
263950252	BASSIL AKEL DMD PLLC	BASSIL	AKEL	1600 N STATE ROAD 7	LAUDERHILL	FL	33313	FL	18305	1700040557	1700040557	10,238.00	2,231.00	25	GP	Y	2	Y	2	N		Y	2
263975070	GREENBERG DENTAL & ORTHODONTICS PA	MARCELA	PATTERSON	1739 E COMMERCIAL BLVD	OAKLAND PARK	FL	33334	FL	DN25040	1407474547	1821026576	754.00	334.00	12	GP	Y	5	Y	2	N		Y	2
263975070	GREENBERG DENTAL & ORTHODONTICS PA	RYAN	LONG	5116 BLANDING BLVD	JACKSONVILLE	FL	32210	FL	17052	1912077546	1821026576	1,864.20	950.40	12	OR	Y	1	Y	1	N		Y	1
263998428	RICARDO CHANG DDS	RICARDO	CHANG	9646 PINES BLVD	PEMBROKE PINES	FL	33024	FL	16950	1902059348	1902059348	469.00	182.00	7	OR	Y	2	Y	2	N		Y	2
264093783	BROWARD DENTAL SPA MANAGEMENT CO	HUGO	CALERO	150 N UNIVERSITY DR	FORT LAUDERDALE	FL	33324	FL	22216	1851523914	1881836401	3,700.00	1,662.28	14	OR	N		Y	1	N		Y	1
264093783	BROWARD DENTAL SPA MANAGEMENT CO	JAVIER	SERVIGNA	150 N UNIVERSITY DR	FORT LAUDERDALE	FL	33324	FL	22536	1184153587	1881836401	1,085.00	585.00	14	GP	N		Y	1	N		Y	1
264093783	BROWARD DENTAL SPA MANAGEMENT CO			150 N UNIVERSITY DR	FORT LAUDERDALE	FL	33324		YYYY	1003434572	1881836401	415.00	340.00	5	OR	N		Y	5	N		Y	5
264168166	JOHN A NELSON DDS PA	JOHN	NELSON	3915 BISCAYNE BLVD	MIAMI	FL	33137	FL	18534	1831335645	1831335645	731.00	318.00	12	GP	Y	12	Y	2	N		Y	2
264222189	JOHN P CLAXTON DDS	JOHN	CLAXTON	1605 S CYPRESS RD	POMPANO BEACH	FL	33060	FL	5675	1144432097	1144432097	349.00	174.00	4	GP	N		Y	1	N		Y	1
264305407	MINELLE M TENDLER DMD PA	MINELLE	TENDLER	199 W PALMETTO PARK RD	BOCA RATON	FL	33432	FL	17665	1508017633	1508017633	4,344.32	1,400.30	14	OR	N		Y	2	N		Y	2
264362350	COMPLETE FAMILY DENTISTRY LLC	JOHN	MOUSHATI	3015 BAYVIEW DR	FORT LAUDERDALE	FL	33306	FL	13133	1679993992	1740779735	1,841.00	412.00	17	GP	N		Y	1	N		Y	1
264429924	FRANCESCO VULTAGGIO DMD LLC	FRANCESCO	VULTAGGIO	841 SE 8TH AVE	DEERFIELD BEACH	FL	33441	FL	18316	1861645038	1861645038	1,122.00	711.00	11	GP	Y	2	Y	2	N		Y	2
264536912	ORAL & FACIAL SURGERY OF FLORIDA INC	MICHAEL	BELL	19051 US HIGHWAY 441	MOUNT DORA	FL	32757	FL	20457	1932462181	1760722474	195.00	142.00	2	OS	N		Y	2	N		Y	2
264609067	MINT DENTISTRY PLLC	GEOFFREY	HUANG	105 E BELT LINE RD	CEDAR HILL	TX	75104	TX	36624	1346807674	1770823593	1,014.00	810.00	3	GP	N		Y	16	N		Y	16
264609067	MINT DENTISTRY PLLC	KAR KI ANTHONY	CHEN	105 E BELT LINE RD	CEDAR HILL	TX	75104	TX	36367	1447713391	1770823593	118.00	28.00	2	GP	N		Y	16	N		Y	16
264609067	MINT DENTISTRY PLLC	MORGAN	MAYSE	105 E BELT LINE RD	CEDAR HILL	TX	75104	TX	33400	1568937878	1770823593	300.50	270.00	6	GP	N		Y	16	N		Y	16
264609067	MINT DENTISTRY PLLC	SONIA	CARTWRIGHT-SMITH	105 E BELT LINE RD	CEDAR HILL	TX	75104	TX	22677	1124127774	1770823593	278.00	270.00	5	GP	N		Y	16	N		Y	16
264699611	DAVID EUGENE DDS PLLC	DAVID	EUGENE	2447 N STATE ROAD 7	LAUDERDALE LAKES	FL	33313	FL	18594	1306080304	1306080304	521.00	226.00	6	GP	Y	1	Y	1	N		Y	1
265688799	ANTHONY G CORBO DDS			13101 OLD SHERIDAN ST	SOUTHWEST RANCHES	FL	33330		05458	1851557383	1851557383	1,980.00	1,554.00	21		N		N		N		N	

270064958	CRESCENT DENTAL PA	DONNA	DICRESCENTO	5522 W SAMPLE RD	MARGATE	FL	33073	FL	14562	1063531879	1063531879	102.00	68.00	1	GP	Y	1	Y	1	N		Y	1
270084883	RANDY JAY SACHS	RANDY	SACHS	9835 LAKE WORTH RD	LAKE WORTH	FL	33467	FL	15737	1417080490	1417080490	723.00	358.00	8	GP	Y	2	Y	2	N		Y	2
270129674	ERIC G FOX DDS MS PA	ERIC	FOX	5551 N UNIVERSITY DR	CORAL SPRINGS	FL	33067	FL	16916	1649202615	1649202615	14,834.76	3,414.86	33	OS	N		N		Y	6	Y	6
270477297	SANDRA BRENER DDS PA	SANDRA	BRENER	9720 STIRLING RD	HOLLYWOOD	FL	33024	FL	18599	1932356391	1053652941	5,498.00	2,407.00	55	PD	N		Y	1	N		Y	1
270496198	OLIVER LLAVONA LLC	FRANCISCO	OLIVER	2575 GLADES CIR	WESTON	FL	33327	FL	17440	1437316510	1437316510	1,072.00	302.00	4	PE	N		Y	2	N		Y	2
270496198	OLIVER LLAVONA LLC	GLORIMAR	LLAVONA	2575 GLADES CIR	WESTON	FL	33327	FL	17469	1205079878	1205079878	6,381.00	1,453.80	24	EN	N		Y	2	N		Y	2
270541442	NEW ERA DENTISTRY PA			7887 N KENDALL DR	MIAMI	FL	33156		14923	1528403946	1801984869	2,268.00	1,589.00	16	GP	N		Y	5	N		Y	5
270717082	TIMUR A SEKERCIOGLU DDS MS PA DBA WEST PINES ENDOD	TIMUR	SEKERCIOGLU	18044 NW 6TH ST	PEMBROKE PINES	FL	33029	FL	18584	1043480064	1205167673	7,228.00	2,400.60	22	EN	Y	2	Y	2	N		Y	2
270762165	R & R DENTAL			11545 N KENDALL DR	KENDALL	FL	33176		0	1306967971	1871814798	465.00	465.00	5	GP	Y	13	N		Y	13	Y	13
270812901	CAPONERA ORTHODONTICS PA	RINALDO	CAPONERA	7420 NW 5TH ST	PLANTATION	FL	33317	FL	15943	1346264462	1346264462	4,116.54	1,112.80	23	OR	Y	5	Y	5	N		Y	5
270812901	CAPONERA ORTHODONTICS PA	RINALDO	CAPONERA	7420 NW 5TH ST STE 108	PLANTATION	FL	33317	FL	15943	1346264462	1346264462	3,358.74	472.54	18	OR	Y	5	Y	5	N		Y	5
271168262	HEALTHY FAMILY DENTISTRY PA	ARMANDO	GARCIA	5350 W HILLSBORO BLVD	COCONUT CREEK	FL	33073	FL	17663	1760601264	1114255015	3,048.00	1,150.20	15	GP	N		Y	1	N		Y	1
271168262	HEALTHY FAMILY DENTISTRY PA	MANUEL	CRUCES	5350 W HILLSBORO BLVD	COCONUT CREEK	FL	33073	FL	18716	1750511762	1114255015	1,312.03	629.03	12	GP	N		Y	1	N		Y	1
271200319	ANDREWS DENTAL CARE CENTER PA	MARILYN	RILEY	3909 N ANDREWS AVE	OAKLAND PARK	FL	33309	FL	17611	1114941614	1114941614	2,490.00	960.00	24	GP	N		Y	1	N		Y	1
271276513	NICOLE M BERGER DDS	NICOLE	BERGER	572 E MCNAB RD	POMPANO BEACH	FL	33060	FL	16939	1104906486	1104906486	1,474.00	851.94	11	GP	N		N		Y	1	Y	1
271307612	DENTAL TREASURE PA	MALINALLY	GARCIA	5180 COCONUT CREEK PKWY	MARGATE	FL	33063	FL	179333	1013101427	1013101427	1,935.00	748.00	11	GP	N		Y	1	N		Y	1
271309462	APRIL N PATTERSON DDS, PA	APRIL	PATTERSON	646 N FEDERAL HWY	FORT LAUDERDALE	FL	33304	FL	18581	1811124241	1811124241	1,130.00	109.00	11	GP	N		Y	1	N		Y	1
271309462	APRIL N PATTERSON DDS, PA			646 N FEDERAL HWY	FORT LAUDERDALE	FL	33304		0	1891290946	1811124241	2,149.00	1,125.20	9	GP	N		Y	1	N		Y	1
271325216	BUCKEYE DENTAL OF TAVEMIER LLC			91750 OVERSEAS HWY	TAVERNIER	FL	33070			1639175623	1205165081	330.00	180.00	3		N		N		N		N	
271386482	VICTOR DEA DMD PLLC	VICTOR	DEA	1015 GATEWAY BLVD	BOYNTON BEACH	FL	33426	FL	17632	1326156621	1326156621	693.00	436.00	10	GP	N		Y	1	N		Y	1
271436445	SAGE DENTAL OF COOPER CITY PLLC	DAVID	RAPPAPORT	12129 SHERIDAN ST	HOLLYWOOD	FL	33026	FL	13947	1639280381	1992034664	633.00	69.80	7	GP	Y	1	Y	1	N		Y	1
271436445	SAGE DENTAL OF COOPER CITY PLLC	JENNIFER	VIGNOLA	12129 SHERIDAN ST	HOLLYWOOD	FL	33026	FL	19540	1215204771	1992034664	168.00	115.00	2	GP	Y	1	Y	1	N		Y	1
271453281	MARGARET MICHAEL DMD	MARGARET	MICHAEL	10978 PEMBROKE RD	MIRAMAR	FL	33025	FL	18815	1891025516	1891025516	2,668.00	725.00	44	GP	N		Y	1	N		Y	1
271499087	RICHARD B FORUM DDS			800 E BROWARD BLVD	FORT LAUDERDALE	FL	33301		0	1134253651	1134253651	10,431.00	8,115.40	86		N		N		N		N	
271641442	JOSE ANTONIO SARASOLA III DMD	JOSE	SARASOLA	3217 SW PORT ST LUCIE BLVD	PORT SAINT LUCIE	FL	34953	FL	18425	1396970505	1396970505	365.00	211.00	4	GP	N		Y	2	N		Y	2
271641442	JOSE SARASOLA III	FERNANDO	SAN JUAN JR	3217 SW PORT ST LUCIE BLVD	PORT SAINT LUCIE	FL	34953	FL	20988	1972906550	1972906550	979.00	241.40	11	GP	N		Y	2	N		Y	2
271641442	JOSE SARASOLA III	JOSE	SARASOLA	3217 SW PORT ST LUCIE BLVD	PORT SAINT LUCIE	FL	34953	FL	18425	1396970505	1396970505	244.00	150.00	3	GP	N		Y	2	N		Y	2
271641442	JOSE SARASOLA III	NEELAM	SHAH	3217 SW PORT ST LUCIE BLVD	PORT SAINT LUCIE	FL	34953	FL	22848	1255742169	1396970505	149.00	91.00	2	GP	N		Y	2	N		Y	2
271785662	JENNIFER T STATLER DMD			7400 CAMINO REAL STE 110	BOCA RATON	FL	33433		0	1134379910	1134379910	7,843.28	4,030.02	26		N		N		N		N	
271835567	ARMANDO TORAL DMD LLC	ARMANDO	TORAL	4811 HOLLYWOOD BLVD	HOLLYWOOD	FL	33021	FL	15506	1891939849	1891939849	10,717.00	2,905.20	52	GP	N		Y	1	N		Y	1
271918300	GEORGE GEORGIEV DDS PA	DINA	BOBROVA	1710 COLLINS AVE	SUNNY ISLES BEACH	FL	33160	FL	DN20203	1881870319	1881870319	1,155.00	667.00	11	GP	N		Y	2	N		Y	2
271918300	GEORGE GEORGIEV DDS PA	GEORGE	GEORGIEV	17100 COLLINS AVE	SUNNY ISLES BEACH	FL	33160	FL	18173	1881870319	1881870319	158.00	109.00	2	GP	N		Y	2	N		Y	2
271977574	KATE STEELE DDS LLC			8655 MONTVIEW BLVD	DENVER	CO	80238		0	1174149280	1336467232	465.00	454.00	7	GP	N		Y	2	N		Y	2
271985144	ARACELIO MORGADO DDS PA	ARACELIO	MORGADO	3811 SW 107TH AVE	MIAMI	FL	33165	FL	18315	1447404702	1447404702	627.60	206.00	6	GP	N		Y	1	N		Y	1
272119748	ROBERT WAGNER	ROBERT	WAGNER	2026 NE 19TH ST	FORT LAUDERDALE	FL	33305	FL	18337	1861643967	1861643967	16,644.00	5,783.80	66	GP	N		Y	1	N		Y	1
272383962	CONFIDENT SMILE PA	ABIR	MASSRI	916 NE 62ND ST	FORT LAUDERDALE	FL	33334	FL	17850	1750579686	1750579686	4,137.00	1,776.94	17	GP	N		N		Y	1	Y	1
272808614	SAGE DENTAL OF W BOCA RATON PLLC	ADI	SUTA	9874 YAMATO RD	BOCA RATON	FL	33434	FL	20174	1457791816	1760794689	117.00	87.00	2	PD	Y	1	Y	1	N		Y	1
272808614	SAGE DENTAL OF W BOCA RATON PLLC	JACQUELINE	URCUYO	9874 YAMATO RD	BOCA RATON	FL	33434	FL	21756	1629522552	1760794689	475.00	339.00	5	GP	Y	3	Y	3	N		Y	3
272808614	SAGE DENTAL OF W BOCA RATON PLLC	MARCIA	DURKAN	9874 YAMATO RD	BOCA RATON	FL	33434	FL	18759	1437111754	1760794689	420.00	313.00	3	GP	Y	1	Y	1	N		Y	1
272808652	SAGE DENTAL OF E BOYNTON BCH PLLC	ANNE-MARIE	UMOREN	556 E WOOLBRIGHT RD	BOYNTON BEACH	FL	33435	FL	20750	1942616453	1538471529	2,184.00	1,403.00	20	GP	Y	1	Y	1	N		Y	1
272813237	SAGE DENTAL OF CORAL SPRINGS PLLC	FRANCESCA	VERRATTI DI PAOLO	987 N UNIVERSITY DR	CORAL SPRINGS	FL	33071	FL	22986	1730475500	1326350224	129.00	64.00	2	OS	Y	1	Y	1	N		Y	1
272813237	SAGE DENTAL OF CORAL SPRINGS PLLC	JORGE	GONZALEZ TEJADA	987 N UNIVERSITY DR	CORAL SPRINGS	FL	33071	FL	DN23322	1508343930	1326350224	998.00	680.00	6	GP	Y	1	Y	1	N		Y	1
272813237	SAGE DENTAL OF CORAL SPRINGS PLLC	NICOLE	PENA	987 N UNIVERSITY DR	CORAL SPRINGS	FL	33071	FL	DN25547	1356970198	1326350224	2,461.20	1,204.00	16	GP	Y	5	Y	5	N		Y	5
272813237	SAGE DENTAL OF CORAL SPRINGS PLLC	REBECCA	SHIPPEE	987 N UNIVERSITY DR	CORAL SPRINGS	FL	33071	FL	23257	1841778164	1326350224	1,510.00	655.40	5	GP	Y	5	Y	5	N		Y	5
272813237	SAGE DENTAL OF CORAL SPRINGS PLLC	SARAH	GATON MOLINA	987 N UNIVERSITY DR	CORAL SPRINGS	FL	33071	FL	24375	1538713979	1326350224	1,493.00	781.00	13	GP	Y	5	Y	5	N		Y	5
273006462	HEIDI R FINKELSTEIN DMD PA	HEIDI	FINKELSTEIN	333 NW 70TH AVE	PLANTATION	FL	33317	FL	19167	1417269838	1710255385	13,213.85	4,875.83	57	GP	N		N		Y	2	Y	2
273022571	PAULO A SARRIO	PAULO	SARRIA	6180 W SAMPLE RD	CORAL SPRINGS	FL	33067	FL	19057	1598067407	1598067407	1,396.00	688.00	22	GP	N		Y	2	N		Y	2
273350292	AROCHA AND JAQUEZ DMD PA	KARLA	JAQUEZ	1125 S UNIVERSITY DR	PLANTATION	FL	33324	FL	19796	1548504632	1790830164	104.00	64.36	1	GP	N		N		Y	1	Y	1
273350292	AROCHA AND JAQUEZ DMD PA			1125 S UNIVERSITY DR	PLANTATION	FL	33324		16656	1790830164	1790830164	575.00	568.00	8	GP	N		N		Y	5	Y	5
273363338	ALEJANDRO SEMIDEY DMD PA	ALEJANDRO	SEMIDEY	4800 SW 64TH AVE	DAVIE	FL	33314	FL	19110	1033420005	1033420005	718.00	298.00	10	GP	N		Y	2	N		Y	2
273480873	CORAL SPRINGS SMILES PA	PAYAL	ANAND	2929 N UNIVERSITY DR	CORAL SPRINGS	FL	33065	FL	18901	1801088919	1801088919	912.00	499.00	9	GP	Y	1	Y	1	N		Y	1
273502435	PARKLAND PEDIATRIC DENTISTRY	MELANIE	BOND	8025 N UNIVERSITY DR	PARKLAND	FL	33067	FL	16732	1356311492	1356311492	1,623.00	722.00	26	OR	Y	13	Y	1	N		Y	1
273507627	RYAN J DONOVAN DMD	RYAN	DONOVAN	14361 METROPOLIS AVE	FORT MYERS	FL	33912	FL	18030	1245478726	1245478726	8,990.82	1,638.22	27	PE	N		N		Y	1	Y	1
273789530	MONEM DENTAL LLC	RAFAH	ABDELMONEM	1505 NW 167TH ST	MIAMI	FL	33169	FL	16642	1194736959	1194736959	1,176.00	365.60	6	GP	N		Y	2	N		Y	2
273868133	SAMIRA ALEMPOUR DMD PA	SAMIRA	ALEMPOUR	2853 EXECUTIVE PARK DR STE 201	WESTON	FL	33331	FL	18353	1982853586	1982853586	344.00	145.00	7	PD	N		Y	1	N		Y	1
273868133	SAMIRA ALEMPOUR DMD PA	SAMIRA	ALEMPOUR	2863 EXECUTIVE PARK DR	WESTON	FL	33331	FL	18353	1982853586	1982853586	1,492.00	779.00	29	PD	N		Y	6	N		Y	6
273900278	GEORGIA DENTAL PROFESSIONALS PC	TYRONE	JAMES	3000 CHAPEL HILL RD	DOUGLASVILLE	GA	30135	GA	011585	1114140472	1760098214	1,369.00	156.00	13	GP	N		Y	16	N		Y	16
273933702	MICHAEL SALAZAR	MICHAEL	SALAZAR	4755 CONWAY RD	ORLANDO	FL	32812	FL	12958	1770990780	1770990780	344.00	143.00	3	GP	N		Y	1	N		Y	1
274007055	DENTAL BRACES GURU PLLC	PRATHIMA	ADUSUMILLI	11330 WILES RD	CORAL SPRINGS	FL	33076	FL	18968	1891096533	1891096533	1,393.08	114.00	11	OR	Y	2	Y	9	N		Y	9
274029100	MICHAEL S MARURI DMD	AMANDA	BUSCEMI	815 S UNIVERSITY DR	PLANTATION	FL	33324	FL	20401	1669808572	1669808572	15,643.00	7,468.60	235	PD	Y	2	N		Y	2	Y	2
274029100	MICHAEL S MARURI DMD	JOSHUA	WOODRUFF	815 S UNIVERSITY DR	PLANTATION	FL	33324	FL	20926	1013331644	1518268564	5,217.00	2,878.20	103	PD	Y	5	N		Y	2	Y	2
274029100	MICHAEL S MARURI DMD	MICHAEL	MARURI	1670 N UNIVERSITY DR	CORAL SPRINGS	FL	33071	FL	18464	1518268564	1518268564	2,437.44	980.80	12	OR	Y	2	N		Y	2	Y	2
274029100	MICHAEL S MARURI DMD	MICHAEL	MARURI	815 S UNIVERSITY DR	PLANTATION	FL	33324	FL	18464	1518268564	1669808572	7,271.98	2,946.00	19	OR	Y	2	N		Y	2	Y	2
274087840	NORTH PALM BEACH DENTISTRY PLC	PAUL	PERELLA	700 US HIGHWAY 1	NORTH PALM BEACH	FL	33408	FL	15725	1013126481	1003198474	577.00	154.80	4	GP	N		Y	1	N		Y	1
274566212	MARIA CLAUDIA SEGRERA PA	MARIA	SEGRERA	16636 SHERIDAN ST	PEMBROKE PINES	FL	33331	FL	19055	1295046662	1295046662	2,572.00	988.40	19	GP	N		Y	2	N		Y	2
275068668	VICTORIAN DENTAL INC	CHRISTOPHER	RAE	131 VICTORIA COMMONS BLVD	DELAND	FL	32724	FL	18823	1457581217	1033774757	320.00	104.00	3	GP	N		Y	1	N		Y	1
275069271	AVENTURA PEDIATRIC DENTISTRY LLC	DALIA	ROSENFELD	2797 NE 207TH ST	AVENTURA	FL	33180	FL	19597	1134496037	1134496037	674.00	241.00	14	PD	Y	1	Y	1	N		Y	1
275069407	DENTAL CARE GROUP OF PEMBROKE	JOEL	GLICKSMAN	12634 PINES BLVD	PEMBROKE PINES	FL	33027	FL	8869	1669537981	1669537981	6,190.00	1,417.90	38	GP	N		Y	2	N		Y	2
275197554	JULIA H JOH DDS	JULIA	JOH	4301 N FEDERAL HWY	POMPANO BEACH	FL	33064	FL	18734	1669781654	1669781654	8,921.19	3,854.19	68	GP	N		Y	2	N		Y	2
275337826	MTA DENTAL LLC	MAYA	GEORGES ASSI	6268 W SAMPLE RD STE 401	CORAL SPRINGS	FL	33067	FL	17962	1831393099	1043505068	2,775.00	1,161.60	10		N		N		N		N	
275337826	MTA DENTAL LLC	TAREK	ASSI	6268 W SAMPLE RD STE 401	CORAL SPRINGS	FL	33067	FL	17963	1033313291	1043505068	709.00	338.00	7		N		N		N		N	
275337826	MTA DENTAL LLC			6268 W SAMPLE RD STE 401	CORAL SPRINGS	FL	33067		17963	1831393099	1043505068	5,876.11	2,651.11	23		N		N		N		N	
275473032	SAWGRASS ORTHODONTICS LLC	KRISTEN	IGUALADA-HEINE	175 NW 136TH AVE	SUNRISE	FL	33325	FL	16748	1326235110	1528369014	1,718.70	533.44	9	OR	Y	1	Y	1	N		Y	1
275547981	CIMA DENTAL LLC	CLEYDES	DOUGHERTY	2801 N UNIVERSITY DR	CORAL SPRINGS	FL	33065	FL	19155	1649587064	1306135090	2,432.00	1,418.00	19	GP	N		Y	2	N		Y	2
275547981	CIMA DENTAL LLC			2801 N UNIVERSITY DR	CORAL SPRINGS	FL	33065		ZZZZ	1306135090	1306135090	1,800.00	1,020.00	4	GP	N		Y	5	N		Y	5
300215302	PONTE VEDRA ENDODONTICS	JOSEPH	MAVEC	822 A1A N STE 102	PONTE VEDRA BEACH	FL	32082	FL	16392	1235162330	1235162330	1,468.00	926.60	4	EN	N		N		Y	1	Y	1
320025711	DRS KURTIS AND JOANNE DAVIS PC			200 MEDICAL WAY	STOCKBRIDGE	GA	30281		0	1477719961	1174668206	111.00	27.00	2	GP	N		N		Y	5	Y	5
320069144	SAWGRASS GENTLE DENTISTRY PA	COTY	RAPPACCIOLI	13713 W SUNRISE BLVD	SUNRISE	FL	33323	FL	15733	1649473588	1649473588	1,166.00	438.60	12	GP	N		Y	1	N		Y	1
331121070	PALACIN DENTAL GROUP PA	MATILDE	PALACIN	13728 W STATE RD 84	DAVIE	FL	33325	FL	17070	1962586164	1134203342	586.00	206.00	9	GP	N		Y	1	N		Y	1
351891859	UNIVERSITY PARK FAMILY DENTISTRY	JEFFREY	TURNER	16597 STATE ROAD 23	SOUTH BEND	IN	46635	IN	9272A	1538183702	1538183702	3,040.00	1,500.00	11	GP	N		N		Y	1	Y	1
352179197	SHORELINE ENDODONTICS	THOMAS	GOEBEL	491 GOLD STAR HWY	GROTON	CT	06340	CT	8904	1093894578	1093894578	1,491.00	889.60	1	EN	N		N		Y	1	Y	1
352188179	NOVA DENTAL INC	SANTIAGO	ROLDAN	1501 SE 23RD AVE	POMPANO BEACH	FL	33062	FL	15793	1932389913	1932389913	936.75	306.00	4	GP	N		Y	1	N		Y	1
352451519	GARY J WAYNE DMD	GARY	WAYNE	2500 N MILITARY TRL STE 308	BOCA RATON	FL	33431	FL	13403	1023060498	1609124213	8,496.88	1,178.88	16	OS	N		N		Y	2	Y	2
352463204	RODMO DENTAL LLC	NOHORA	RODRIQUEZ	4137 N PINE ISLAND RD	SUNRISE	FL	33351	FL	18791	1497984355	1497984355	6,197.73	2,111.20	24	GP	N		Y	2	N		Y	2
352577912	SMILE EVERYDAY TAMARAC	DORY	GREEN	8311 N PINE ISLAND RD	TAMARAC	FL	33321	FL	19577	1538459409	1487198040	1,216.00	568.00	8	GP	Y	5	Y	1	N		Y	1
352577912	SMILE EVERYDAY TAMARAC	IAN	LIEBERMAN	8311 N PINE ISLAND RD	TAMARAC	FL	33321	FL	21521	1497265045	1487198040	3,590.91	1,898.95	14	GP	Y	5	Y	1	N		Y	1
352577912	SMILE EVERYDAY TAMARAC	SARA	DANESHPAJOUH	8311 N PINE ISLAND RD	TAMARAC	FL	33321	FL	18753	1982836003	1487198040	637.00	342.00	12	GP	Y	1	Y	1	N		Y	1
352577912	SMILE EVERYDAY TAMARAC	STEPHEN	CRISCUOLO	8311 N PINE ISLAND RD	TAMARAC	FL	33321	FL	21814	1053792168	1487198040	2,560.00	1,047.00	44	PD	Y	1	Y	1	N		Y	1
364566858	PALM DENTISTRY	ROBERT	BOWMAN	6894 LAKE WORTH RD STE 202	LAKE WORTH	FL	33467	FL	7085	1538193107	1053376178	2,271.00	832.60	29	GP	N		Y	1	N		Y	1
364606343	PERFECT SMILE LLC	JAMES	LYONS	117 S 21ST AVE	HOLLYWOOD	FL	33020	FL	17884	1851341853	1851341853	1,325.00	562.00	4	GP	N		Y	1	N		Y	1
364807780	EDC MANAGEMENT LLC			2161 E COMMERCIAL BLVD	FORT LAUDERDALE	FL	33308			1730562133	1952784340	690.00	266.60	4		N		N		N		N	
371649288	RAYNALD MICHEL DDS PA	RAYNALD	MICHEL	3051 N FEDERAL HWY	FORT LAUDERDALE	FL	33306	FL	19473	1376859306	1376859306	1,436.00	515.00	11	GP	N		Y	1	N		Y	1
371657756	ALFREDO TENDLER DMD PA	MARK	KOGAN	17901 NW 5TH ST	HOLLYWOOD	FL	33029	FL	24843	1043630197	1487603635	9,515.20	4,084.40	36	OS	N		Y	2	N		Y	2
371735828	ASTRID CORTES DMD	ASTRID	CORTES	21685 STATE ROAD 7	BOCA RATON	FL	33428	FL	20122	1346689155	1346089155	632.00	470.00	10	GP	N		N		Y	2	Y	2
391221409	CHILDRENS DENTAL HEALTH CENTER SC	MARK	STEINMETZ	W3132 VAN ROY RD	APPLETON	WI	54915	WI	4586	1922215151	1710968086	380.00	299.00	5	PD	N		N		Y	1	Y	1
391315629	VALLEY ENDODONTICS LTD			1100 N LYNNDALE DR	APPLETON	WI	54914		0	1215146543	1215146543	328.00	37.00	3		N		N		N		N	
391943214	BAYCARE CLINIC LLP	CHAD	SEUBERT	2253 W MASON ST	GREEN BAY	WI	54303	WI	1001261	1396001483	1588609648	137.00	0.00	2	OS	N		Y	1	N		Y	1
392050756	ENCHANTING DENTISTRY PA	ANNETTE	MIDDELHOF	8200 W SUNRISE BLVD STE A1	PLANTATION	FL	33322	FL	16190	1295839645	1295839645	8,268.00	3,306.00	39	GP	N		Y	1	N		Y	1
412132420	DAVID K WARNER DDS PA	DAVID	WARNER	1946 WILTON DR	WILTON MANORS	FL	33305	FL	14962	1225242274	1225242274	5,072.00	2,313.50	33	GP	N		Y	2	N		Y	2
412139274	TODD J SAWISCH DDS PA	AVI	SCHETRITT	701 E COMMERCIAL BLVD	FT LAUDERDALE	FL	33334	FL	15240	1528165651	1013292879	61.00	47.00	1	PE	N		Y	2	N		Y	2
412139274	TODD J SAWISCH DDS PA	JENNIFER	SCHAUMBERG-CHIZEVE	701 E COMMERCIAL BLVD	FT LAUDERDALE	FL	33334	FL	15239	1871684134	1871684134	13,109.00	3,539.00	44	OS	N		Y	2	N		Y	2
412139274	TODD J SAWISCH DDS PA	TODD	SAWISCH	701 E COMMERCIAL BLVD	FT LAUDERDALE	FL	33334	FL	15237	1437196847	1437196847	5,413.00	2,057.00	23	OS	N		Y	2	N		Y	2

412220291	ANDREA GIRALDO	ANDREA	GIRALDO	114 SW 10TH ST	FORT LAUDERDALE	FL	33315	FL	17592	1467516286	1467516286	19,821.68	4,510.68	77	GP	N		Y	2	N		Y	2
412220291	ANDREA GIRALDO	SANDRA	CARVALHO	114 SW 10TH ST	FORT LAUDERDALE	FL	33315	FL	18811	1578792552	1467516286	11,823.14	4,149.74	51	PR	N		Y	2	N		Y	2
421594304	ARVIND K VAKANI DMD MS PA	ARVIND	VAKANI	1963 SE FEDERAL HWY	STUART	FL	34994	FL	15510	1558520494	1558520494	5,094.84	2,106.12	36	OR	Y	2	Y	2	N		Y	2
421598932	TARAS ROUD DMD PA	TARAS	ROUD	3319 S STATE ROAD 7	WELLINGTON	FL	33449	FL	15484	1326242603	1326242603	1,488.00	805.60	3	EN	N		Y	2	N		Y	2
421650718	ROBERT STANTON DMD	ROBERT	STANTON	5400 NORTH FEDERAL HWY	FORT LAUDERDALE	FL	33308	FL	15767	1356540736	1356540736	15,507.00	3,471.80	46	GP	Y	2	Y	2	N		Y	2
432051106	ACOSTA DENTAL SERVICES	RODOLFO	ACOSTA-ORTIZ	1711 HAMMONDVILLE RD	POMPANO BEACH	FL	33069	FL	16118	1689782435	1689782435	3,839.00	303.00	15	OR	Y	5	Y	2	N		Y	2
432051106	ACOSTA DENTAL SERVICES			1711 HAMMONDVILLE RD	POMPANO BEACH	FL	33069		ZZZZ	1407353758	1689782435	7,686.95	3,697.00	14	OR	Y	5	Y	5	N		Y	5
450465710	DILLON FAMILY DENTAL PLLC	STEPHANIE	BARNETT	115 VILLAGE PL	DILLON	CO	80435	CO	202111	1235446642	1225257769	123.00	71.00	2	GP	N		Y	1	N		Y	1
450516795	DUSTIN M GRIMES DMD	DUSTIN	GRIMES	6301 S DIXIE HWY	WEST PALM BEACH	FL	33405	FL	13078	1831210780	1831210780	847.00	447.00	11	GP	N		Y	2	N		Y	2
450669880	ALVARO MAYA DMD PA	ALVARO	MAYA	103400 OVERSEAS HWY	KEY LARGO	FL	33037	FL	17357	1003877812	1003877812	2,838.00	1,262.00	28	GP	N		Y	2	N		Y	2
450669880	ALVARO MAYA DMD PA	JERRY	LAYNE	103400 OVERSEAS HWY	KEY LARGO	FL	33037	FL	1110	1679654644	1003877812	3,374.00	1,335.00	9	OS	N		Y	2	N		Y	2
450669880	ALVARO MAYA DMD PA	JUAN	CARDENAS	103400 OVERSEAS HWY	KEY LARGO	FL	33037	FL	12829	1740338201	1003877812	322.00	167.00	3	PR	N		Y	2	N		Y	2
451535580	ERNESTO QUEZADA DMD PA	ERNESTO	QUEZADA	8821 SW 107TH AVE	MIAMI	FL	33176	FL	19284	1821387309	1821387309	794.00	308.00	8	GP	N		N		Y	1	Y	1
451546728	JOHN E RUDNIK DDS PA			3000 N FEDERAL HWY	FORT LAUDERDALE	FL	33306		0	1417164120	1417164120	568.00	344.00	5		N		N		N		N	
451797933	ZOMBEK ORTHODONTICS	STEVEN	ZOMBEK	1040 WESTON RD	WESTON	FL	33326	FL	17844	1679865356	1679865356	3,444.16	65.60	22	OR	Y	16	N		Y	1	Y	1
451806502	ANDREW BERTNOLLI DDS LLC	ANDREW	BERTNOLLI	1507 E COMMERCIAL BLVD	OAKLAND PARK	FL	33334	FL	3896	1073604393	1073604393	276.00	24.00	2	GP	N		Y	1	N		Y	1
452119371	SWEET HART DENTAL PA	DARLENE	HART	650 NW 180TH TER	PEMBROKE PINES	FL	33029	FL	19566	1528295987	1578910709	1,297.00	712.00	7	GP	N		Y	1	N		Y	1
452382491	MARISABEL OLIVERA DMD PA	ALEJANDRA	ROMERO	2022 NE 18TH ST	FORT LAUDERDALE	FL	33305	FL	20703	1316310303	1750674891	7,307.00	1,843.80	78	PD	Y	2	Y	2	N		Y	2
452382491	MARISABEL OLIVERA DMD PA	MARISABEL	OLIVERA	2022 NE 18TH ST	FORT LAUDERDALE	FL	33305	FL	18784	1750674891	1750674891	835.00	257.00	16	PD	Y	2	Y	2	N		Y	2
452386411	BACK COUNTRY FAMILY DENTAL PC	ERIN	SAIN	265 TANGLEWOOD LN	SILVERTHORNE	CO	80498	CO	10512	1154609154	1154609154	352.00	214.00	3	GP	N		N		Y	1	Y	1
452451098	MARK ELLIOT BERGER DMD PA	MARK	BERGER	1890 N UNIVERSITY DR	CORAL SPRINGS	FL	33071	FL	19039	1295028819	1295028819	8,390.00	2,524.00	26	GP	N		Y	2	N		Y	2
452582886	JOSHUA COUSSA DMD PA	DAVID	WINER	4604 N UNIVERSITY DR	POMPANO BEACH	FL	33067	FL	012091	1093830911	1588037949	1,476.00	356.00	6	PE	Y	2	Y	2	N		Y	2
452582886	JOSHUA COUSSA DMD PA	JOSHUA	COUSSA	4604 N UNIVERSITY DR	POMPANO BEACH	FL	33067	FL	17589	1467519835	1588037949	4,406.98	1,643.20	25	PE	Y	5	Y	2	N		Y	2
452602751	ELITE BOCA DENTAL	MICHAEL	PECHAN	22191 POWERLINE RD	BOCA RATON	FL	33433	FL	18132	1598927139	1598927139	377.00	234.00	6	GP	N		Y	1	N		Y	1
452628920	DENTALMED ASSOCIATES LLC	FEDERICO	DIEZ	12600 PEMBROKE RD	MIRAMAR	FL	33027	FL	14284	1124363676	1124363676	4,939.00	824.00	17	PR	N		Y	1	N		Y	1
452651686	BELLA KRAMER-PADEH DMD PA	BELLA	KRAMER PADEH	3403 N HIATUS RD	SUNRISE	FL	33351	FL	19405	1386930816	1386930816	201.00	89.00	2	GP	N		Y	2	N		Y	2
452733082	ADVANCED DENTAL CARE OF PEMBROKE PINES	CYNTHIA	BOUCHARD	1601 N PALM AVE	PEMBROKE PINES	FL	33026	FL	19051	1235442997	1972888782	7,940.60	4,361.20	71	GP	N		Y	1	N		Y	1
452746924	WADE R HIRSCHMAN DDS PC	WADE	HIRSCHMAN	400 INDIANA ST	GOLDEN	CO	80401	CO	9779	1386992113	1386992113	188.00	15.00	2	EN	Y	2	Y	2	N		Y	2
452894024	MARCELA MURCIA DMD	MARCELA	MURCIA	2633 E COMMERCIAL BLVD	FORT LAUDERDALE	FL	33308	FL	19482	1588952261	1588952261	1,359.00	704.00	7	GP	N		Y	2	N		Y	2
452912001	GREEN VALLEY RANCH MODERN SMILES & ORTHODON LLP	AMANDA	HERBST	3445 N SALIDA ST	AURORA	CO	80011	CO	203576	1205322344	1104106095	654.00	219.00	9	GP	Y	1	Y	1	N		Y	1
453446575	ELIANE A JOHN ORTHODONTICS INC	ELIANE	JOHN	4651 N STATE ROAD 7	CORAL SPRINGS	FL	33073	FL	17809	1205907003	1205907003	6,955.01	2,957.10	34	OR	Y	1	Y	1	N		Y	1
453456618	PIKE PEDIATRIC DENTISTRY PA	TALIA	PIKE	2201 NW CORPORATE BLVD	BOCA RATON	FL	33431	FL	17596	1780972380	1780972380	3,350.00	1,794.00	76	PD	N		Y	1	N		Y	1
453547992	DAVIE ADVANCED DENTISTRY INC	BILL	ABBO	4757 S UNIVERSITY DR	DAVIE	FL	33328	FL	DN17781	1720147853	1336158765	1,635.00	719.00	17	PR	N		Y	1	N		Y	1
453547992	DAVIE ADVANCED DENTISTRY INC	CAROLINE	REZVANI	4757 S UNIVERSITY DR	DAVIE	FL	33328	FL	17448	1679744981	1336158765	93.00	0.00	1	GP	N		Y	1	N		Y	1
453547992	DAVIE ADVANCED DENTISTRY INC			4757 S UNIVERSITY DR	DAVIE	FL	33328		0	1679744981	1336158765	1,056.00	709.00	7	GP	N		Y	4	N		Y	4
453585786	DENTAL NOW OF PALM SPRINGS LLC	ANAMARIA	CABEL	2500 E HALLANDALE BEACH BLVD S	HALLANDALE	FL	33009	FL	20501	1366869331	1366869331	1,243.00	427.00	20	PD	Y	2	Y	2	N		Y	2
453626385	JARED M YOUNG, DMD, PA			1930 NE 34TH CT	LIGHTHOUSE POINT	FL	33064		19244	1891281697	1760751168	49,628.04	32,568.51	414	PD	Y	1	N		Y	2	Y	2
453665558	JUPITER PERIODONTICS LLC	RAFAEL	RODRIQUEZ	1928 COMMERCE LN	JUPITER	FL	33458	FL	18423	1811203243	1811203243	1,965.00	516.00	9	PE	N		N		Y	2	Y	2
453735352	ALAN D SHOOPAK DMD ORTHO GRP II LLC	JOAN	PALACIOS	5810 S UNIVERSITY DR	DAVIE	FL	33328	FL	21694	1548420854	1912234493	1,912.72	1,028.40	14	OR	Y	2	Y	2	N		Y	2
454014601	CORAL RIDGE SMILE	MANDANA	MIRESMAILI	3035 E COMMERCIAL BLVD	FORT LAUDERDALE	FL	33308	FL	18973	1689794505	1689794505	2,627.39	1,061.80	31	GP	N		Y	1	N		Y	1
454092712	ADVANCED DENTISTRY OF PLANTATION PA	ELI	SCHWARTZ	301 NW 84TH AVE	PLANTATION	FL	33324	FL	17993	1770783102	1952674566	1,628.00	825.77	17	GP	N		N		Y	1	Y	1
454092712	ADVANCED DENTISTRY OF PLANTATION PA	MARC	SCHWARTZ	301 NW 84TH AVE	PLANTATION	FL	33324	FL	07155	1659428308	1952674566	1,508.00	702.77	16	GP	N		N		Y	2	Y	2
454153011	ROCCO B CARELLA DDS	ROCCO	CARELLA	391 NORWICH WESTERLY RD	NORTH STONINGTON	CT	06359	CT	9978	1376665752	1376665752	3,934.00	990.80	21	GP	N		Y	1	N		Y	1
454155844	SEGELNICK SPECIALISTS LLC	SELIN	AVMAN	5481 N UNIVERSITY DR	CORAL SPRINGS	FL	33067	FL	20130	1750636049	1851643415	3,696.00	1,474.00	60	PD	Y	2	Y	2	N		Y	2
454155844	SEGELNICK SPECIALISTS LLC			5481 N UNIVERSITY DR	CORAL SPRINGS	FL	33067		21446	1134503329	1851643415	1,200.00	100.00	2	PD	Y	5	Y	5	N		Y	5
454337469	JUPITER DENTAL GROUP PA	EDWARD	KOSAKOSKI	175 TONEY PENNA DR	JUPITER	FL	33458	FL	10933	1457482168	1609149400	1,378.00	644.80	1	EN	Y	1	Y	1	N		Y	1
454337469	JUPITER DENTAL GROUP PA	SHIVA	SALEHI	175 TONEY PENNA DR	JUPITER	FL	33458	FL	22428	1346996549	1609149400	1,958.00	691.00	9	GP	Y	1	Y	1	N		Y	1
454337609	SUNRISE DENTAL GROUP PA	ELI	OPPENHEIMER	1776 N PINE ISLAND RD	PLANTATION	FL	33322	FL	20155	1174866339	1255604054	3,045.00	587.00	13	OS	Y	2	Y	2	N		Y	2
454337609	SUNRISE DENTAL GROUP PA	ENRICO	BAUTISTA	1776 N PINE ISLAND RD	PLANTATION	FL	33322	FL	15933	1558467670	1255604054	2,088.80	749.00	48	GP	Y	2	Y	2	N		Y	2
454337609	SUNRISE DENTAL GROUP PA	JOSEPH	GRIDER	1776 N PINE ISLAND RD	PLANTATION	FL	33322	FL	18521	1881895910	1255604054	327.00	199.00	1	OS	Y	2	Y	2	N		Y	2
454367940	AUSTIN L. MAUTNER, DMD, PA	AUSTIN	MAUTNER	10088 W INDIANTOWN RD	JUPITER	FL	33478	FL	19002	1891015830	1417483504	7,943.00	2,736.60	41	GP	N		Y	2	N		Y	2
454367940	AUSTIN L. MAUTNER, DMD, PA	RICHARD	HEINL	10088 W INDIANTOWN RD	JUPITER	FL	33478	FL	23702	1861994394	1417483504	4,595.00	1,811.00	40	GP	N		Y	2	N		Y	2
454472638	SANDRA P CUARTAS DDS PA	SANDRA	CUARTAS	10650 W STATE ROAD 84	DAVIE	FL	33324	FL	18113	1902140833	1902140833	825.00	368.40	11	GP	Y	2	Y	2	N		Y	2
454484086	ANDREW L TURKE DMD PA	ANDREW	TURKE	1201 SW SUNSET TRL	PALM CITY	FL	34990	FL	18836	1376776278	1376776278	2,904.36	1,119.76	13	GP	N		Y	2	N		Y	2
454551197	WEST SIDE PEDIATRIC DENTISTRY PA	CHRISTIAN	THOMAS	16223 MIRAMAR PKWY	MIRAMAR	FL	33027	FL	13411	1689862674	1790050417	1,949.00	958.00	27	PD	Y	1	Y	1	N		Y	1
454566714	CAMILLE DIXON	D CAMILLE	DIXON	1620 SE 4TH AVE	FORT LAUDERDALE	FL	33316	FL	14285	1023026671	1023026671	185.00	7.20	1	GP	N		N		Y	2	Y	2
454640768	SOUTH FLORIDA DENTAL SURG SPEC	JEFFREY	ELLIOT	9600 W SAMPLE RD	CORAL SPRINGS	FL	33065	FL	11443	1821118795	1376890673	280.00	102.80	2	OS	Y	1	Y	1	N		Y	1
454646785	GREAT DENTAL CARE	LINH	NGUYEN	4962 N UNIVERSITY DR	LAUDERHILL	FL	33351	FL	19215	1366743932	1366743932	501.00	265.00	4	GP	N		Y	1	N		Y	1
454942189	SAGE DENTAL OF PORT ST LUCIE W PLLC	BEETA	AKHAVAN	1722 SW ST LUCIE W BLVD	PORT SAINT LUCIE	FL	34986	FL	24140	1205193539	1205193539	344.00	22.40	3	GP	Y	1	Y	1	N		Y	1
455215073	DYNAMIC DENTAL HEALTH ASSOC OF FL PA	SAMANTHA	ANNAS	908 NW 57 ST	GAINESVILLE	FL	32605	FL	20113	1649618802	1972905222	1,244.00	503.00	7	GP	N		Y	2	N		Y	2
455291655	PEAK ORAL & MAXILLOFACIAL SURG CTR	HAEMAN	NOORI	2290 KIPLING ST	LAKEWOOD	CO	80215	CO	10330	1821256504	1821256504	223.00	55.00	2	OS	N		Y	2	N		Y	2
455599692	STEVEN J KLINE DDS LLC	STEVEN	KLINE	3198 SW MARTIN DOWNS BLVD	PALM CITY	FL	34990	FL	19863	1578818126	1578818126	2,710.00	1,956.00	37	GP	N		Y	2	N		Y	2
460543860	FLORIDA DENTAL HEALTH AND ESTH	ISABEL	SUATE PEDROZA	14601 SW 29TH ST	MIRAMAR	FL	33027	FL	19876	1972858751	1972858751	6,041.00	1,500.00	14	GP	N		Y	1	N		Y	1
460543860	ISABEL SAUTE DDS PA	ISABEL	SUATE PEDROZA	14601 SW 29TH ST	MIRAMAR	FL	33027	FL	19876	1972858751	1972858751	1,579.00	0.00	6	GP	N		Y	2	N		Y	2
460753770	PREMIER DENTAL CENTER II			2472 N UNIVERSITY DR	PEMBROKE PINES	FL	33024		22902	1669994125	1548684269	1,870.00	1,032.00	6	GP	N		Y	5	N		Y	5
460771294	DR ERIC H NAIERMAN DDS PA	ERIC	NAIERMAN	3333 SHERIDAN ST	HOLLYWOOD	FL	33021	FL	19906	1982981643	1982981643	2,210.00	1,076.00	27	GP	N		Y	2	N		Y	2
460849162	MOGELL DENTAL ASSOCIATES P A	CHARLES	NOTTINGHAM	2900 N MILITARY TRL	BOCA RATON	FL	33431	FL	6091	1669568036	1265879670	100.00	64.36	1	GP	N		Y	5	N		Y	5
460849162	MOGELL DENTAL ASSOCIATES P A	KENNETH	MOGELL	2900 N MILITARY TRL	BOCA RATON	FL	33431	FL	10118	1013035039	1265879670	223.00	177.00	3	GP	N		Y	1	N		Y	1
460849162	MOGELL DENTAL ASSOCIATES P A	MITCHELL	EPSTEIN	2900 N MILITARY TRL	BOCA RATON	FL	33431	FL	10484	1881985042	1265879670	100.00	82.00	1	GP	N		Y	1	N		Y	1
461041374	CLEMENTINE DENTAL INC	ARELIS	MARTONE	5030 CHAMPION BLVD	BOCA RATON	FL	33496	FL	17727	1013034214	1013034214	591.00	264.00	9	GP	N		Y	2	N		Y	2
461139956	SAGE DENTAL OF PEMBROKE PINES PLLC	JOSHUA	BOCKIAN	17027 PINES BLVD	PEMBROKE PINES	FL	33027	FL	6296	1235460460	1346593076	232.00	0.00	5	GP	Y	5	Y	5	N		Y	5
461139956	SAGE DENTAL OF PEMBROKE PINES PLLC	LUIS	GUERRERO	17027 PINES BLVD	PEMBROKE PINES	FL	33027	FL	17671	1417052705	1346593076	755.00	340.80	8	GP	Y	1	Y	1	N		Y	1
461139956	SAGE DENTAL OF PEMBROKE PINES PLLC	MARTA	ORTIZ-PEREZ	17027 PINES BLVD	PEMBROKE PINES	FL	33027	FL	14474	1194883835	1346593076	400.40	213.00	7	PD	Y	1	Y	1	N		Y	1
461185149	J&J DENTAL INC	JOHN	DESTEFON	30 NE 3RD ST	FORT LAUDERDALE	FL	33301	FL	18561	1992947212	1992947212	16,542.66	9,601.60	146	GP	N		Y	1	N		Y	1
461185149	J&J DENTAL INC	JONATHAN	COOK	30 NE 3RD ST	FORT LAUDERDALE	FL	33301	FL	18313	1568626117	1568626117	3,942.00	659.00	18	GP	N		Y	1	N		Y	1
461185149	J&J DENTAL INC			30 NE 3RD ST	FORT LAUDERDALE	FL	33301		0	1598970543	1598970543	7,851.44	2,273.44	8	GP	N		Y	5	N		Y	5
461220484	MARIA CASTANEDA DMD PL	MARIA	CASTANEDA	16850 S JOG RD	DELRAY BEACH	FL	33446	FL	16679	1063611630	1063611630	5,093.00	2,881.08	78	PD	N		N		Y	1	Y	1
461424382	ELISE BOLSKI DDS LLC	SOFIA	MENDEZ CARDENAS	1605 TOWN CENTER BLVD	WESTON	FL	33326	FL	24078	1841729282	1356686547	91.00	49.00	1	GP	N		Y	1	N		Y	1
461505739	BAITNER PEDIATRIC DENTISTRY	JESSICA	BAITNER	4480 SHERIDAN ST	HOLLYWOOD	FL	33021	FL	18721	1639331846	1639331846	1,577.00	782.00	28	PD	N		Y	1	N		Y	1
461543139	AA DENTAL PLLC	ALLISON	ALEXANDER	113 SW 11TH CT	FORT LAUDERDALE	FL	33315	FL	18817	1265661144	1508104597	10,085.00	3,712.82	48	GP	N		N		Y	1	Y	1
461543139	AA DENTAL PLLC	ARIANNY	AROCHA	113 SW 11TH CT	FORT LAUDERDALE	FL	33315	FL	16636	1184982258	1508104597	22,011.86	4,459.85	68	GP	N		N		Y	1	Y	1
461613183	MARIANA GABALDON	MARIANA	GABALDON	344 W 65TH ST	HIALEAH	FL	33012	FL	19159	1316112436	1316112436	602.00	203.00	6	GP	Y	2	Y	2	N		Y	2
461729213	HOLLYWOOD DENTAL CARE	PEGGY	ALVAREZ-PENABAD	2303 HOLLYWOOD BLVD	HOLLYWOOD	FL	33020	FL	20378	1205260601	1902143530	160.00	69.00	4	GP	N		Y	1	N		Y	1
461729213	HOLLYWOOD DENTAL CARE	YUDANCY	GANGI	2303 HOLLYWOOD BLVD	HOLLYWOOD	FL	33020	FL	23785	1821579459	1902143530	326.00	138.00	4	GP	N		Y	1	N		Y	1
461786004	ANDRES AMAYA DDS	ANDRES	AMAYA	815 NW 57TH AVE	MIAMI	FL	33126	FL	19580	1336219179	1336219179	1,640.00	554.00	14		N		N		N		N	
461786004	ANDRES AMAYA DDS			815 NW 57TH AVE	MIAMI	FL	33126		19580	1336219179	1336219179	1,390.00	941.00	10		N		N		N		N	
461802941	SERENE DENTAL GROUP OF LAKE WORTH	EMMY	ESTENOZ	6045 HAGEN RANCH RD	LAKE WORTH	FL	33467	FL	22716	1548782600	1255887535	4,942.00	1,297.60	36	GP	N		Y	2	N		Y	2
461802941	SERENE DENTAL GROUP OF LAKE WORTH	EMMY	ESTENOZ	6045 HAGEN RANCH RD STE 1	LAKE WORTH	FL	33467	FL	22716			690.00	79.20	3	GP	N		Y	2	N		Y	2
461802941	SERENE DENTAL GROUP OF LAKE WORTH	MARC	ANDERSON	6045 HAGEN RANCH RD	LAKE WORTH	FL	33467	FL	16898	1669592598	1255887535	67.00	30.00	1	GP	N		Y	2	N		Y	2
461915194	DENTAL SPECIALISTS OFBROWARD GROUP			9 SW 17TH ST	FORT LAUDERDALE	FL	33315		0	1235243189	1235243189	590.00	294.00	2	GP	N		Y	5	N		Y	5
461919850	SUPERIOR DENTAL PLANTATION PL	RICHARD	DOUGLAS	660 N STATE ROAD 7	PLANTATION	FL	33317	FL	9789	1528220126	1417299389	2,010.00	1,056.60	28	GP	Y	1	Y	1	N		Y	1
461919850	SUPERIOR DENTAL PLANTATION PL	RICHARD	DOUGLAS	660 N STATE ROAD 7 STE 12	PLANTATION	FL	33317	FL	9789	1528220126	1417299389	6,940.00	3,365.40	42	GP	Y	1	Y	1	N		Y	1
461919850	SUPERIOR DENTAL PLANTATION PL	SIDNEY	MARTIN	660 N STATE ROAD 7	PLANTATION	FL	33317	FL	8913	1346250941	1417299389	3,672.00	1,733.00	40	GP	Y	1	Y	1	N		Y	1
461919850	SUPERIOR DENTAL PLANTATION PL	SIDNEY	MARTIN	660 N STATE ROAD 7 STE 12	PLANTATION	FL	33317	FL	8913	1346250941	1417299389	3,076.00	1,249.00	36	GP	Y	1	Y	1	N		Y	1
461919850	SUPERIOR DENTAL PLANTATION PL			6240 LAKE OSPREY DR	LAKEWOOD RANCH	FL	34240		ZZZZ			6,200.00	0.00	1	GP	Y	5	Y	5	N		Y	5
462153770	4350 DENTAL PA	DORENE	MONTERO	4350 SHERIDAN ST	HOLLYWOOD	FL	33021	FL	20460	1508282252	1700127412	4,348.00	1,068.00	9	GP	Y	2	Y	2	N		Y	2
462279177	DANIELA MODESTO GRAN DENTAL	DANIELA	MODESTO	2626 E COMMERCIAL BLVD	FORT LAUDERDALE	FL	33308	FL	17097	1659426369	1659426369	862.00	391.00	11	GP	N		Y	2	N		Y	2
462379526	ADAM GROMAK	ADAM	GROMAK	10320 N 56TH ST	TEMPLE TERRACE	FL	33617	FL	19191	1306153150	1306153150	328.00	251.00	3	GP	N		Y	2	N		Y	2
462393697	EAST BROWARD DENTAL PA	BURAK	TASKONAK	1212 E BROWARD BLVD	FORT LAUDERDALE	FL	33301	FL	18452	1790947299	1225293244	5,390.00	2,138.40	20	GP	N		Y	2	N		Y	2
462393697	EAST BROWARD DENTAL PA			1212 E BROWARD BLVD	FORT LAUDERDALE	FL	33301		21591	1790947299	1225293244	278.00	106.80	2	GP	N		Y	5	N		Y	5
462469738	JOSEPH PECHTER DMD PA	JOSEPH	PECHTER	2699 STIRLING RD	HOLLYWOOD	FL	33312	FL	18669	1023248408	1023248408	9,131.00	2,838.60	29	PE	N		Y	2	N		Y	2
462486502	LADILIA TRIFUNOVIC DMD PLLC	LADILIA	TRIFUNOVIC	7800 W OAKLAND PARK BLVD	SUNRISE	FL	33351	FL	18492	1184875544	1649617697	6,414.00	2,377.00	59	GP	N		Y	1	N		Y	1

462622533	JAMILY F PEDRO DMD	CASEY	PEDRO	7050 W PALMETTO PARK RD STE 52	BOCA RATON	FL	33433	FL	19656	1245415124	1942633185	436.00	271.15	4	GP	N		N		Y	2	Y	2
462622533	JAMILY F PEDRO DMD	JAMILY	PEDRO	7050 W PALMETTO PARK RD STE 52	BOCA RATON	FL	33433	FL	19518	1144467168	1942633185	333.00	206.79	3	GP	N		N		Y	2	Y	2
462649029	AMERICAN DENTAL OF FLORIDA-FT LAUDERDALE	NATHALIE	VERA	2740 E COMMERCIAL BLVD	FORT LAUDERDALE	FL	33308	FL	18962	1780901116	1780901116	2,164.00	873.40	18	GP	Y	5	Y	1	N		Y	1
462672620	TLC DENTAL TAMARAC LLC	HENRY	JACOBSOHN	6702 N UNIVERSITY DR	TAMARAC	FL	33321	FL	9375	1295855211	1003252164	4,716.00	1,920.57	33	GP	Y	1	Y	1	N		Y	1
462672620	TLC DENTAL TAMARAC LLC	JENNIFER	SORROZA	6702 N UNIVERSITY DR	TAMARAC	FL	33321	FL	DO18251	1720247174	1003252164	2,439.80	1,478.00	29	GP	Y	1	Y	1	N		Y	1
462919183	BEAUTIFUL SMILE LLC	RICHARD	SILVER	1871 NE 163RD ST	NORTH MIAMI BEACH	FL	33162	FL	7158	1013017599	1013017599	635.00	150.00	5	GP	Y	1	Y	1	N		Y	1
462989389	DENTALVANA LLC	JULIA	BEWLEY	12417 BISCAYNE BLVD	NORTH MIAMI	FL	33181	FL	19350	1457647265	1497178834	2,595.00	963.00	9	GP	N		Y	1	N		Y	1
463080342	CHRISTOPHER BOB DMD PA	CHRISTOPHER	BOB	7711 SW 62ND AVE	SOUTH MIAMI	FL	33143	FL	19396	1760730782	1760730782	251.00	190.00	3	GP	N		N		Y	2	Y	2
463127597	MARISSA N COOPER DMD PA			1600 TOWN CENTER BLVD	WESTON	FL	33326		0	1912283136	1912283136	7,365.61	4,256.35	14		N		N		N		N	
463137997	SMILE SOURCE LLC	JORGE	LANDA	11790 SW 89TH ST	MIAMI	FL	33186	FL	18138	1366677858	1366677858	608.00	284.00	10	PD	N		Y	2	N		Y	2
463163803	COOPER ORTHODONTICS LLC	ANDREW	COOPER	685 ROYAL PALM BEACH BLVD	ROYAL PALM BEACH	FL	33411	FL	18379	1639502016	1710206149	3,336.42	1,652.40	27	OR	N		Y	1	N		Y	1
463201940	KATIE MILLER	KATIE	MILLER	2431 W MAIN ST STE 303	DOTHAN	AL	36301	AL	5597	1649470584	1649470584	1,362.56	606.00	1	OR	N		Y	2	N		Y	2
463369883	DENTAL COSMETIC & IMPLANT INSTITUTE	GEORGE	GEORGIEV	2517 NE 9TH AVE	WILTON MANORS	FL	33305	FL	18173	1881870319	1881870319	11,222.00	1,751.00	36	GP	N		Y	2	N		Y	2
463455311	SAGE DENTAL OF DAVIE PLLC	ADI	SUTA	9870 GRIFFIN RD	COOPER CITY	FL	33328	FL	20174	1457791816	1982032538	800.80	387.00	16	PD	Y	1	Y	1	N		Y	1
463455311	SAGE DENTAL OF DAVIE PLLC	DUSTIN	HALLER	9870 GRIFFIN RD	COOPER CITY	FL	33328	FL	19767	1346502705	1982032538	2,307.20	1,384.00	26	GP	Y	1	Y	1	N		Y	1
463455311	SAGE DENTAL OF DAVIE PLLC	FRANCESCA	VERRATTI DI PAOLO	9870 GRIFFIN RD	COOPER CITY	FL	33328	FL	22986	1730475500	1982032538	4,273.60	641.00	12	OS	Y	1	Y	1	N		Y	1
463461267	GUSTAVO R MOLINA DDS	GUSTAVO	MOLINA	18503 PINES BOULEVARD	PEMBROKE PINES	FL	33029	FL	19559	1679859847	1679859847	102.00	65.00	1	GP	Y	2	Y	2	N		Y	2
463506893	PALMS DENTAL CARE PLLC	KYLE	KROMREY	8918 LANTANA RD	LAKE WORTH	FL	33467	FL	19001	1437479318	1437479318	184.00	71.00	3	GP	N		Y	1	N		Y	1
464114693	DENTAL LAS OLAS PA	NADEZDA	SELMIC	401 E LAS OLAS BLVD	FORT LAUDERDALE	FL	33301	FL	20436	1861608218	1265862593	1,774.00	1,060.00	19	GP	N		Y	1	N		Y	1
464114693	DENTAL LAS OLAS PA	TOMAS	BAEZ	401 E LAS OLAS BLVD	FORT LAUDERDALE	FL	33301	FL	22250	1134673668	1265862593	1,031.00	586.40	11	GP	N		Y	1	N		Y	1
464269174	MARK ANTHONY LIMOSANI DMD PLLC	MARK	LIMOSANI	2711 EXECUTIVE PARK DR	WESTON	FL	33331	FL	19282	1083857338	1083857338	10,673.00	2,740.80	22	EN	N		N		Y	2	Y	2
464571377	SAGE DENTAL OF FT LAUDERDALE PLLC	ANTONIO	CRUZ	6171 N FEDERAL HWY	FORT LAUDERDALE	FL	33308	FL	12876	1053435156	1013330430	-64.60	-45.00	5	GP	Y	1	Y	1	N		Y	1
464571377	SAGE DENTAL OF FT LAUDERDALE PLLC	FRANCESCA	VERRATTI DI PAOLO	6171 N FEDERAL HWY	FORT LAUDERDALE	FL	33308	FL	22986	1730475500	1013330430	91.00	64.00	1	OS	Y	1	Y	1	N		Y	1
464571377	SAGE DENTAL OF FT LAUDERDALE PLLC	KIREN	GEORGE	6171 N FEDERAL HWY	FORT LAUDERDALE	FL	33308	FL	24357	1225690829	1013330430	515.20	105.00	6	GP	Y	1	Y	1	N		Y	1
464571377	SAGE DENTAL OF FT LAUDERDALE PLLC	LAUREN	ARGUELLES	6171 N FEDERAL HWY	FORT LAUDERDALE	FL	33308	FL	24912	1588288609	1013330430	500.20	105.00	6	GP	Y	1	Y	1	N		Y	1
464571377	SAGE DENTAL OF FT LAUDERDALE PLLC	MARIA	ROMAN	6171 N FEDERAL HWY	FORT LAUDERDALE	FL	33308	FL	DN25177	1285131086	1013330430	4,057.20	2,301.00	25	PD	Y	5	Y	5	N		Y	5
464571377	SAGE DENTAL OF FT LAUDERDALE PLLC	ROBERT	PERLSTEIN	6171 N FEDERAL HWY	FORT LAUDERDALE	FL	33308	FL	20317			-147.00	-62.00	4	PD	Y	5	Y	5	N		Y	5
464571377	SAGE DENTAL OF FT LAUDERDALE PLLC	SCOTT	SPENCER	6171 N FEDERAL HWY	FORT LAUDERDALE	FL	33308	FL	19980			771.42	193.00	3	OR	Y	1	Y	1	N		Y	1
464769860	KONIS FAMILY DENTAL PA	ALLEN	KONIS	1050 NW 15TH ST	BOCA RATON	FL	33486	FL	12733	1679797781	1679797781	1,121.00	571.00	15	GP	N		Y	1	N		Y	1
464949278	NESTOR H D'ALESSANDRIA	NESTOR	D'ALESSANDRIA	8320 W SUNRISE BLVD	PLANTATION	FL	33322	FL	19059	1114239787	1457770778	1,258.00	443.00	18	PD	Y	2	Y	2	N		Y	2
465088598	MARCIE YOUNG	MARCIE	YOUNG	241 NE 4TH ST	DELRAY BEACH	FL	33444	FL	16663	1073704482	1073704482	796.00	418.00	15	PD	N		Y	2	N		Y	2
465103906	MAURICIO HERVAS DDS PA			817 S UNIVERSITY DR	PLANTATION	FL	33324		0	1720030448	1720030448	95.00	0.00	1	GP	N		N		Y	5	Y	5
465187178	DANIELLE S JAFFEE DDS PA	DANIELLE	JAFFE	1312 E BROWARD BLVD	FORT LAUDERDALE	FL	33301	FL	20270	1649436056	1649436056	123.00	24.00	2	EN	N		N		Y	2	Y	2
465306191	TLC DENTAL-HOLLYWOOD LLC			1718 SHERIDAN ST	HOLLYWOOD	FL	33020		ZZZZ	1073955589	1629525001	105.00	105.00	1	GP	Y	4	Y	4	N		Y	4
465306191	TLC DENTAL-HOLLYWOOD LLC	YITTA	GARDEN	1718 SHERIDAN ST	HOLLYWOOD	FL	33020	FL	20507	1073955589	1629525001	251.60	63.00	2	GP	Y	1	Y	1	N		Y	1
465422123	JUAN CARLOS FLORES DMD PA	JUAN CARLOS	FLORES	5644 W ATLANTIC BLVD	MARGATE	FL	33063	FL	17732	1548459803	1548459803	1,441.00	751.00	13	GP	N		Y	1	N		Y	1
465422123	JUAN CARLOS FLORES DMD PA			300 NW 70TH AVE	PLANTATION	FL	33317		ZZZZ	1548459803	1548459803	10,530.41	4,102.01	54	GP	N		Y	16	N		Y	16
465552734	JON TARLETON DDS MSD PLLC			5723 NE BOTHELL WAY	KENMORE	WA	98028		0	1710267075	1710267075	4,893.00	324.00	8		N		N		N		N	
465586791	AMERICAN PEDIATRIC DENTAL GROUP	SHASAN	LIOU	3353 N UNIVERSITY DR	CORAL SPRINGS	FL	33065	FL	19743	1770848731	1437537727	540.00	280.00	10	PD	Y	1	Y	1	N		Y	1
465586791	AMERICAN PEDIATRIC DENTAL GROUP	TAMARA	MCCALLUM	3353 N UNIVERSITY DR	CORAL SPRINGS	FL	33065	FL	18474	1366607236	1437537727	2,085.00	1,230.00	37	PD	Y	1	Y	1	N		Y	1
465601000	C AND C DENTAL	SILVIA	CASAS	951 NE 167TH ST	NORTH MIAMI BEACH	FL	33162	FL	19495	1073929816	1073929816	5,032.00	1,787.20	19	GP	Y	1	Y	2	N		Y	2
465632658	MILAN KHAKHRIA DMD MS PA	RENE	LANDA	10051 PINES BLVD	PEMBROKE PINES	FL	33024	FL	18735	1215166368	1215166368	267.00	168.00	2	PD	Y	2	Y	2	N		Y	2
470915474	PLANTATION DENTAL ARTS ASSOCIATES	PETER	COLETTI	300 NW 70TH AVE	PLANTATION	FL	33317	FL	14838	1205054756	1205054756	3,337.00	630.00	9	GP	Y	1	Y	1	N		Y	1
471119933	KAPOOR & RAVI DMD LLC	KSHITIJ	KAPOOR	12300 SOUTHSHORE BLVD	WELLINGTON	FL	33414	FL	20032	1215240478	1487214607	4,977.00	2,439.66	23	GP	N		Y	5	N		Y	5
471218039	SAINT APOLLONIA PLLC	PETER	GAYED	2989 ALAFAYA TRL	OVIEDO	FL	32765	FL	20614	1073925590	1912315524	377.00	217.00	6	GP	N		Y	2	N		Y	2
471251244	FABIANE RIBEIRO DMD			5900 HIATUS RD	FORT LAUDERDALE	FL	33330		0	1518372994	1518372994	2,410.50	89.50	3	GP	N		N		Y	2	Y	2
471318285	DANIEL TEBOUL DDS INC	GORDON	FONG	23520 CRENSHAW BLVD	TORRANCE	CA	90505	CA	34486	1437345824	1689068108	1,091.00	307.00	11	GP	Y	2	Y	2	N		Y	2
471318285	DANIEL TEBOUL DDS INC	JALEH	KEYHANI	23520 CRENSHAW BLVD	TORRANCE	CA	90505	CA	60131	1043214448	1043214448	5,945.00	1,444.82	16	GP	Y	2	Y	2	N		Y	2
471390206	HOUSE OF DENTISTRY PA	TIMOTHY	HOUSE	1201 NE 26TH ST	WILTON MANORS	FL	33305	FL	DN18733	1982832929	1508241951	1,044.00	518.20	10	GP	N		Y	1	N		Y	1
471504631	NANCY M MENENDEZ	NANCY	MENENDEZ	8278 SUNSET STRIP	SUNRISE	FL	33322	FL	20816	1467707927	1467707927	5,182.00	1,500.00	19	GP	Y	2	Y	2	N		Y	2
471515809	MAIN ST CHILDRENS DENTISTRY OF MIAMI LAKES PLLC	HELENA	KRAJEWSKI	15501 NW 67TH AVE	HIALEAH	FL	33014	FL	18852	1356670988	1043611858	831.20	357.00	8	PD	Y	2	Y	2	N		Y	2
471559201	LUCIANA MOLINARI DDS PLLC	LUCIANA	MOLINARI	2820 OAK AVE	MIAMI	FL	33133	FL	20830	1285989293	1285989293	1,137.00	294.80	6	GP	N		Y	2	N		Y	2
471559201	LUCIANA MOLINARI DDS PLLC	LUCIANA	MOLINARI	604 CRANDON BLVD	KEY BISCAYNE	FL	33149	FL	20830	1285989293	1285989293	101.00	0.00	1	GP	N		Y	2	N		Y	2
471559201	LUCIANA MOLINARI DDS PLLC			2820 OAK AVE	MIAMI	FL	33133		20830	1285989293	1285989293	653.00	331.80	1	GP	N		Y	2	N		Y	2
471565474	DEBORAH E LUIS DMD PA			7100 W COMMERCIAL BLVD	LAUDERHILL	FL	33319		0	1033561907	1568869360	6,631.00	3,844.00	44	GP	Y	2	Y	2	N		Y	2
471601631	MARC MINGEL DMD PA	MARC	MINGEL	3015 BAYVIEW DR	FORT LAUDERDALE	FL	33306	FL	19201	1831402957	1831402957	5,525.00	2,949.00	52	GP	N		N		Y	2	Y	2
471755265	PATRICIA TEMPLETON	PATRICIA	TEMPLETON	2249 N UNIVERSITY DR	PEMBROKE PINES	FL	33024	FL	14445	1881751956	1619362209	6,118.00	1,541.40	60	PD	Y	16	Y	1	N		Y	1
471755265	PATRICIA TEMPLETON	PATRICIA	TEMPLETON	4725 SW 148TH AVE	DAVIE	FL	33330	FL	14445	1881751956	1619362209	5,178.00	1,755.00	75	PD	Y	5	Y	1	N		Y	1
471816935	FERNANDO GUTIERREZ DDS PA	FERNANDO	GUTIERREZ	9964 PINES BLVD	PEMBROKE PINES	FL	33024	FL	19578	1114230588	1114230588	3,027.00	1,500.00	15	GP	N		Y	2	N		Y	2
471820802	SAGE DENTAL OF HOLLYWOOD PLLC	ANUJ	MALIK	4461 SHERIDAN ST	HOLLYWOOD	FL	33021	FL	DN25478	1558653337	1083015697	4,569.00	2,018.00	20	GP	Y	1	Y	1	N		Y	1
471969819	YELENA PRATO-GUIA DMD INC	YELENA	PRATO	17130 ROYAL PALM BLVD	FORT LAUDERDALE	FL	33326	FL	20930	1740614155	1740614155	3,494.00	1,765.20	31	GP	N		Y	2	N		Y	2
472134493	GLEN B MITCHELLE ENDODONTICS	GLEN	MITCHELL	900 GLADES RD	BOCA RATON	FL	33431	FL	12931	1376648055	1376648055	1,768.00	1,021.00	9	EN	Y	1	Y	1	N		Y	1
472181384	A&B PEDIATRIC DENTISTS LLC	ERICA	BARRA	6370 N STATE ROAD 7	COCONUT CREEK	FL	33073	FL	18845	1013043710	1013043710	277.00	118.00	5	PD	Y	1	Y	1	N		Y	1
472181384	A&B PEDIATRIC DENTISTS LLC	LIZA	AGUILAR	6370 N STATE ROAD 7	COCONUT CREEK	FL	33073	FL	19224	1932404027	1932404027	1,068.00	438.00	21	PD	Y	1	Y	1	N		Y	1
472181384	A&B PEDIATRIC DENTISTS LLC			6370 N STATE ROAD 7	COCONUT CREEK	FL	33073		0	1700141058	1932404027	990.00	594.00	6	PD	Y	5	Y	4	N		Y	4
472181384	AB PEDIATRIC DENTISTS LLC	ERICA	BARBA	6370 N STATE ROAD 7	COCONUT CREEK	FL	33073	FL	18845	1013043710	1013043710	302.00	107.00	6	PD	Y	2	Y	2	N		Y	2
472181384	AB PEDIATRIC DENTISTS LLC	LIZA	AGUILAR	6370 N STATE ROAD 7	COCONUT CREEK	FL	33073	FL	19224	1932404027	1932404027	356.00	132.00	7	PD	Y	2	Y	2	N		Y	2
472181384	AB PEDIATRIC DENTISTS LLC			6370 N STATE ROAD 7	COCONUT CREEK	FL	33073		0	1700141058	1932404027	990.00	594.00	6	PD	Y	5	Y	4	N		Y	4
472266785	DAMIEN DELIO DDS	DAMIEN	DELIO	827 DEEP VALLEY DR	ROLLING HILLS ESTATE	CA	90274	CA	39143	1609082973	1609082973	483.00	185.00	2	OR	N		N		Y	1	Y	1
472661951	PROGRESSIVE ENDODONTICS GA PC	WAHEED	MALIK	2151 FOUNTAIN DR	SNELLVILLE	GA	30078	GA	11834	1487863262	1487863262	1,456.00	487.00	4	EN	N		N		Y	1	Y	1
472804802	ELIJAH BROWN FAMILY DENTAL CARE PLLC	JOSEPH	BROWN	1097 WESTON DR	MOUNT JULIET	TN	37122	TN	9293	1780972554	1598154122	3,935.00	1,424.80	7	GP	N		Y	1	N		Y	1
472877477	STEIGER ORTHODONTICS LLC	PAMELA	STEIGER	1001 N FEDERAL HWY	BOCA RATON	FL	33432	FL	20003	1164800926	1164800926	3,095.50	1,405.76	10	OR	N		N		Y	1	Y	1
472992794	FERNANDO MUNOZ DDS PA	NUMA	MUNOZ	3472 FOREST HILL BLVD	WEST PALM BEACH	FL	33406	FL	20523	1427115310	1427115310	4,543.00	1,398.40	45	GP	N		Y	2	N		Y	2
473072479	ALPHA DENTAL, PLLC	RACHEL	WOLK	9897 LAKE WORTH RD	LAKE WORTH	FL	33467	FL	21706	1083931091	1366834517	1,418.00	597.00	18	PE	N		Y	5	N		Y	5
473072479	ALPHA DENTAL, PLLC	RACHEL	WOLK	9897 LAKE WORTH RD STE 201	LAKE WORTH	FL	33467	FL	21706	1083931091	1366834517	2,488.54	811.50	23	PE	N		Y	5	N		Y	5
473265529	MARGATE DENTAL ASSOCIATES PA	ARMAND	ASINMAZ	7608 MARGATE BLVD	POMPANO BEACH	FL	33063	FL	21919	1245680289	1477873826	300.00	148.00	3	GP	N		N		Y	2	Y	2
473265529	MARGATE DENTAL ASSOCIATES PA	MIHRAN	ASINMAZ	8235 W ATLANTIC BLVD	CORAL SPRINGS	FL	33071	FL	18859	1477873826	1477873826	174.00	94.00	2	GP	N		Y	2	N		Y	2
473267067	BRILLIANT SMILES DENTAL	HENRY	RODRIGUEZ-MARTIN	2100 LAKE IDA RD	DELRAY BEACH	FL	33445	FL	15860	1467549444	1467549444	494.00	257.00	4	GP	Y	1	Y	1	N		Y	1
473292146	DR LINDSAY KULCZYNSKI	LINDSAY	KULCZYNSKI	124 HOWARD ST E	LIVE OAK	FL	32064	FL	20659	1679973739	1679973739	3,792.00	771.60	13	GP	N		Y	2	N		Y	2
473696720	SAGE DENTAL OF DOWNTOWN FT LAUDERDALE	FREDERICKA	SALBO	551 N FEDERAL HWY	FORT LAUDERDALE	FL	33301	FL	21036	1972999159	1972999159	91.00	63.00	1	EN	Y	1	Y	1	N		Y	1
473696720	SAGE DENTAL OF DOWNTOWN FT LAUDERDALE	JOSHUA	JAFFE	551 N FEDERAL HWY	FORT LAUDERDALE	FL	33301	FL	22908	1457883084	1972999159	7,814.80	4,352.00	80	GP	Y	1	Y	1	N		Y	1
473696720	SAGE DENTAL OF DOWNTOWN FT LAUDERDALE	JOYCE	YU	551 N FEDERAL HWY	FORT LAUDERDALE	FL	33301	FL	21379	1972999159	1972999159	557.00	0.00	2	GP	Y	5	Y	5	N		Y	5
473696720	SAGE DENTAL OF DOWNTOWN FT LAUDERDALE			551 N FEDERAL HWY	FORT LAUDERDALE	FL	33301		22908	1457883084	1972999159	318.00	0.00	6	GP	Y	3	Y	3	N		Y	3
473708532	SAGE DENTAL OF WESTON PLLC	KIM	STAPLETON	2366 WESTON RD	WESTON	FL	33326	FL	24079	1497232342	1285021394	4,441.25	1,484.40	12	OR	Y	1	Y	1	N		Y	1
473708532	SAGE DENTAL OF WESTON PLLC	MARIA	CHACIN-ZAA	2366 WESTON RD	WESTON	FL	33326	FL	24493	1609307917	1285021394	962.00	562.00	9	GP	Y	1	Y	1	N		Y	1
473708532	SAGE DENTAL OF WESTON PLLC			2366 WESTON RD	WESTON	FL	33326		ZZZZ	1285021394	1285021394	209.00	147.00	3	GP	Y	5	Y	5	N		Y	5
473887639	SHERIDAN DENTAL CENTER			5351 SHERIDAN ST	HOLLYWOOD	FL	33021		0	1447478227	1689053845	5,710.00	3,762.00	40	GP	Y	10	Y	10	N		Y	10
474152922	PG DENTAL	PARIA	GOODARZI	515 MADISON AVE	NEW YORK	NY	10022	NY	056750	1821356155	1528448594	721.00	350.00	11		N		N		N		N	
474277343	TDC PARKLAND LLC	MICHAEL	GEIGER	6069 CORAL RIDGE DR	CORAL SPRINGS	FL	33076	FL	19775	1336402130	1508249194	1,354.00	638.00	26	GP	N		Y	1	N		Y	1
474321614	DENTAL ASSOC OF BOCA RATON	MICHAEL	COSTABILE	2404 WILTON DR	FORT LAUDERDALE	FL	33305	FL	17978	1215135181	1215135181	3,833.00	1,556.40	23	GP	N		Y	1	N		Y	1
474340058	CHARLOTTE ADVANCED ORTHODONTICS	CHRISTINA	PEPPER	3100 PORT CHARLOTTE BLVD	PORT CHARLOTTE	FL	33952	FL	21184	1215275532	1215275532	2,572.35	1,260.60	10	OR	N		Y	1	N		Y	1
474417518	SAWYER DENTAL LLC	STEPHEN	SAWYER	720 MAIN ST	MENDOTA HEIGHTS	MN	55118	MN	11939	1043379514	1144696063	99.00	60.00	1	GP	N		Y	2	N		Y	2
474517806	SERGIO J JACAS DMD	SERGIO	JACAS	7000 W OAKLAND PARK BLVD	SUNRISE	FL	33313	FL	21198	1184004228	1184004228	841.00	491.00	9	GP	N		Y	2	N		Y	2
474556502	PETER SCERBO			2211 NE 36TH ST	LIGHTHOUSE PT	FL	33064		0	1033248554	1033248554	1,525.00	913.40	15		N		N		N		N	
474657069	SAGE DENTAL OF TAMARAC	COURTNY	PATTERSON	5779 N UNIVERSITY DR	FORT LAUDERDALE	FL	33321	FL	DN20735	1598198608	1528443637	346.00	201.00	3	PD	Y	1	Y	1	N		Y	1
474657069	SAGE DENTAL OF TAMARAC	LINDSAY	PERKINS	5779 N UNIVERSITY DR	FORT LAUDERDALE	FL	33321	FL	18787	1962630137	1528443637	467.20	152.00	5	GP	Y	1	Y	1	N		Y	1
474698313	WEST SUNRISE DENTISTRY PA	CARL-YVES	DURAND	9310 W COMMERCIAL BLVD	SUNRISE	FL	33351	FL	DN25617	1205287059	1619342268	898.00	0.00	9	GP	Y	5	Y	5	N		Y	5
474698313	WEST SUNRISE DENTISTRY PA	JOSHUA	GOLDEN	9310 W COMMERCIAL BLVD	SUNRISE	FL	33351	FL	21450	1669898573	1619342268	959.60	282.00	15	GP	Y	1	Y	1	N		Y	1
474698313	WEST SUNRISE DENTISTRY PA	NOEMI	TISMINESKY-CARDIER	9310 W COMMERCIAL BLVD	SUNRISE	FL	33351	FL	DN24378	1982266177	1619342268	321.80	64.00	4	GP	Y	1	Y	1	N		Y	1
474698313	WEST SUNRISE DENTISTRY PA			9310 W COMMERCIAL BLVD	SUNRISE	FL	33351			1205287059	1619342268	699.00	332.00	8	GP	Y	5	Y	5	N		Y	5
474722522	MIDTOWN DENTAL STUDIO	ELIZABETH	AMADOR	7500 NW 5TH ST	PLANTATION	FL	33317	FL	21824	1407203169	1528648649	1,300.00	696.00	14	GP	N		N		Y	2	Y	2
474722522	MIDTOWN DENTAL STUDIO	ELIZABETH	KERR	7500 NW 5TH ST	PLANTATION	FL	33317	FL	21824	1407203169	1528648649	3,528.00	2,696.00	28	GP	N		N		Y	3	Y	3

474722522	MIDTOWN DENTAL STUDIO			4581 WESTON RD	FORT LAUDERDALE	FL	33331		0	1407203169	1407203169	513.00	352.00	3	GP	N		N		Y	16	Y	16
474722522	MIDTOWN DENTAL STUDIO			7500 NW 5TH ST	FORT LAUDERDALE	FL	33317		0	1407203169	1407203169	228.00	228.00	2	GP	N		N		Y	4	Y	4
474860188	MIAMI ORTHODONTIC SPECIALISTS	CARMEN	GARCIA-PAUL	8525 SW 92ND ST STE B9	MIAMI	FL	33156	FL	19515	1467862631	1992152300	2,415.00	673.75	12	OR	N		Y	1	N		Y	1
474871770	CUMBERLAND ENDODONTICS PLLC	STEPHEN	DAPOZ	40 W CALDWELL ST	MOUNT JULIET	TN	37122	TN	11210	1417306820	1558731463	146.00	142.00	3	EN	Y	1	Y	1	N		Y	1
474932576	AMONEM INC	RAFAH	ABDELMONEM	9001 PEMBROKE RD	PEMBROKE PINES	FL	33025	FL	16642	1194736959	1134593296	934.00	408.00	9	GP	Y	2	Y	2	N		Y	2
475023639	SUNKIDZ PEDIATRIC DENTISTRY	RITA	PATEL	1045 NE 125TH ST	NORTH MIAMI	FL	33161	FL	19103	1548578776	1801266762	635.00	310.32	8	PD	N		Y	1	N		Y	1
475031284	BORIS LIPOVETSKIY	BORIS	LIPOVETSKIY	104 SE 1ST ST	FORT LAUDERDALE	FL	33301	FL	21039	1629113808	1730694191	6,921.50	1,542.00	28	GP	N		Y	2	N		Y	2
475112502	LITTLE TOWN SMILES A FLORIDA PROF LIMITED	LOANANH	BUI	8936 77TH TER E	LAKEWOOD RANCH	FL	34202	FL	19207	1003883422	1003883422	2,186.00	1,121.60	23	PD	N		N		Y	1	Y	1
475126635	TDC CANYONS LLC	CAITLIN	BUNN	8794 W BOYNTON BEACH BLVD	BOYNTON BEACH	FL	33472	FL	23875	1104274588	1053786038	536.00	274.00	8	GP	N		Y	2	N		Y	2
475190282	GULF COAST DENTAL ASSOCIATES CORP	KEVIN	KRAUSE	259 E HIGHLAND BLVD	INVERNESS	FL	34452	FL	18310	1760641609	1760641609	2,867.00	1,113.00	21	GP	N		Y	1	N		Y	1
475239887	QUEVEDO & ASSOCIATES PA	FERNANDO	QUEVEDO	1700 W WOOLBRIGHT RD	BOYNTON BEACH	FL	33426	FL	21354	1699157800	1699157800	294.00	143.00	3	GP	N		Y	2	N		Y	2
475264969	SAGE DENTAL OF HALLANDALE BEACH PLLC	RAFAELA	DEJANOVIC	1701 E HALLANDALE BEACH BLVD	HALLANDALE BEACH	FL	33009	FL	DN22457	1013379346	1720459399	0.43	0.43	1	PE	Y	5	Y	1	N		Y	1
475340232	GENTLE TEETH OF CORAL SPRINGS & PARKLAND	AMANDA	NUNEZ	5401 N UNIVERSITY DR	CORAL SPRINGS	FL	33067	FL	24559	1245873967	1245873967	106.00	47.00	1	GP	Y	5	Y	1	N		Y	1
475340232	GENTLE TEETH OF CORAL SPRINGS & PARKLAND	ANURUPA	SINGH ROY	5401 N UNIVERSITY DR	CORAL SPRINGS	FL	33067	FL	20537	1073956447	1073956447	452.00	172.00	8	GP	Y	1	Y	1	N		Y	1
475340232	GENTLE TEETH OF CORAL SPRINGS & PARKLAND	CHANDY	SAMUEL	5401 N UNIVERSITY DR	CORAL SPRINGS	FL	33067	FL	17317	1891917688	1891917688	762.50	393.00	5	OR	Y	1	Y	1	N		Y	1
475340232	GENTLE TEETH OF CORAL SPRINGS & PARKLAND	HEILYN	HERNANDEZ	5401 N UNIVERSITY DR	CORAL SPRINGS	FL	33067	FL	23615	1346726833	1346726833	204.00	94.00	2	GP	Y	1	Y	1	N		Y	1
475340232	GENTLE TEETH OF CORAL SPRINGS & PARKLAND	MELISSA	AMUNDSON	5401 N UNIVERSITY DR	CORAL SPRINGS	FL	33067	FL	20015	1689823619	1689823619	1,201.00	384.00	4	OS	Y	1	Y	1	N		Y	1
475340232	GENTLE TEETH OF CORAL SPRINGS & PARKLAND	ROSEMEEN	DAOOD	5401 N UNIVERSITY DR	CORAL SPRINGS	FL	33067	FL	18199	1649550310	1891917688	417.00	62.00	5	PE	Y	1	Y	1	N		Y	1
510437993	FAMILY DENTIST OF PALM BEACH INC	SUNITHA	SIRIVOLU	11903 SOUTHERN BLVD	ROYAL PALM BEACH	FL	33411	FL	15871	1619081585	1699913111	420.00	184.00	3	GP	N		Y	1	N		Y	1
510437993	FAMILY DENTIST OF PALM BEACH INC			11903 SOUTHERN BLVD	ROYAL PALM BEACH	FL	33411		ZZZZ	1932484888	1699913111	2,051.00	803.00	5	GP	N		Y	5	N		Y	5
510446273	STEPHEN C NAJARIAN DMD PA	STEPHEN	NAJARIAN	815 S UNIVERSITY DR	PLANTATION	FL	33324	FL	14766	1063533800	1063533800	1,075.00	487.00	20	GP	N		Y	1	N		Y	1
510446273	STEPHEN C NAJARIAN DMD PA	STEPHEN	NAJARIAN	815 S UNIVERSITY DR STE 101	PLANTATION	FL	33324	FL	14766	1063533800	1063533800	6,222.00	2,468.20	72	GP	N		Y	1	N		Y	1
510633779	SAWGRASS MILLS MALL DENTAL PA	LAURIE	GITTESS	12801 W SUNRISE BLVD	SUNRISE	FL	33323	FL	13474	1346321031	1306088133	144.54	86.70	3	OR	Y	1	Y	1	N		Y	1
521573086	UMIT YIGIT DMD	UMIT	YIGIT	3330 N FEDERAL HWY	LIGHTHOUSE PT	FL	33064	FL	11015	1750500120	1750500120	3,796.00	2,186.40	24	GP	N		N		Y	2	Y	2
522023260	SCOTT F TUCKER DDS MS PA	JAMES	MEEK	6201 TOWNCENTER DR	CLEMMONS	NC	27012	NC	9384	1639420466	1063589711	1,984.00	1,604.00	16	OR	Y	5	Y	2	N		Y	2
542079759	CRAIG SPODAK DMD PA			3911 W ATLANTIC AVE	DELRAY BEACH	FL	33445		YYYY	1760043079	1073522017	470.00	308.40	7	GP	N		N		Y	4	Y	4
542080841	NIGEL D GRANDISON DMD	NIGEL	GRANDISON	10117 CLEARY BLVD	PLANTATION	FL	33324	FL	14446	1326148909	1326148909	6,768.00	2,505.00	75	PD	Y	2	Y	2	N		Y	2
542080841	NIGEL D GRANDISON DMD	NIGEL	GRANDISON	10794 PINES BLVD STE 101	PEMBROKE PINES	FL	33026	FL	14446	1326148909	1326148909	471.00	202.00	1	PD	Y	2	Y	2	N		Y	2
542080841	NIGEL D GRANDISON DMD	NIGEL	GRANDISON	1240 N UNIVERSITY DR	PLANTATION	FL	33322	FL	14446	1326148909	1326148909	4,040.60	1,148.60	55	PD	Y	2	Y	2	N		Y	2
542111345	MINARS ORTHODONTICS	MICHAEL	MINARS	4350 SHERIDAN ST	HOLLYWOOD	FL	33021	FL	15710	1598823296	1598823296	3,666.80	1,675.37	24		N		N		N		N	
542111345	MINARS ORTHODONTICS			4350 SHERIDAN ST	HOLLYWOOD	FL	33021		15710	1598823296	1598823296	1,803.03	930.97	15		N		N		N		N	
542141417	RONALD E ROSENBAUM DMD	RONALD	ROSENBAUM	2231 N UNIVERSITY DR	PEMBROKE PINES	FL	33024	FL	16060	1336313063	1336313063	1,473.00	561.00	7	GP	N		Y	1	N		Y	1
550881045	FREEMAN ORTHODONTICS PA	CHRISTOPHER	FREEMAN	STE B 1825 NE 45TH ST	FORT LAUDERDALE	FL	33308	FL	15971	1770970709	1770970709	9,985.57	3,871.23	42	OR	N		Y	1	N		Y	1
562173580	LAXER AND LONG	JUDY	LAXER	7820 BALLANTYNE COMMONS PKWY	CHARLOTTE	NC	28277	NC	6631	1265520498	1558360974	881.00	600.00	11	PD	N		N		Y	2	Y	2
562315803	HENRY A RODRIGUEZ-MARTIN DMD PA	HENRY	RODRIGUEZ-MARTIN	2609 W OAKLAND PARK BLVD	OAKLAND PARK	FL	33311	FL	15860	1467549444	1013232511	665.00	352.00	9	GP	Y	2	Y	2	N		Y	2
562315803	HENRY A RODRIGUEZ-MARTIN DMD PA	LISA	SALDARRIAGA	2609 W OAKLAND PARK BLVD	OAKLAND PARK	FL	33311	FL	18616	1588979710	1013232511	567.00	179.00	3	GP	Y	2	Y	2	N		Y	2
562338791	KAWA ORTHODONTICS LLP	ALLYN	SEGELMAN	20423 STATE RD 7	BOCA RATON	FL	33498	FL	18355	1568626265	1568626265	82.00	60.00	1	OR	Y	5	Y	5	N		Y	5
562338791	KAWA ORTHODONTICS LLP	JOHN	DIGNEY	20423 STATE RD 7	BOCA RATON	FL	33498	FL	10476	1780792770	1780792770	5,053.99	2,013.80	15	OS	Y	1	Y	1	N		Y	1
562338791	KAWA ORTHODONTICS LLP	LARRY	KAWA	20423 STATE RD 7	BOCA RATON	FL	33498	FL	13104	1124465752	1346465028	10,080.24	4,180.60	58	OR	Y	1	Y	1	N		Y	1
571171801	INDIAN TRACE DENTAL ASSOC PA	RODOLFO	VILLA	46 INDIAN TRCE	WESTON	FL	33326	FL	13605	1093899171	1093899171	3,146.00	858.20	10	GP	N		Y	1	N		Y	1
581326959	THE SZIKMAN DENTAL GROUP PC	RICHARD	SZIKMAN	2070 S PARK PL SE	ATLANTA	GA	30339	GA	11820	1760655039	1962507004	164.00	77.00	2	GP	N		Y	1	N		Y	1
581650052	JOSEPH BARCLAY DDS			1206 SHERWOOD PARK DR NE # B	GAINESVILLE	GA	30501		0	1164571162	1164571162	6,895.00	419.00	9		N		N		N		N	
582462808	SCOTT D WINGARD DMD PC	SCOTT	WINGARD	1450 ANTHONY RD	AUGUSTA	GA	30904	GA	12023	1073667614	1487708061	312.00	303.00	3	GP	N		N		Y	1	Y	1
582676964	ITZA M ROSADO DDS	ITZA	ROSADO	12781 MIRAMAR PKWY	MIRAMAR	FL	33027	FL	15323	1215997242	1215997242	5,539.00	1,296.20	32	GP	N		N		Y	1	Y	1
584382066	HECTOR PINERO DDS	HECTOR	PINERO	217 N WESTMONTE DR	ALTAMONTE SPRINGS	FL	32714	FL	012609	1497813653	1497813653	534.00	234.00	10	PE	Y	1	Y	1	N		Y	1
591083502	NOVA SOUTHEASTERN UNIVERSITY INC			3200 S UNIVERSITY DR	FORT LAUDERDALE	FL	33328					2,635.00	75.00	3	PD	N		Y	5	N		Y	5
591218473	SOUTHEAST FLORIDA DENTAL GRP PA			17971 BISCAYNE BLVD	AVENTURA	FL	33160		0	1780713586	1780713586	2,385.00	1,288.00	13		N		N		N		N	
591263751	NORMAN BLUTH DDS & BARRY BLUTH DMD PA	BARRY	BLUTH	4175 SW 64TH AVE	DAVIE	FL	33314	FL	12656	1114907839	1114907839	3,643.50	487.00	29	GP	N		Y	2	N		Y	2
591263751	NORMAN BLUTH DDS & BARRY BLUTH DMD PA	SHERRI	BLUTH	4175 SW 64TH AVE	DAVIE	FL	33314	FL	15109	1801106000	1114907839	473.00	163.00	7	GP	N		Y	2	N		Y	2
591290474	GARY F OZGA DDS	GARY	OZGA	1296 S FEDERAL HWY	POMPANO BEACH	FL	33062	FL	7940	1508813312	1508813312	4,559.00	2,894.00	31	GP	N		Y	1	N		Y	1
591366609	BERGER & MILLER PA	RANDI	KORN	817 S UNIVERSITY DRIVE	PLANTATION	FL	33324	FL	18352	1790064665	1790064665	4,090.00	92.00	9	PE	N		Y	1	N		Y	1
591366609	BERGER & MILLER PA	ROBERT	MILLER	817 S UNIVERSITY DRIVE	PLANTATION	FL	33324	FL	10117	1235283177	1235283177	7,004.00	1,874.00	17	PE	N		Y	1	N		Y	1
591374365	WM DOMEYER DDS MS INC	WILLIAM	DOMEYER	4175 S CONGRESS AVE	LAKE WORTH	FL	33461	FL	4289	1760569289	1760569289	1,662.62	732.56	7	OR	N		N		Y	1	Y	1
591374365	WM DOMEYER DDS MS INC	WILLIAM	DOMEYER	901 N CONGRESS AVE	BOYNTON BEACH	FL	33426	FL	4289		1760569289	1,266.80	34.74	10	OR	N		N		Y	1	Y	1
591389949	BARRY ROSENTHAL DDS	BARRY	ROSENTHAL	9200 NW 44TH ST	SUNRISE	FL	33351	FL	8751	1932102936	1932102936	20,499.00	16,029.44	133	GP	N		N		Y	2	Y	2
591399832	THE EMERALD HILLS DENTAL CNTR	DARREN	SNOW	3856 SHERIDAN ST	HOLLYWOOD	FL	33021	FL	10639	1902023856	1902023856	7,941.00	3,205.00	46	GP	Y	1	Y	1	N		Y	1
591425149	PEDIATRIC DENTISTRY & ORTHODONTICS	ABBY	WILENTZ	7400 NW 5TH ST	PLANTATION	FL	33317	FL	DN14684	1306067558	1306067558	11,614.20	6,433.80	117	PD	Y	13	Y	1	N		Y	1
591425149	PEDIATRIC DENTISTRY & ORTHODONTICS	BLAIR	CHIZNER	7400 NW 5TH ST	PLANTATION	FL	33317	FL	22028	1861853285	1861853285	9,466.26	5,700.26	106	PD	Y	13	Y	1	N		Y	1
591425149	PEDIATRIC DENTISTRY & ORTHODONTICS	DENIS	TRUPKIN	7400 NW 5TH ST	PLANTATION	FL	33317	FL	5027	1831302611	1831302611	7,965.80	4,711.00	96	PD	Y	13	Y	1	N		Y	1
591480093	CRONAUER AND ANGELAKIS DMD	ROSIE	ANGELAKIS	4725 SW 148TH AVE	DAVIE	FL	33330	FL	13268	1326268152	1326268152	10,758.15	4,153.65	49	OR	N		N		Y	2	Y	2
591496389	DRS KRASKI & COSTELLO PA	DANIEL	DRAKE	1089 W GRANADA BLVD	ORMOND BEACH	FL	32174	FL	18257	1033386693	1033386693	224.00	169.00	3	GP	N		Y	2	N		Y	2
591496389	DRS KRASKI & COSTELLO PA	MARSHALL	BAILEY	1089 W GRANADA BLVD	ORMOND BEACH	FL	32174	FL	15534	1710077078	1710077078	137.00	107.00	2	GP	N		Y	2	N		Y	2
591541047	SOUTH FLORIDA DENTISTRY FOR CHILDREN PA	JAMES	BENNETT	10188 NW 31ST ST	CORAL SPRINGS	FL	33065	FL	15103	1902216153	1902216153	6,252.00	2,800.00	63	PD	Y	2	Y	2	N		Y	2
591541047	SOUTH FLORIDA DENTISTRY FOR CHILDREN PA	JAMES	BENNETT	5458 TOWN CENTER RD	BOCA RATON	FL	33486	FL	15103	1902216153	1902216153	723.00	280.00	6	PD	Y	2	Y	1	N		Y	1
591541047	SOUTH FLORIDA DENTISTRY FOR CHILDREN PA	MELANIE	ROTHBERG	10188 NW 31ST ST	CORAL SPRINGS	FL	33065	FL	17768	1437399607	1437399607	5,114.00	2,240.00	62	PD	Y	2	Y	2	N		Y	2
591541047	SOUTH FLORIDA DENTISTRY FOR CHILDREN PA	MELANIE	ROTHBERG	5458 TOWN CENTER RD	BOCA RATON	FL	33486	FL	17768	1437399607	1437399607	1,765.00	937.00	28	PD	Y	2	Y	1	N		Y	1
591614126	BAROGIANNIS & ASSOCIATES DMD PA			2440 E COMMERCIAL BLVD	FORT LAUDERDALE	FL	33308		13859	1164487633	1164487633	1,330.00	1,028.00	16		N		N		N		N	
591626810	TEQUESTA DENTAL ASSOCIATES			175 TEQUESTA DR STE C	TEQUESTA	FL	33469		0	1831106376	1558376079	646.00	609.00	6		N		N		N		N	
591644638	HAMID NASSERY DMD PA	HAMID	NASSERY	757 ARTHUR GODFREY RD	MIAMI BCH	FL	33140	FL	13372	1215006085	1215006085	636.00	298.00	6	GP	N		Y	1	N		Y	1
591679913	H ADELSON DMD			7737 N UNIVERSITY DR	TAMARAC	FL	33321		5954	1205988342	1205988342	1,871.00	1,207.00	6		N		N		N		N	
591685673	ABRAHAM K ASSEFF DDS PA	ANDREA	ASSEFF	3800 S OCEAN DR	HOLLYWOOD	FL	33019	FL	17067	1063558096	1063558096	1,399.96	361.00	4	GP	N		Y	1	N		Y	1
591708147	KENNETH R LEVINE DDS	KENNETH	LEVINE	8333 W MCNAB RD	TAMARAC	FL	33321	FL	6044	1225251945	1225251945	5,437.00	0.00	4	PE	N		N		Y	1	Y	1
591708147	KENNETH R LEVINE DDS	KENNETH	LEVINE	8333 W MCNAB RD STE 104	TAMARAC	FL	33321	FL	6044	1336284413	1225251945	460.40	0.00	4	PE	N		N		Y	1	Y	1
591740240	MARC SCHWARTZ, DDS			201 NW 70TH AVE	PLANTATION	FL	33317			1831402171	1255804860	10,175.00	0.00	5	OS	N		Y	4	N		Y	4
591754423	L CARROLL DDS			15801 BISCAYNE BLVD STE 200	NO MIAMI BEACH	FL	33160		0	1801054069	1801054069	1,000.00	600.00	8		N		N		N		N	
591756766	STEVEN J KUSNICK DDS PA	STEVEN	KUSNICK	3531 N PINE ISLAND RD	SUNRISE	FL	33351	FL	7442	1811056823	1811056823	2,359.00	1,275.00	22	GP	N		Y	1	N		Y	1
591783597	COLLEEN HAMBROOK SPITZIG	COLLEEN	SPITZIG	722 E MCNAB RD	POMPANO BEACH	FL	33060	FL	19115	1154637916	1154637916	4,356.07	1,292.57	19	GP	N		Y	2	N		Y	2
591783597	COLLEEN HAMBROOK SPITZIG			722 E MCNAB RD	POMPANO BEACH	FL	33060		0	1326361551	1326361551	495.00	429.00	10	GP	N		Y	2	N		Y	2
591788725	FRANK L GOBER DDS PA	FRANK	GOBER	1800 W HILLSBORO BLVD	DEERFIELD BEACH	FL	33442	FL	8433	1356690127	1114131505	417.00	207.00	3	GP	Y	2	Y	2	N		Y	2
591844575	ROBERT A ECKELSON DDS PA	ROBERT	ECKELSON	951 NW 13TH ST STE 3B	BOCA RATON	FL	33486	FL	6001	1104827708	1104827708	4,881.30	1,397.86	15		N		N		N		N	
591859693	KLEMENT, JUNGMAN AND VARGA DDS PA			2103 59TH ST W	BRADENTON	FL	34209		0	1669885570	1376550426	2,717.00	957.20	12		N		N		N		N	
591944868	THOMAS A PARKER DDS PA	BLAKE	PARKER	3411 JOHNSON ST	HOLLYWOOD	FL	33021	FL	21289	1801277785	1922317965	1,819.00	616.60	16	GP	N		Y	2	N		Y	2
591944868	THOMAS A PARKER DDS PA	STEPHEN	PARKER	3411 JOHNSON ST	HOLLYWOOD	FL	33021	FL	9692	1760533798	1760533798	168.00	121.00	2	GP	N		Y	2	N		Y	2
592000678	JEFFREY H WOLFF DMD			12783 FOREST HILL BLVD STE J	WELLINGTON	FL	33414		6519	1619185444	1619185444	670.00	459.60	9		N		N		N		N	
592019621	RAYMOND A BOCKSEL DDS			1391 W PALMETTO PARK RD	BOCA RATON	FL	33486		0	1669591624	1669591624	610.00	610.00	11		N		N		N		N	
592030238	FREDERIC G KIRSCH DDS PA	FREDERIC	KIRSCH	1881 N UNIVERSITY DR STE 201	CORAL SPRINGS	FL	33071	FL	6027	1235279050	1235279050	1,253.00	681.00	17	PD	Y	1	Y	1	N		Y	1
592043705	ORAL FACIAL FACIAL RECONSTRUCTION	BATYA	GOLDWASER	21110 BISCAYNE BLVD	AVENTURA	FL	33180	FL	23768	1326277047	1972703619	263.00	46.00	2	OS	Y	1	Y	1	N		Y	1
592043705	ORAL FACIAL FACIAL RECONSTRUCTION	JUAN	LOPEZ	5531 N UNIVERSITY DR	CORAL SPRINGS	FL	33067	FL	17696	1447281720	1972703619	423.00	221.00	2	OS	Y	1	Y	1	N		Y	1
592043705	ORAL FACIAL FACIAL RECONSTRUCTION	KURT	FRIEDMAN	100 NW 82ND AVE	PLANTATION	FL	33324	FL	6797	1477511491	1972703619	958.00	284.00	4	OS	Y	1	Y	1	N		Y	1
592060659	RICHARD SOVEN DMD			12101 TAFT ST	PEMBROKE PINES	FL	33026		0			1,600.00	1,190.00	13	PD	N		N		Y	13	Y	13
592109133	PAUL E KLEIN DDS PA			330 WINCHESTER PARK BLVD	BOYNTON BEACH	FL	33436		0	1669711842	1669711842	160.00	115.00	1		N		N		N		N	
592135962	JOSEPH WALSH DDS			2600 N MILITARY TRL	BOCA RATON	FL	33431		0	1194811356	1194811356	570.00	539.00	6		N		N		N		N	
592135962	JOSEPH WALSH DDS			2600 N MILITARY TRL STE 345	BOCA RATON	FL	33431		0	1194811356	1194811356	1,028.00	659.00	9		N		N		N		N	
592147096	ERIC B BENSON DDS	ERIC	BENSON	1675 NW FEDERAL HWY	STUART	FL	34994	FL	7815	1750489134	1750489134	560.00	372.00	7	GP	N		Y	1	N		Y	1
592147959	STEVEN D AARON DMD	STEVEN	AARON	14768 BISCAYNE BLVD	NORTH MIAMI BCH	FL	33181	FL	7776	1346245974	1346245974	863.00	376.00	12	GP	N		Y	1	N		Y	1
592199217	MCCAWLEY DDS, THOMAS			800 E BROWARD BLVD	FT LAUDERDALE	FL	33301		0	1972986354	1972986354	5,995.50	3,276.00	9		N		N		N		N	
592208015	WILLIAM T ZENGA DMD PA	WILLIAM	ZENGA JR	2500 N UNIVERSITY DR	SUNRISE	FL	33322	FL	21911	1467901959	1578005310	5,768.00	2,390.00	48	GP	N		Y	1	N		Y	1
592216605	GEORGE L GUERRA DDS PA			15600 NW 67TH AVE STE 106	HIALEAH	FL	33014		8176	1134149891	1134149891	5,025.00	3,230.00	32		N		N		N		N	
592229420	FRANK LIPSON DDS	FRANK	LIPSON	333 NW 70TH AVE STE 104	PLANTATION	FL	33317	FL	5218	1689697997	1689697997	6,753.00	2,723.20	65	GP	N		Y	1	N		Y	1
592234013	DR JOHN F WHITT DDS PA	PUSHPAK	NARAYANA	121 GRIFFIN VIEW DR	LADY LAKE	FL	32159	FL	19959	1912257973	1699880294	323.00	78.40	2	EN	N		Y	2	N		Y	2
592236704	ROBERT J FABERMAN DDS			1716 N UNIVERSITY DR	CORAL SPRINGS	FL	33071		0	1205941614	1205941614	1,035.00	847.00	12		N		N		N		N	
592239228	ALAN SLOOTKSY DMD PA	ALAN	SLOOTSKY	161 S POMPANO PKWY	POMPANO BEACH	FL	33069	FL	8396	1477585628	1477585628	867.00	544.00	8	GP	N		N		Y	2	Y	2

592318394	RICHARD W KRAMER DDS	RICHARD	KRAMER	4673 N UNIVERSITY DR	CORAL SPRINGS	FL	33067	FL	8560	1760607386	1760607386	9,835.80	4,196.20	76	GP	N		Y	1	N		Y	1
592343174	JA LLERA DDS PA	ANTONIO	LLERA	2607 DAVIE BLVD	FORT LAUDERDALE	FL	33312	FL	19305	1013213784	1619122876	8,212.40	3,768.60	49	GP	N		Y	1	N		Y	1
592343174	JA LLERA DDS PA	JULIO	LLERA	2607 DAVIE BLVD	FORT LAUDERDALE	FL	33312	FL	8700	1619122876	1619122876	950.00	583.00	6	GP	N		Y	1	N		Y	1
592397569	CORAL SPRINGS FAMILY DENTAL			2801 N UNIVERSITY DR	CORAL SPRINGS	FL	33065		YYYY	1902928963	1902928963	7,943.00	4,608.60	41	OS	Y	8	Y	8	N		Y	8
592427954	CHARLES D RUSSON DMD PA	CHARLES	RUSSO	2801 N UNIVERSITY DR	CORAL SPRINGS	FL	33065	FL	8338	1295803443	1295803443	1,988.00	768.00	1	OS	Y	2	N		N		N	
592459904	SCOTT KLAREICH DDS	SCOTT	KLAREICH	8197-1 N UNIVERSITY DR	TAMARAC	FL	33321	FL	7916	1023133121	1023133121	460.00	261.00	7	GP	N		Y	1	N		Y	1
592495753	SCOTT I BARR DDS			300 NW 70TH AVE	PLANTATION	FL	33317		9539	1679680524	1679680524	4,626.75	2,326.25	20		N		N		N		N	
592495753	SCOTT I BARR DDS			300 NW 70TH AVE STE 206A	PLANTATION	FL	33317		9539	1679680524	1679680524	19,137.25	10,710.75	106		N		N		N		N	
592513548	COWAN & ASSOCIATES DDS PA	BENJAMIN	PORRAS	8320 W SUNRISE BLVD	PLANTATION	FL	33322	FL	9476	1952677239	1104844596	124.00	80.00	2	EN	Y	2	Y	2	N		Y	2
592534694	LARRY SHAPIRO DDS	LARRY	SHAPIRO	1500 N UNIVERSITY DR	CORAL SPRINGS	FL	33071	FL	6993	1760807788	1598814196	1,362.60	558.00	23	PE	N		Y	2	N		Y	2
592534694	LARRY SHAPIRO DDS	MELISSA	JURADO	1500 N UNIVERSITY DR	CORAL SPRINGS	FL	33071	FL	24467	1558883843	1598814196	5,496.00	2,363.00	37	GP	N		Y	2	N		Y	2
592546482	B MATZA DDS			5100 TOWN CENTER CIR STE 106	BOCA RATON	FL	33486		037772	1487746384	1487746384	4,712.68	1,500.00	6		N		N		N		N	
592550069	CHARLES S MANDELL DDS PA	CHARLES	MANDELL	3220 STIRLING RD STE 103	HOLLYWOOD	FL	33021	FL	3803	1003033440	1831365204	6,226.00	524.00	7	GP	N		Y	1	N		Y	1
592570247	EUGENE B KRAVITZ LAUREN M KRAVITZ	EUGENE	KRAVITZ	17767 SW 2ND ST	PEMBROKE PINES	FL	33029	FL	10328	1043496490	1043496490	770.00	179.00	12	GP	Y	2	Y	2	N		Y	2
592595727	MANUEL LESTER	MANUEL	LESTER	1770 W 68TH ST	HIALEAH	FL	33014	FL	9794	1043389232	1043389232	474.00	199.00	6	GP	N		Y	2	N		Y	2
592603212	H & K ENDODONTICS PA	DAVID	KNIGHT	817 S UNIVERSITY DR	PLANTATION	FL	33324	FL	10777	1255490769	1720171473	6,850.00	1,675.80	20	EN	Y	2	Y	2	N		Y	2
592603212	H & K ENDODONTICS PA	JOSHUA	YANOVER	817 S UNIVERSITY DR	PLANTATION	FL	33324	FL	21915	1457710008	1720171473	1,614.00	1,296.00	5	EN	Y	2	Y	2	N		Y	2
592655484	STEVEN GILSON DMD	STEVEN	GILSON	10167 W SUNRISE BLVD STE 101	PLANTATION	FL	33322	FL	9853	1063554764	1063554764	574.00	174.00	6		N		N		N		N	
592661313	CHRISTOPHER M SCHLOSS DDS	CHRISTOPHER	SCHLOSS	2916 BAYVIEW DRIVE	FT LAUDERDALE	FL	33306	FL	9721	1518133479	1518133479	6,476.00	3,219.40	47	GP	N		N		Y	1	Y	1
592673798	WALTER K KULICK DMD			8890 ROYAL PALM BLVD	CORAL SPRINGS	FL	33065		0	1356406722	1356406722	1,090.00	771.00	9		N		N		N		N	
592681987	MICHAEL BARNARD DDS PA & ASSOCIATES	MICHAEL	BARNARD	1209 W BROWARD BLVD	FORT LAUDERDALE	FL	33312	FL	9973	1487752861	1427264936	5,412.00	1,472.00	39	GP	Y	2	Y	1	N		Y	1
592681987	MICHAEL BARNARD DDS PA & ASSOCIATES	SUNCICA	MARTINASEVIC	1209 W BROWARD BLVD	FORT LAUDERDALE	FL	33312	FL	19844	1720333636	1427264936	124.00	65.00	2	GP	Y	5	Y	5	N		Y	5
592681987	MICHAEL BARNARD DDS PA & ASSOCIATES	ZELJKA	LICINA	1209 W BROWARD BLVD	FORT LAUDERDALE	FL	33312	FL	20101	1013263292	1427264936	829.00	329.00	8	GP	Y	2	Y	1	N		Y	1
592687861	LEE S HAUVER	LEE	HAUER	4350 SHERIDAN ST	HOLLYWOOD	FL	33021	FL	9623	1083827026	1083827026	168.00	125.00	2	PE	N		Y	2	N		Y	2
592698641	ANDREW SLAVIN DDS	ANDREW	SLAVIN	1411 N FLAGLER DR	WEST PALM BEACH	FL	33401	FL	9729	1801839469	1801839469	638.00	82.00	4	OS	N		Y	1	N		Y	1
592709090	HELENA A DELUCA DMD PA	HELENA	DELUCA	7800 W OAKLAND PARK BLVD	SUNRISE	FL	33351	FL	9838	1083881981	1083881981	5,238.00	1,021.60	11		N		N		N		N	
592709090	HELENA A DELUCA DMD PA			7800 W OAKLAND PARK BLVD	SUNRISE	FL	33351		9838	1083881981	1083881981	213.00	213.00	4		N		N		N		N	
592719039	JOSEPH CAMUCCIO DDS			2700 NE 14TH STREET CSWY	POMPANO BEACH	FL	33062		5665	1265585244	1265585244	1,869.11	1,075.11	9		N		N		N		N	
592724644	AMERICAN DENTAL CENTER	MARK	MCCAULEY	3115 S FEDERAL HWY	DELRAY BEACH	FL	33483	FL	10342	1508023144	1508023144	218.00	112.00	4	GP	N		Y	1	N		Y	1
592756022	DR ALAN FISTEL	ALAN	FISTEL	7522 WILES RD STE 104	CORAL SPRINGS	FL	33067	FL	10041	1427271717	1578699302	378.00	218.00	4	GP	N		Y	2	N		Y	2
592776039	BRUCE R OUELLETTE DDS			2431 S DIXIE HWY	WEST PALM BEACH	FL	33401		0	1437217817	1679844583	1,288.00	1,085.40	13		N		N		N		N	
592823728	M COWAN AND ASSOCIATES DDS PA	IRA	FREEDMAN	9050 PINES BLVD	PEMBROKE PINES	FL	33024	FL	11402	1811339427	1972522944	498.00	311.00	4	PE	Y	2	Y	2	N		Y	2
592823728	M COWAN ASSOCIATES DDS PA	BENJAMIN	PORRAS	9050 PINES BLVD	PEMBROKE PINES	FL	33024	FL	9476	1952677239	1972522944	129.00	80.00	2	EN	Y	2	Y	2	N		Y	2
592823728	M COWAN ASSOCIATES DDS PA	IRA	FREEDMAN	9050 PINES BLVD	PEMBROKE PINES	FL	33024	FL	11402	1811339427	1972522944	149.00	93.00	1	PE	Y	2	Y	2	N		Y	2
592829465	SCOTT KUHNS DMD			3727 SE OCEAN BLVD	STUART	FL	34996		0	1407298680	1407298680	445.00	443.00	5		N		N		N		N	
592838440	ROBERT DEL CASTILLO DDS	ROBERT	DEL CASTILLO	7735 NW 146TH ST	MIAMI LAKES	FL	33016	FL	10470	1770681082	1770681082	321.00	213.07	4	PE	N		N		Y	1	Y	1
592838440	ROBERT DEL CASTILLO DDS			7735 NW 146TH ST	MIAMI LAKES	FL	33016		0	1689083834	1770681082	226.00	181.00	3	PE	N		N		Y	1	Y	1
592839997	DR RICHARD A GRANT, DDS	RICHARD	GRANT	7951 RIVIERA BLVD	HOLLYWOOD	FL	33023	FL	10509	1568588226	1568588226	3,058.00	907.20	8	GP	N		Y	2	N		Y	2
592848057	GEORGE J KARR DDS PA			1590 NW 10TH AVE	BOCA RATON	FL	33486		0	1093930588	1093930588	910.00	781.00	9		N		N		N		N	
592924021	UCF BOARD OF TRUSTEES	GARY	LEASE	4098 LIBRA DR	ORLANDO	FL	32816	FL	13231	1316945751	1689877748	112.00	0.00	2	GP	N		Y	2	N		Y	2
592951654	CHILDREN'S DENTISTRY OF STUART PA	NANCY	TORRES	413 COCONUT AVE	STUART	FL	34996	FL	10845	1780792184	1780792184	2,319.00	1,339.00	37	PD	Y	1	Y	1	N		Y	1
593284888	ROGER W SCOTT DDS			212 OAKRIDGE BLVD	DAYTONA BEACH	FL	32118		0	1821110552	1821110552	596.00	596.00	8		N		N		N		N	
593292891	FARINA ORTHODONTICS PA	MARK	FARINA	15303 AMBERLY DR	TAMPA	FL	33647	FL	13062	1962534347	1700352192	2,709.46	1,614.19	8	OR	N		N		Y	1	Y	1
593294416	WILLIAM E MARCHI DDS MSD	WILLIAM	MARCHI	6107 TIPPIN AVE	PENSACOLA	FL	32504	FL	12173	1760557771	1760557771	462.00	209.00	6	PE	N		Y	1	N		Y	1
593469156	TREASURE COAST DENTAL ASSOCIATION PA	DEBRA	EDDINGTON	1930 NE JENSEN BEACH BLVD	JENSEN BEACH	FL	34957	FL	12890	1750559027	1750559027	2,050.00	327.40	8	GP	N		Y	2	N		Y	2
593475694	COAST DENTAL SERVICES OF GEORGIA PC	EMEKA	ILOABACHIE	3721 NEW MACLAND ROAD	POWDER SPRINGS	GA	30127	GA	DN015607	1073939997	1760580641	714.00	430.00	6	GP	Y	1	Y	1	N		Y	1
593570970	NEW TAMPA DENTAL	CYNTHIA	MASI	18101 HIGHWOODS PRESERVE PKWY	TAMPA	FL	33647	FL	13967	1154543718	1154543718	321.00	141.00	6	GP	N		Y	1	N		Y	1
593570970	NEW TAMPA DENTAL	DOUG	NGUYEN	18101 HIGHWOODS PRESERVE PKWY	TAMPA	FL	33647	FL	13930	1790907376	1790907376	155.00	85.00	2	GP	Y	12	Y	1	N		Y	1
593599071	ADVANCED AESTHETIC CENTER FOR OMS INC	MARCOS	DIAZ	2239 N COMMERCE PKWY STE 2	WESTON	FL	33326	FL	13293	1003921099	1003921099	687.00	112.00	4	OS	Y	1	Y	1	N		Y	1
593599071	ADVANCED AESTHETIC CENTER FOR OMS INC			2239 N COMMERCE PKWY STE 2	WESTON	FL	33326		ZZZZ	1003921099	1003921099	1,616.00	909.60	8	OS	Y	4	Y	4	N		Y	4
593614460	PENNEY L WEEKS DMD	CARLA	FIELD	228 PONTE VEDRA PARK DR	PONTE VEDRA BCH	FL	32082	FL	14439	1306936869	1407897630	157.00	122.00	2	GP	N		N		Y	2	Y	2
593614460	PENNEY L WEEKS DMD	PENNEY	WEEKS	228 PONTE VEDRA PARK DR	PONTE VEDRA BCH	FL	32082	FL	14682	1407897630	1407897630	666.00	375.50	5	GP	N		N		Y	2	Y	2
593752296	FARA BENDER DMD PA PEDIATRIC DENTISTRY	FARA	BENDER	6169 S JOG RD	LAKE WORTH	FL	33467	FL	15072	1215034962	1215034962	4,603.00	2,277.17	39	PD	N		N		Y	1	Y	1
593832726	TOMER HAIK DDS	TOMER	HAIK	3319 STATE RD 7	WELLINGTON	FL	33449	FL	16355	1083624894	1083624894	3,917.00	1,705.00	70	PD	N		Y	2	N		Y	2
6111452928	ROBERT LALANE II DMD			2521 S FEDERAL HWY	BOYNTON BEACH	FL	33435		0	1164588786	1164588786	390.00	390.00	3		N		N		N		N	
6111474493	VALERIA SOLTANIK DMD PA	VALERIA	SOLTANIK	2999 NE 191ST	AVENTURA	FL	33180	FL	16609	1982810149	1982810149	3,110.50	891.00	15	GP	N		Y	1	N		Y	1
6111631039	DR GABRIELLE V WILLIAMS PLLC			8823 UNIVERSITY EAST DR	CHARLOTTE	NC	28213		8107	1568579282	1568579282	195.00	0.00	2		N		N		N		N	
6111809634	SMILE EVERYDAY PLANTATION PLLC	DORY	GREEN	7500 NW 5TH ST	PLANTATION	FL	33317	FL	19577	1538459409	1831634583	161.00	95.00	1	GP	Y	5	Y	1	N		Y	1
6111809634	SMILE EVERYDAY PLANTATION PLLC	IAN	LIEBERMAN	7500 NW 5TH ST	PLANTATION	FL	33317	FL	21521	1497265045	1831634583	3,616.32	1,558.68	12	GP	Y	5	Y	1	N		Y	1
6111809634	SMILE EVERYDAY PLANTATION PLLC	SARA	DANESHPAJOUH	7500 NW 5TH ST	PLANTATION	FL	33317	FL	18753	1982836003	1831634583	102.00	53.00	1	GP	Y	1	Y	1	N		Y	1
6111891959	DENTISTRY FOR CHILDREN OF FL PLLC	DAVID	SALAR	200 VILLAGE SQUARE XING	PALM BEACH GARDENS	FL	33410	FL	18808	1447370382	1538631080	848.00	518.00	19	PD	N		Y	1	N		Y	1
6111891959	DENTISTRY FOR CHILDREN OF FL PLLC	JOSEPH	DEPALO	200 VILLAGE SQUARE XING	PALM BEACH GARDENS	FL	33410	FL	24713	1275072159	1538631080	925.00	370.00	16	PD	N		Y	1	N		Y	1
621443489	DAVID W LAMBERT DDS	DAVID	LAMBERT	805 GROVE ST	LOUDON	TN	37774	TN	4865	1164508404	1164508404	385.00	132.00	1	GP	N		Y	2	N		Y	2
621522570	KEVIN BOWDLE	D KEVEN	BOWDLE	11232 W POINT DR	KNOXVILLE	TN	37934	TN	DSS5129	1467586016	1467586016	1,621.00	1,165.00	28	GP	N		N		Y	2	Y	2
621573303	BURCHFLD RICHARDSON MC LEOD & SHEA ORA	GREGORY	RICHARDSON	2200 21ST AVE S	NASHVILLE	TN	37212	TN	7003	1457333270	1861474694	449.00	225.60	2	OS	Y	2	Y	2	N		Y	2
621736380	S NICKELS DDS			323 21ST AVE N	NASHVILLE	TN	37203		0	1790867018	1790867018	1,963.00	847.40	16		N		N		N		N	
650008397	BIRNS & BIRNS DDS PA	BRADLEY	BIRNS	5121 SW 90TH AVE STE 7	COOPER CITY	FL	33328	FL	10450	1588788046	1558747808	163.00	68.00	2	GP	Y	1	Y	1	N		Y	1
650008718	MARK L WEISS DMD PA			1660 NE MIAMI GARDENS DR	MIAMI	FL	33179		0	1740473941	1669865101	125.00	125.00	1		N		N		N		N	
650018713	ANDREW A SAUCHELLI DMD	ANDREW	SAUCHELLI	500 MAPLEWOOD DR	JUPITER	FL	33458	FL	10972	1851434526	1851434526	899.00	337.40	10	GP	N		Y	2	N		Y	2
650019957	B & E DENTAL PA	MITCHELL	EPSTEIN	8430 W BROWARD BLVD	PLANTATION	FL	33324	FL	10484	1881985042	1881985042	11,852.04	3,769.04	70	GP	N		Y	1	N		Y	1
650019957	B & E DENTAL PA	ROBERT	BLITMAN	8430 W BROWARD BLVD	PLANTATION	FL	33324	FL	10451	1467660225	1467660225	6,310.00	2,439.60	57	GP	N		Y	1	N		Y	1
650022456	CHARLES H MOSES II, DDS	CHARLES	MOSES III	1221 E BROWARD BLVD	FT LAUDERDALE	FL	33301	FL	8231	1023203445	1023203445	3,733.00	1,939.00	12	GP	N		Y	1	N		Y	1
650028976	RAVIN MEHTA DDS	RAVIN	MEHTA	3796 NW 19TH STREET	FORT LAUDERDALE	FL	33311	FL	10114	1609055532	1609055532	218.00	85.00	3	GP	Y	2	Y	2	N		Y	2
650043559	G & G DENTAL ASSOCIATES PA	JORGE	ARENAS	7030 NW 57TH ST	TAMARAC	FL	33319	FL	17629	1528151131	1528151131	3,135.00	1,219.00	42	GP	Y	1	Y	1	N		Y	1
650043559	G & G DENTAL ASSOCIATES PA	STEVEN	BERKOWITZ	7030 NW 57TH ST	TAMARAC	FL	33319	FL	17208	1982853339	1528151131	93.00	64.00	1	PE	Y	1	Y	1	N		Y	1
650050517	KAREN GORDON			3990 SHERIDAN ST	HOLLYWOOD	FL	33021		0	1154415255	1154415255	4,344.00	3,155.40	23		N		N		N		N	
650050564	G KUPFER DDS			5501 N UNIVERSITY DR STE 102	CORAL SPRINGS	FL	33067			1386752376	1386752376	590.00	267.00	3		N		N		N		N	
650070926	CLARA GONZALEZ DMD	CLARA	MACIAS	6532 NW 186TH ST	MIAMI LAKES	FL	33015	FL	11268	1902071210	1902071210	1,306.00	821.10	1	GP	N		N		Y	2	Y	2
650075019	MARK A BOUKZAM DDS	MARK	BOUKZAM	4048 W HILLSBORO BLVD	DEERFIELD BEACH	FL	33442	FL	10455	1558584938	1558584938	4,302.00	1,818.00	32	GP	N		N		Y	2	Y	2
650076329	REGENCY SQUARE DENTAL	MARTHA	DE LA IGLESIA	4789 SW 148TH AVE	DAVIE	FL	33330	FL	11242	1578626453	1700949682	321.00	195.00	5	GP	N		N		Y	1	Y	1
650078114	PETER S WOHLGEMUTH DMD	IRA	ROTHSTEIN	10188 NW 31 ST	CORAL SPRINGS	FL	33065	FL	18792			2,798.97	1,346.65	12	OR	N		Y	2	N		Y	2
650102548	SMILE BUILDERS INC	FRANCIS	SCIOLINO	2401 PGA BLVD	PALM BEACH GARDENS	FL	33410	FL	DN10153	1417043704	1134215445	3,845.00	1,274.20	12	GP	N		N		Y	1	Y	1
650132587	JEFFREY MERAL DDS	JEFFREY	MERAL	10233 W SAMPLE RD	CORAL SPRINGS	FL	33065	FL	9677	1891773958	1891773958	1,498.00	860.00	5	GP	N		N		Y	2	Y	2
650161743	BRENT J BRACCO DDS	BRENT	BRACCO	2467 E COMMERCIAL BLVD	FT LAUDERDALE	FL	33308	FL	10456	1073721981	1073721981	6,587.20	2,714.20	65	GP	N		Y	1	N		Y	1
650162664	KAREN KAISER COELLO DMD	KAREN	COELLO	1700 S DIXIE HWY	BOCA RATON	FL	33432	FL	10927	1417975327	1417975327	407.00	301.00	4	GP	N		Y	2	N		Y	2
650165775	DR HEATHER HOSSEINI DDS	HEATHER	HOSSEINI	1040 WESTON RD	WESTON	FL	33326	FL	10527	1396134417	1184732828	1,974.00	777.00	29	GP	N		Y	1	N		Y	1
650176029	CARLOS A COELLO DMD PA	CARLOS	COELLO	1700 S DIXIE HWY	BOCA RATON	FL	33432	FL	12137	1003838525	1003838525	184.00	107.00	3	GP	N		Y	2	N		Y	2
650176029	CARLOS A COELLO DMD PA			1700 S DIXIE HWY	BOCA RATON	FL	33432		10927	1417975327	1003838525	145.00	130.00	2	GP	N		Y	2	N		Y	2
650176462	JOSE M GUREVICH DDS PA	JOSE	GUREVICH	6000 BIRD RD	MIAMI	FL	33155	FL	11819	1942407903	1942407903	837.00	499.00	10	GP	N		Y	2	N		Y	2
650183045	GEORGE WALTERS DDS	GEORGE	WALTERS	915 MIDDLE RIVER DR STE 503	FORT LAUDERDALE	FL	33304	FL	10407	1275667891	1275667891	1,558.00	814.00	19	GP	N		Y	1	N		Y	1
650184844	LAWRENCE MARKS DMD PA			1825 NE 45TH ST STE C	FT LAUDERDALE	FL	33308		0	1316956469	1316956469	4,005.00	2,477.00	17		N		N		N		N	
650184844	LAWRENCE MARKS DMD PA			2601 E OAKLAND PARK BLVD	FORT LAUDERDALE	FL	33306		0	1316956469	1316956469	395.00	377.00	6		N		N		N		N	
650184844	LAWRENCE MARKS DMD PA			2601 E OAKLAND PARK BLVD STE 5	FORT LAUDERDALE	FL	33306		0	1316956469	1316956469	855.00	822.00	9		N		N		N		N	
650184844	LAWRENCE MARKS DMD PA			5100 HOLLYWOOD BLVD	HOLLYWOOD	FL	33021		0	1316956469	1316956469	450.00	48.00	6		N		N		N		N	
650204355	MITCHELL & MITCHELL DDS PA	HELEN	MAY	32 BARKLEY CIR	FORT MYERS	FL	33907	FL	24087	1407414766	1407414766	278.00	0.00	3		N		N		N		N	
650210178	ERIC S. MARKMAN	ERIC	MARKMAN	1325 S CONGRESS AVE	BOYNTON BEACH	FL	33426	FL	12019	1396753299	1396753299	169.00	76.00	3	GP	N		Y	2	N		Y	2
650210178	ERIC S. MARKMAN	ERIC	MARKMAN	1325 S CONGRESS AVE STE 118	BOYNTON BEACH	FL	33426	FL	12019	1396753299	1396753299	302.00	144.00	4	GP	N		Y	2	N		Y	2
650214386	ROYAL PALM DENTAL ASSOCIATES PA	IVO	MORAGUEZ	11358 OKEECHOBEE BLVD	ROYAL PALM BEACH	FL	33411	FL	12027	1053461954	1336298017	1,436.00	646.00	10	GP	N		Y	1	N		Y	1
650225023	CORAL DENTAL CARE	EUGENIO	CONTE	1881 N UNIVERSITY DR	CORAL SPRINGS	FL	33071	FL	12138	1134228810	1710086491	1,209.19	423.19	13	OR	Y	13	Y	1	N		Y	1
650225023	CORAL DENTAL CARE	KATHERINE	CONTE	1881 N UNIVERSITY DR	CORAL SPRINGS	FL	33071	FL	20932	1659772853	1659772853	2,227.00	1,034.00	11	OR	Y	13	Y	1	N		Y	1
650225023	CORAL DENTAL CARE	NIVIA	CONTE	1881 N UNIVERSITY DR	CORAL SPRINGS	FL	33071	FL	11788	1538268297	1710086491	8,495.00	2,377.40	56	OR	Y	13	Y	1	N		Y	1
650233627	ATLANTIC FLORIDA DENTAL INC	THOMAS	SCHOPLER	250 EAST DANIA BEACH BLVD	DANIA BEACH	FL	33004	FL	5316	1982807012	1982807012	161.00	59.00	2	GP	N		N		Y	1	Y	1

650235625	RANDALL T CALIFF DDS PA	RANDALL	CALIFF	12578 W SUNRISE BLVD	SUNRISE	FL	33323	FL	9027	1124244470	1124244470	1,282.00	500.00	11	GP	Y	2	Y	2	N		Y	2
650246176	LAWRENCE A SPECTOR DMD PA	LAWRENCE	SPECTOR	9132 WILES RD	CORAL SPRINGS	FL	33067	FL	12409	1639224926	1639224926	3,124.00	2,073.00	30	GP	N		N		Y	1	Y	1
650256797	MARIA C MURRAY DDS	MARIA	MURRAY	4100 S HOSPITAL DR STE 205	PLANTATION	FL	33317	FL	12534	1902962079	1902962079	1,127.00	645.00	10	GP	N		Y	2	N		Y	2
650267371	JAY SINGER DDS	JAY	SINGER	3801 N UNIVERSITY DR	SUNRISE	FL	33351	FL	8347	1417148495	1417148495	0.00	0.00	2	OR	N		Y	16	N		Y	16
650267371	JAY SINGER DDS	JAY	SINGER	5481 N UNIVERSITY DR	CORAL SPRINGS	FL	33067	FL	8347	1417148495	1417148495	394.84	0.00	2	OR	N		Y	1	N		Y	1
650271764	MICHAEL G MAUCK DMD PA	MICHAEL	MAUCK	1051 STATE RD 7	WELLINGTON	FL	33414	FL	9881	1962473793	1962473793	207.00	0.00	2	OS	Y	2	Y	2	N		Y	2
650286174	MICHAEL S GORFINKEL DMD PA	MICHAEL	GORFINKEL	111 N PINE ISLAND RD	PLANTATION	FL	33324	FL	12700	1982794178	1982794178	20,434.00	5,168.60	80	GP	N		Y	2	N		Y	2
650287513	BRENT C MAXSON DMD	BRENT	MAXSON	3509 SE WILLOUGHBY BLVD	STUART	FL	34994	FL	10794	1740494368	1740494368	370.40	249.00	6	GP	N		N		Y	1	Y	1
650297984	JEAN JAQUES EDDERAI	JEAN	EDDERAI	17101 NE 19TH AVE	NORTH MIAMI BEACH	FL	33162	FL	12836	1598981227	1598981227	2,600.00	838.00	13	GP	N		Y	1	N		Y	1
650297984	JEAN JAQUES EDDERAI	JEAN	EDDERAI	17101 NE 19TH AVE STE 104	NORTH MIAMI BEACH	FL	33162	FL	12836	1598981227	1598981227	2,160.44	910.00	17	GP	N		Y	1	N		Y	1
650310427	I MARVIN ERNST DDS	IRWIN	ERNST	7150 N NOB HILL RD	TAMARAC	FL	33321	FL	7850	1407975402	1407975402	163.00	105.70	2	GP	N		N		Y	1	Y	1
650320085	LISA M FELDMAN DMD PA	LISA	FELDMAN	9804 S MILITARY TRL	BOYNTON BEACH	FL	33436	FL	11970	1659415065	1902940315	1,606.00	541.00	22	PD	N		Y	1	N		Y	1
650322438	ERIC MEHLER DDS	ERIC	MEHLER	7800 W OAKLAND PARK BLVD STE 1	SUNRISE	FL	33351	FL	12024	1912090309	1912090309	1,434.00	115.00	10	GP	N		N		Y	5	Y	5
650325592	DR RICHARD JACKSON	RICHARD	JACKSON	1975 SANSBURYS WAY	WEST PALM BEACH	FL	33411	FL	12332	1629046339	1629046339	619.00	308.40	6	GP	N		Y	1	N		Y	1
650327654	SIDNEY W JULIUS DDS PA			6526 PEMBROKE RD	MIRAMAR	FL	33023		0	1578902813	1861535528	374.00	374.00	12	GP	N		Y	2	N		Y	2
650337578	MICHAEL RADU DDS	DANIEL	RADU	1865 NW 2ND AVE	BOCA RATON	FL	33432	FL	21476	1912375692	1912375692	7,551.00	2,289.80	26	GP	N		N		Y	2	Y	2
650340778	EVAN H LEDIS DDS PA	EVAN	LEDIS	6910 LAKE WORTH RD STE A	LAKE WORTH	FL	33467	FL	12341	1295801652	1295801652	1,595.00	593.00	19	GP	N		Y	1	N		Y	1
650340813	D FREEDMAN & S HAAS DDS PA	DOUGLAS	FREEDMAN	1039 S STATE RD 7	WELLINGTON	FL	33414	FL	10044			922.89	461.42	6	OR	Y	1	Y	1	N		Y	1
650341505	KEITH MOORE			901 S FEDERAL HWY	FORT LAUDERDALE	FL	33316		0	1336599141	1336599141	23,774.00	14,293.80	158	GP	N		N		Y	12	Y	12
650346234	MARISOL RUIZ DMD PA	MARISOL	RUIZ	7280 W PALMETTO PARK RD STE N2	BOCA RATON	FL	33433	FL	12544	1083745921	1871997106	379.00	194.00	5	GP	N		Y	1	N		Y	1
650349658	ELIZABETH ZIADIE DDS	ELIZABETH	ZIADIE	9720 STIRLING RD	COOPER CITY	FL	33024	FL	12437	1922027598	1922027598	1,061.00	583.00	13	GP	N		Y	1	N		Y	1
650349660	SANDY M MILLER SHERIFF DMD PA	SANDRA	SHERIFF	9720 STIRLING ROAD	HOLLYWOOD	FL	33024	FL	11649	1568480648	1568480648	5,563.00	2,200.00	29	GP	N		Y	2	N		Y	2
650350225	STEVEN G MAUTNER DDS PA	STEVEN	MAUTNER	5609 NW 29TH ST	MARGATE	FL	33063	FL	12748	1124076195	1124076195	436.00	172.00	4	GP	Y	1	Y	2	N		Y	2
650352359	KEITH L SCHWARTZ DMD PA	KEITH	SCHWARTZ	6746 N STATE ROAD 7	COCONUT CREEK	FL	33073	FL	12790	1629174008	1629174008	1,571.00	739.70	8	GP	N		Y	1	N		Y	1
650352359	KEITH L SCHWARTZ DMD PA	THOMAS	COPULOS	6746 N STATE ROAD 7	COCONUT CREEK	FL	33073	FL	11790	1144256876	1629174008	1,460.00	166.20	3	PE	N		Y	1	N		Y	1
650357226	JENNIFER WONG-LOOI DDS			240 W PALMETTO PARK RD	BOCA RATON	FL	33432		0	1194845743	1194845743	6,085.00	3,584.40	39		N		N		N		N	
650361347	JOHN SCHWERER DMD	JOHN	SCHWERER	4634 S 25TH ST	FORT PIERCE	FL	34981	FL	10628	1184817934	1184817934	682.00	343.00	6	GP	N		Y	2	N		Y	2
650361393	SERGE PAPIERNIK DDS	SERGE	PAPIERNIK	9350 S DIXIE HWY STE 920	MIAMI	FL	33156	FL	11140	1548351265	1548351265	6,105.00	2,931.80	23	GP	N		N		Y	2	Y	2
650363614	STEVEN H FEIT DMD			240 W PALMETTO PARK RD	BOCA RATON	FL	33432		0		1912130071	125.00	120.00	1		N		N		N		N	
650401664	SEYMOUR WEINER	SEYMOUR	WEINER	8200 W SUNRISE BLVD	PLANTATION	FL	33322	FL	7102	1477663904	1477663904	1,331.00	870.00	5	EN	Y	1	Y	1	N		Y	1
650405798	BRUCE D SCHULMAN DDS	BRUCE	SCHULMAN	10150 HAGEN RANCH RD	BOYNTON BEACH	FL	33437	FL	12401	1295887677	1295887677	1,684.00	0.00	3	EN	N		Y	1	N		Y	1
650406105	MARC J BILODEAU DMD	MARC	BILODEAU	255 GEORGE BUSH BLVD	DELRAY BEACH	FL	33444	FL	12126	1215089784	1215089784	1,121.00	602.00	16	GP	N		Y	2	N		Y	2
650420740	CRAIG A SEGAL DMS	CRAIG	SEGAL	825 DONALD ROSS RD	JUNO BEACH	FL	33408	FL	12403	1164598777	1164598777	2,437.00	733.00	31	GP	N		Y	1	N		Y	1
650425633	DAN MAZOR DDS	DAN	MAZOR	3870 SHERIDAN ST	HOLLYWOOD	FL	33021	FL	12021	1558436931	1558436931	2,366.00	571.40	8	PE	Y	1	Y	1	N		Y	1
650425633	DAN MAZOR DDS	NILDA	ARCEO	3870 SHERIDAN ST	HOLLYWOOD	FL	33021	FL	14040	1013077916	1013077916	1,274.00	385.00	9	PE	Y	1	Y	1	N		Y	1
650428387	LIVELY ORTHODONTICS PA	MARK	LIVELY	106 COLORADO AVE	STUART	FL	34994	FL	11635	1346431301	1346431301	3,130.87	1,487.13	8	OR	N		N		Y	1	Y	1
650429250	BETH M REINSTEIN DDS	BETH	REINSTEIN	3880 COCONUT CREEK PKWY	COCONUT CREEK	FL	33066	FL	13399	1811335847	1811335847	2,428.00	1,013.00	12	GP	Y	2	Y	2	N		Y	2
650454026	RICHARD SALZMANN DMD	RICHARD	SALZMANN	9720 STIRLING RD	HOLLYWOOD	FL	33024	FL	11159	1922110006	1922110006	2,712.00	1,406.60	6	PE	Y	1	Y	2	N		Y	2
650454026	RICHARD SALZMANN DMD	RICHARD	SALZMANN	9720 STIRLING RD STE 209	HOLLYWOOD	FL	33024	FL	11159	1922110006	1922110006	2,153.00	1,034.40	3	PE	Y	1	Y	2	N		Y	2
650455470	THOMAS A COPULOS DDS PC	THOMAS	COPULOS	1000 NW 9TH CT STE 106	BOCA RATON	FL	33486	FL	11790	1144256876	1144256876	30,201.00	1,500.00	33	PE	N		Y	1	N		Y	1
650456698	BRAD W GRAFF	BRAD	GRAFF	3107 STIRLING RD	FORT LAUDERDALE	FL	33312	FL	11270	1992099550	1053534941	2,736.60	1,357.00	25	GP	N		Y	1	N		Y	1
650467002	M DALLAS DDS	MICHELLE	DALLAS	620 NE 3RD ST	FT LAUDERDALE	FL	33301	FL	13265	1003172156	1003172156	8,583.00	3,456.20	26	GP	N		Y	2	N		Y	2
650469837	MANON BOURQUE HUTCHISON DDS	MANON	HUTCHISON	5359 LYONS RD	COCONUT CREEK	FL	33073	FL	13436	1144370818	1568813491	10,148.71	2,718.00	62	GP	Y	2	Y	2	N		Y	2
650491527	MICHAEL S RAMER	MICHAEL	RAMER	7672 N NOB HILL RD	TAMARAC	FL	33321	FL	12947	1255561619	1255561619	113.05	113.05	1	PR	N		N		Y	2	Y	2
650497669	NORTH MIAMI DENTAL CENTER	MICHAEL	MARROCCO	610 NE 124TH ST	NORTH MIAMI	FL	33161	FL	21981	1639521727	1639521727	7,791.00	1,626.00	27	GP	N		Y	1	N		Y	1
650518576	JOHN M DAVIS III PA DDS			19 NE 22ND AVE	POMPANO BEACH	FL	33062			1366554503	1366554503	560.00	240.60	3		N		N		N		N	
650534744	JOHN S LEDAKIS DDS PA	JOHN	LEDAKIS	4512 N FLAGLER DR	WEST PALM BEACH	FL	33407	FL	10095	1023092087	1023092087	2,588.00	864.20	8	OR	N		Y	5	N		Y	5
650559387	STEPHEN PYLE DDS			2239 N COMMERCE PKWY	WESTON	FL	33326		9895	1134195035	1134195035	2,107.00	1,838.00	20		N		N		N		N	
650560189	GABOR BODNAR DMD			4640 N FEDERAL HWY	FORT LAUDERDALE	FL	33308		0	1881745099	1881745099	4,479.00	2,701.20	17		N		N		N		N	
650589490	CAMPOS DDS	FERNANDO	CAMPOS	1833 N UNIVERSITY DR	CORAL SPRINGS	FL	33071	FL	12233	1649202458	1649202458	1,531.00	521.00	15	GP	N		Y	2	N		Y	2
650614225	KEITH M FREFELD DDS PA	KEITH	FRIEFELD	17792 SW 2ND ST	PEMBROKE PINES	FL	33029	FL	DN11976	1407970387	1407970387	298.00	190.00	5	GP	N		N		Y	2	Y	2
650614225	KEITH M FREFELD DDS PA			17792 SW 2ND ST	PEMBROKE PINES	FL	33029		0	1306463344	1407970387	145.00	145.00	2	GP	N		N		Y	4	Y	4
650626785	EDUARDO C BLANCO DDS PA	EDUARDO	BLANCO	50 NE 26TH AVE	POMPANO BEACH	FL	33062	FL	13306	1174605109	1174605109	3,023.00	901.00	27	GP	N		Y	1	N		Y	1
650627182	FERNANDEZ LAZARO C DDS	LAZARO	FERNANDEZ	8180 NW 155TH ST	MIAMI LAKES	FL	33016	FL	14160	1972715712	1619377249	223.00	102.00	4	OR	N		Y	5	N		Y	5
650628374	ALBERT LUCAS DMD PA	ALBERT	LUCAS	10056 PINES BLVD	PEMBROKE PINES	FL	33024	FL	13116	1205057700	1205057700	5,783.28	1,866.00	15	OR	Y	2	Y	2	N		Y	2
650628693	ARMANDO RODRIGUEZ DMD	ARMANDO	RODRIGUEZ	5871 LAKE WORTH RD	GREENACRES	FL	33463	FL	13356	1942400213	1942400213	274.00	138.00	5	PR	N		Y	1	N		Y	1
650631864	HENRY ROZEN DMD PA			9154 WILES ROAD	CORAL SPRINGS	FL	33067		0	1225154172	1225154172	7,882.44	4,518.33	48	OR	N		N		Y	5	Y	5
650642600	STEVEN G DARLING DMD PA	STEVEN	DARLING	8190 S JOG RD	BOYNTON BEACH	FL	33472	FL	13534	1447360649	1447360649	3,762.50	1,109.00	11	OR	Y	1	Y	1	N		Y	1
650644205	MICHAEL MAXWELL DMD	MICHAEL	MAXWELL	13091 W SUNRISE BLVD	SUNRISE	FL	33323	FL	13776	1477603389	1477603389	268.00	141.00	1	GP	N		Y	1	N		Y	1
650645399	MAUREEN LOUISE O'FLANAGAN DDS PA	MAUREEN	O' FLANAGAN-	201 SE 15TH TER	DEERFIELD BEACH	FL	33441	FL	11545	1588871784	1588871784	6,241.00	3,351.00	60	GP	N		Y	1	N		Y	1
650650593	S MORAITIS DDS			1101 E BROWARD BLVD	FT LAUDERDALE	FL	33301		0	1225256761	1225256761	5,581.00	3,453.80	52		N		N		N		N	
650654222	ROY K KING DDS	ROY	KING	24 N LOXAHATCHEE DR	JUPITER	FL	33458	FL	7278	1649312836	1649312836	4,983.56	815.24	22	OR	Y	2	Y	2	N		Y	2
650654629	DAVID BITCHATCHI DMD PA	DAVID	BITCHATCHI	4000 SHERIDAN ST	HOLLYWOOD	FL	33021	FL	13374	1396968541	1396968541	770.00	339.00	9	GP	N		Y	2	N		Y	2
650663812	C H ETTS DDS	CRAIG	ETTS	333 NW 70TH AVE	PLANTATION	FL	33317	FL	10485	1851514350	1851514350	4,445.00	2,035.00	23		N		N		N		N	
650664882	MARIA A MEZCUA DDS PA	MARIA	MEZCUA	18503 PINES BLVD	PEMBROKE PINES	FL	33029	FL	13128	1396899316	1396899316	734.00	273.00	11	GP	N		Y	2	N		Y	2
650666819	JEFFREY BARTLETT DDS	JEFFREY	BARTLETT	2330 NE 9TH ST	FORT LAUDERDALE	FL	33304	FL	DN9540	1467553677	1467553677	19,698.00	9,463.00	155	GP	N		Y	2	N		Y	2
650667967	GEORGE J BROCKMAN DDS & ASSOC PA	GEORGE	BROCKMAN	6933 W COMMERCIAL BLVD	LAUDERHILL	FL	33319	FL	12130	1982603676	1982603676	1,575.00	644.00	3	GP	N		Y	2	N		Y	2
650667967	GEORGE J BROCKMAN DDS & ASSOC PA			595 CHAPEL HILLS DR	COLORADO SPRINGS	CO	80920		0	1982603676	1982603676	161.00	161.00	18	GP	N		Y	16	N		Y	16
650670155	GARY YANOWITZ DDS	GARY	YANOWITZ	9700 STIRLING RD	COOPER CITY	FL	33024	FL	07636	1548263072	1841321015	7,377.00	3,982.00	71	GP	N		Y	1	N		Y	1
650685012	DANIEL L BAILEY DDS	DANIEL	BAILEY	19916 NW 2ND AVE	MIAMI	FL	33169	FL	13666	1922198928	1922198928	713.00	364.00	10	GP	N		Y	2	N		Y	2
650691321	APPLE DENTAL GROUP INC DS			6 CURTISS PKWY	MIAMI SPRINGS	FL	33166		0	1023198397	1023198397	100.00	100.00	1		N		N		N		N	
650696571	SIERRA DENNIS F	DENNIS	SIERRA	20283 STATE ROAD 7 BLDG 200	BOCA RATON	FL	33498	FL	14382	1215012562	1215012562	469.00	254.00	7	GP	N		Y	2	N		Y	2
650699016	CONRAD V HIBBERT DMD	CONRAD	HIBBERT	10031 PINES BLVD	PEMBROKE PINES	FL	33024	FL	13088	1134253040	1134253040	402.00	232.00	4	GP	N		Y	2	N		Y	2
650700287	RONALD A GEORGE DMD	RONALD	GEORGE	4100 S HOSPITAL DR STE 107	PLANTATION	FL	33317	FL	13993	1770690570	1770690570	7,102.00	2,473.00	97	PD	Y	1	Y	1	N		Y	1
650717556	MITCHELL FEUER DMD PA	MITCHELL	FEUER	900 S FEDERAL HWY	HOLLYWOOD	FL	33020	FL	10038	1629247739	1629247739	5,890.00	4,445.80	62	GP	N		N		Y	1	Y	1
650718281	DOUGLAS ROLFE DDS			333 CAMINO GARDENS BLVD	BOCA RATON	FL	33432		0	1417007501	1417007501	636.00	486.00	6		N		N		N		N	
650719035	DENTAL HEALTH GROUP PA	DIEGO	SANCHEZ	19913 BISCAYNE BLVD	AVENTURA	FL	33180	FL	22938	1902329816	1386895175	274.00	137.00	2	GP	Y	2	Y	2	N		Y	2
650719035	DENTAL HEALTH GROUP PA	JHEZANUEL	GONCALVES CORDERO	4660 WEST HILLSBORO BLVD	COCONUT CREEK	FL	33073	FL	23722	1477979557	1386895175	694.00	384.00	10	GP	Y	2	Y	2	N		Y	2
650719035	DENTAL HEALTH GROUP PA	JON	ROBISON	140 S UNIVERSITY DR	PEMBROKE PINES	FL	33025	FL	15479	1619058328	1386895175	1,599.00	428.80	12	OR	Y	2	Y	2	N		Y	2
650719035	DENTAL HEALTH GROUP PA	KENNETH	ANENBERG	7401 N UNIVERSITY DR	TAMARAC	FL	33321	FL	11552	1215023697	1386895175	1,480.00	914.00	7	GP	Y	2	Y	2	N		Y	2
650719035	DENTAL HEALTH GROUP PA	LUIS	TORRES	140 S UNIVERSITY DR	PEMBROKE PINES	FL	33025	FL	12418	1801977582	1386895175	96.00	58.00	1	OS	Y	2	Y	2	N		Y	2
650719035	DENTAL HEALTH GROUP PA	LUIS	TORRES	2905 SW 160TH AVE	MIRAMAR	FL	33027	FL	12418	1801977582	1386895175	576.00	320.00	2	OS	Y	2	Y	2	N		Y	2
650719035	DENTAL HEALTH GROUP PA	LUISA	GARCIA	18835 BISCAYNE BLVD	MIAMI	FL	33180	FL	21006	1740614163	1386895175	944.00	493.00	13	PD	Y	5	Y	2	N		Y	2
650719035	DENTAL HEALTH GROUP PA	MANUEL	ESTRADA	4660 WEST HILLSBORO BLVD	COCONUT CREEK	FL	33073	FL	22845	1306378146	1386895175	1,063.00	553.00	12	GP	Y	2	Y	2	N		Y	2
650719035	DENTAL HEALTH GROUP PA	MARNIE	YANES	2905 SW 160TH AVE	MIRAMAR	FL	33027	FL	21238	1407236052	1386895175	4,564.00	818.60	12	GP	Y	2	Y	2	N		Y	2
650719035	DENTAL HEALTH GROUP PA	PAMELA	BRANDAO	930 N CONGRESS AVE	BOYNTON BEACH	FL	33426	FL	24133	1164080495	1386895175	1,958.00	1,164.00	24	GP	Y	2	Y	2	N		Y	2
650719035	DENTAL HEALTH GROUP PA	RICARDO	GARCIA	13876 SW 88TH ST	MIAMI	FL	33186	FL	14737	1184700783	1386895175	1,238.00	480.00	6	GP	Y	2	Y	2	N		Y	2
650719035	DENTAL HEALTH GROUP PA	SAMANTHA	NOLTE	13876 SW 88TH ST	MIAMI	FL	33186	FL	23990	1114342797	1386895175	749.00	367.00	12	PD	Y	2	Y	2	N		Y	2
650719035	DENTAL HEALTH GROUP PA	SHARLENE	YAP STARKMAN	140 S UNIVERSITY DR	PEMBROKE PINES	FL	33025	FL	16232	1265656797	1386895175	125.00	75.00	2	PD	Y	2	Y	2	N		Y	2
650719035	DENTAL HEALTH GROUP PA	SHARLENE	YAP STARKMAN	4660 WEST HILLSBORO BLVD	COCONUT CREEK	FL	33073	FL	16232	1265656797	1386895175	232.00	91.00	1	PD	Y	2	Y	2	N		Y	2
650719584	CRAIG B STRANIGAN DMD	TARA	HUMBLE	421 SW BETHANY DR	PORT ST LUCIE	FL	34986	FL	24652	1699334656	1659588523	518.00	212.00	4	GP	N		Y	2	N		Y	2
650719628	SETH D POMERANTZ DMD PA	SETH	POMERANTZ	8201 B N PINE ISLAND RD	TAMARAC	FL	33321	FL	14357	1992983175	1992983175	147.00	85.00	1	GP	N		N		Y	2	Y	2
650720179	GERMAN SANTANA DDS	GERMAN	SANTANA	2544 VAN BUREN ST	HOLLYWOOD	FL	33020	FL	14149	1629411871	1003022393	4,696.00	2,308.00	42	GP	N		Y	2	N		Y	2
650721202	FREDDY VALLEJO DDS PA	FREDDY	VALLEJO	101 N PINE ISLAND RD	PLANTATION	FL	33324	FL	13863	1669443339	1669443339	2,354.00	929.80	12	GP	N		Y	2	N		Y	2
650731323	PETER K KRIMSKY DDS PA	PETER	KRIMSKY	7408 NW 5TH ST	FORT LAUDERDALE	FL	33317	FL	13007	1225127277	1225127277	2,852.00	1,540.00	30	GP	N		Y	1	N		Y	1
650736930	WILLIAM MA DMD	WILLIAM	MA	4397 NORTHLAKE BLVD	PALM BEACH GARDENS	FL	33410	FL	14330	1912033309	1912033309	2,675.00	716.20	13	GP	N		Y	1	N		Y	1
650746314	PETER M HERNANDEZ DMD	PETER	HERNANDEZ	1743 N UNIVERSITY DR	PEMBROKE PINES	FL	33024	FL	13543	1235327339	1235327339	7,024.00	3,976.00	67	GP	N		N		Y	2	Y	2
650748780	LAURA EVATT DMD PA	LAURA	EVATT	4800 NE 20TH TER	FORT LAUDERDALE	FL	33308	FL	11968	1942382163	1942382163	6,833.51	986.81	27	GP	N		Y	1	N		Y	1
650756311	NICOLAS FAKHOURY DMD PA	NICOLAS	FAKHOURY	1100 LINTON BLVD	DELRAY BEACH	FL	33444	FL	14291	1942332309	1942332309	110.00	68.00	2	GP	N		Y	2	N		Y	2
650758623	MARK A BARBER DDS PA	FRED	HART	718 SE BECKER RD	PORT ST LUCIE	FL	34984	FL	11992	1518124569	1114182714	114.00	88.00	2	GP	N		N		Y	1	Y	1
650758623	MARK A BARBER DDS PA	MARK	BARBER	718 SE BECKER RD	PORT ST LUCIE	FL	34984	FL	10705	1336287804	1114182714	1,052.00	641.60	12	GP	N		N		Y	1	Y	1
650758623	MARK A BARBER DDS PA	TIMOTHY	SALIB	718 SE BECKER RD	PORT ST LUCIE	FL	34984	FL	18284	1629233481	1114182714	54.00	28.00	1	GP	N		N		Y	1	Y	1

650758623	MARK A BARBER DDS PA			718 SE BECKER RD	PORT ST LUCIE	FL	34984		10705	1336287804	1114182714	93.00	93.00	1	GP	N		N		Y	1	Y	1
650760396	MANNY ANILLO DDS	MANNY	ANILLO	10201 HAMMOCKS BLVD	MIAMI	FL	33196	FL	13750	1750442075	1750442075	773.00	345.00	9	GP	N		Y	5	N		Y	5
650765783	ANGELO FORTE DMD PA	ANGELO	FORTE	654 W INDIANTOWN RD	JUPITER	FL	33458	FL	14440	1013119932	1013119932	1,818.00	418.00	6	GP	N		Y	1	N		Y	1
650766393	STEVEN A ROSENBERG DDS	DAVID	AMADOR	7500 NW 5TH ST	PLANTATION	FL	33317	FL	21422	1114300076	1114300076	2,562.00	1,169.00	5	GP	N		N		Y	2	Y	2
650766393	STEVEN A ROSENBERG DDS	STEVEN	ROSENBERG	7500 NW 5TH ST	PLANTATION	FL	33317	FL	11155	1083852032	1083852032	9,038.00	4,844.60	87		N		N		N		N	
650774583	KEVIN C SIAO DMD PA	RAFAEL	SOLTERO	8142 W BROWARD BLVD	PLANTATION	FL	33324	FL	20459	1942621008	1700236890	2,596.00	874.00	29	GP	N		Y	2	N		Y	2
650782230	DEERFIELD FAMILY DENTAL	ALAIN	POULERIGUEN	100 S MILITARY TRAIL	DEERFIELD BEACH	FL	33442	FL	12610	1710106307	1710106307	365.00	93.00	5	OS	Y	10	Y	1	N		Y	1
650787194	HENDERSON PAUL TAYLOR DDSPA	HENDERSON	TAYLOR	3131 INVERRARY BLVD W	LAUDERHILL	FL	33319	FL	8287			4,052.00	1,170.60	55	GP	Y	2	Y	2	N		Y	2
650792047	DEAN ISRAEL & ASSOCIATES DDS PA	STEVEN	HORWITZ	125 CRAWFORD BLVD	BOCA RATON	FL	33432	FL	19814	1972867463	1922233733	679.00	381.00	6	GP	N		Y	2	N		Y	2
650792969	FRANCISCO MONTAMARTA DDS	FRANCISCO	MONTAMARTA	12545 ORANGE DR	DAVIE	FL	33330	FL	14345	1497835367	1497835367	4,588.00	810.00	14	PE	N		N		Y	1	Y	1
650796764	PHILIP S DESENZE DDS	PHILIP	DESENZE	540 E MCNAB RD	POMPANO BEACH	FL	33060	FL	13906	1134385651	1134385651	3,172.00	1,955.60	30	GP	N		Y	1	N		Y	1
650807157	EASTON DOUGLAS DDS			5100 W COMMERCIAL BLVD STE 7	TAMARAC	FL	33319		14433	1366657140	1366657140	3,837.50	1,835.40	21		N		N		N		N	
650815153	ADVANCED DENTAL CARE OF MT DORA PA	BRIGGITTE	MARTIN	3555 N HIGHWAY 19A	MOUNT DORA	FL	32757	FL	15440	1477690816	1093849937	1,948.00	981.80	20	OR	Y	5	Y	1	N		Y	1
650821596	MICHAEL W BRADY DDS			4330 W BROWARD BLVD	PLANTATION	FL	33317		14263	1407906977	1407906977	5,845.00	2,690.00	15		N		N		N		N	
650825571	SMILES BY DESIGN INC	JOHN	GARCIA	4450 WESTON RD	DAVIE	FL	33331	FL	11744	1508966656	1508966656	662.00	256.00	10	GP	N		Y	1	N		Y	1
650827738	DR MARK FORREST	MARK	FORREST	601 N FLAMINGO RD	PEMBROKE PINES	FL	33028	FL	5906	1457423360	1457423360	701.00	491.00	4	GP	N		Y	2	N		Y	2
650830474	BOCA DENTAL GROUP PA	BRIAN	GROSS	7015 BERACASA WAY	BOCA RATON	FL	33433	FL	14306	1720416613	1720416613	229.00	105.00	3	GP	N		Y	1	N		Y	1
650831268	SALGRA DENTAL GROUP INC	CLAUDIA	SALAS	7861 PINES BLVD	PEMBROKE PINES	FL	33024	FL	14373	1447471289	1447471289	1,120.00	526.00	14	GP	N		Y	1	N		Y	1
650834368	ALAN J RICHTER DMD	ALAN	RICHTER	618 ATLANTIC SHORES BLVD	HALLANDALE BEACH	FL	33009	FL	6112	1407074396	1407074396	466.00	249.00	7	GP	N		Y	1	N		Y	1
650842674	ENDODONTIC ASSOC OF THE PALM BEACHES	JEFFREY	ALBERT	1501 PRESIDENTIAL WAY	WEST PALM BEACH	FL	33401	FL	16651	1326056177	1326056177	3,548.40	1,741.60	12	EN	Y	13	Y	1	N		Y	1
650844629	CLAUDIO MIRO DDS	CLAUDIO	MIRO	320 W 49TH ST	HIALEAH	FL	33012	FL	11650	1417024118	1417024118	247.00	109.00	3	GP	N		Y	2	N		Y	2
650847868	SAGE DENTAL OF N MIAMI BCH PA	GABRIELA	VILA	850 IVES DAIRY RD	MIAMI	FL	33179	FL	21369	1164805537	1225233943	114.00	75.00	1	PE	Y	1	Y	1	N		Y	1
650847868	SAGE DENTAL OF N MIAMI BCH PA	JEFFREY	PEREZ	850 IVES DAIRY RD	MIAMI	FL	33179	FL	23427	1417440280	1225233943	1,501.60	270.00	20	GP	Y	1	Y	1	N		Y	1
650854084	SCOTT F MEIER DDS PA	SCOTT	MEIER	500 UNIVERSITY BLVD	JUPITER	FL	33458	FL	14143	1285759571	1285759571	5,293.13	1,505.46	26	OR	Y	2	Y	1	N		Y	1
650854084	SCOTT F MEIER DDS PA	SCOTT	MEIER	500 UNIVERSITY BLVD STE 112	JUPITER	FL	33458	FL	14143	1285759571	1285759571	7,231.82	2,031.28	30	OR	Y	2	Y	1	N		Y	1
650858196	DIANE T MCGINTY DMD MS	DIANE	MCGINTY	3020 NE 32ND AVE	FORT LAUDERDALE	FL	33308	FL	13448	1831306737	1831306737	8,054.00	3,193.80	22	EN	N		Y	1	N		Y	1
650862462	PALM BEACH ENDODONTICS PA	STEPHEN	GALLA	11211 PROSPERITY FARMS RD	PALM BEACH GARDENS	FL	33410	FL	16549	1073633707	1740431980	1,451.00	892.00	3	OR	Y	10	Y	10	N		Y	10
650863385	CANDACE R COLELLA DMD PA	CANDACE	COLELLA	4690 N STATE ROAD 7	COCONUT CREEK	FL	33073	FL	14724	1841664265	1174742647	42,855.40	3,030.00	72	GP	N		Y	1	N		Y	1
650873275	CLARA M MACIAS DMD	CLARA	MACIAS	6830 DYKES RD	SOUTHWEST RANCHES	FL	33331	FL	11268	1245404110	1245404110	3,922.00	1,624.40	15	GP	N		N		Y	2	Y	2
650875247	DAVID BENSON DMD	DAVID	BENSON	5604 PGA BLVD	PALM BEACH GARDENS	FL	33418	FL	14258	1083794515	1083794515	156.00	142.00	2	GP	N		N		Y	2	Y	2
650879389	MITCHELL KLEIN DDS			7228 W OAKLAND PARK BLVD	LAUDERHILL	FL	33313		13381	1750446449	1750446449	7,360.00	3,000.00	29		N		N		N		N	
650883086	GLICKMAN & MARS DENTAL LLC	RICK	MARS	2797 NE 207TH ST	AVENTURA	FL	33180	FL	11641	1316002637	1316002637	2,120.00	598.80	3	GP	N		Y	1	N		Y	1
650908498	SAGE DENTAL OF PLANTATION PA	MARIO	LASKA	8440 W BROWARD BLVD	PLANTATION	FL	33324	FL	16765	1629151196	1396940011	1,787.88	904.68	21	GP	Y	1	Y	1	N		Y	1
650908498	SAGE DENTAL OF PLANTATION PA	PAUL	SEIDER	8440 W BROWARD BLVD	PLANTATION	FL	33324	FL	16443	1467896698	1396940011	491.00	311.00	2	OS	Y	1	Y	1	N		Y	1
650908498	SAGE DENTAL OF PLANTATION PA	ZUHDIYAH	DAROJAT	8440 W BROWARD BLVD	PLANTATION	FL	33324	FL	18992	1821318544	1396940011	3,826.60	1,039.00	31	GP	Y	1	Y	1	N		Y	1
650921571	MARK A HERMAN DMD	MARK	HERMAN	5329 W ATLANTIC AVE	DELRAY BEACH	FL	33484	FL	14310	1356554711	1356554711	359.00	207.00	4	GP	Y	2	Y	2	N		Y	2
650921652	R FREEDLINE DDS			2627 NE 203RD ST	AVENTURA	FL	33180		9103	1447366604	1447366604	542.00	542.00	5		N		N		N		N	
650923653	HOWARD R CUNNINGHAM DDS PA	HOWARD	CUNNINGHAM	3047 N FEDERAL HWY	FORT LAUDERDALE	FL	33306	FL	12877	1669720967	1194990697	366.00	126.00	5	GP	N		Y	2	N		Y	2
650923653	HOWARD R CUNNINGHAM DDS PA			2020 E OAKLAND PARK BLVD	FORT LAUDERDALE	FL	33306		12877	1669720967	1194990697	350.00	150.00	1	GP	N		Y	9	N		Y	9
650923653	OAKLAND PARK DENTAL	HOWARD	CUNNINGHAM	3047 N FEDERAL HWY	FORT LAUDERDALE	FL	33306	FL	12877	1669720967	1194990697	2,138.00	1,019.00	27	GP	N		Y	1	N		Y	1
650924956	SAGE DENTAL OF POMPANO BEACH PA	ARLET	LOPEZ NEYRA	1650 N FEDERAL HWY	POMPANO BEACH	FL	33062	FL	24103	1730747833	1477758191	1,054.40	512.00	8	EN	Y	5	Y	5	N		Y	5
650924956	SAGE DENTAL OF POMPANO BEACH PA	FRANCESCA	VERRATTI DI PAOLO	1650 N FEDERAL HWY	POMPANO BEACH	FL	33062	FL	22986	1730475500	1477758191	3,034.00	371.00	7	OS	Y	1	Y	1	N		Y	1
650924956	SAGE DENTAL OF POMPANO BEACH PA	ILYA	STEIN	1650 N FEDERAL HWY	POMPANO BEACH	FL	33062	FL	14972	1235260407	1477758191	511.00	289.60	4	GP	Y	1	Y	1	N		Y	1
650924956	SAGE DENTAL OF POMPANO BEACH PA	JOHNNY	EL HELOU	1650 N FEDERAL HWY	POMPANO BEACH	FL	33062	FL	DN25760	1083293088	1477758191	102.00	76.00	1	EN	Y	5	Y	5	N		Y	5
650925402	HARVEY MOSKOWITZ DMD PA			6209 W COMMERCIAL BLVD	TAMARAC	FL	33319		8731	1780704569	1780704569	245.00	128.00	2	GP	Y	2	N		N		N	
650929181	HAGEN RANCH DENTAL CENTER	JASON	KLEIN	7410 BOYNTON BEACH BLVD STE B3	BOYNTON BEACH	FL	33437	FL	14458	1164693685	1164693685	352.00	223.00	5	GP	N		Y	1	N		Y	1
650936080	STEVEN M MILLER DDS PA	STEVEN	MILLER	12788 W FOREST HILL BLVD	WELLINGTON	FL	33414	FL	10350	1295837011	1295837011	3,428.00	1,136.50	10	GP	N		N		Y	1	Y	1
650937178	FONGS COMPLETE DENTAL CARE INC	IAN	FONG	1900 N UNIVERSITY DR	PEMBROKE PINES	FL	33024	FL	15150	1568449197	1568449197	576.00	269.00	7	GP	N		Y	1	N		Y	1
650937505	DANIEL A DELCASTILLO DMD	DANIEL	DEL CASTILLO	925 ARTHUR GODFREY RD	MIAMI BEACH	FL	33140	FL	12306	1235135716	1235135716	530.00	197.00	3	GP	N		Y	1	N		Y	1
650940578	DR VERONICA SANMARTINO			400 ARTHUR GODFREY RD	MIAMI BEACH	FL	33140		0	1932337391	1932337391	3,070.00	1,419.00	13		N		N		N		N	
650943851	BRION S WEINBERG DDS PA			1515 N FLAGLER DR	WEST PALM BEACH	FL	33401		0	1720100696	1720100696	3,056.00	1,500.00	7	GP	N		N		Y	5	Y	5
650947373	LAWRENCE RESSLER DDS			15300 S JOG RD STE 201	DELRAY BEACH	FL	33446		15228	1053527879	1053527879	1,968.00	699.00	22	PE	N		N		Y	16	Y	16
650949239	STUART ELKIN DMD	STUART	ELKIN	3925 W BOYNTON BEACH BLVD	BOYNTON BEACH	FL	33436	FL	14729	1215143425	1215143425	1,427.00	400.40	6	GP	N		Y	1	N		Y	1
650950176	RICARD FAMILY DENTISTRY INC	ARTURO	RICARD	3006 SW PORT ST LUCIE BLVD	ST LUCIE	FL	34953	FL	14365			95.00	50.00	1	GP	N		Y	1	N		Y	1
650950176	RICARD FAMILY DENTISTRY INC	MARIA	RICARD	3006 SW PORT ST LUCIE BLVD	ST LUCIE	FL	34953	FL	14206	1750301891	1750301891	614.00	328.00	6	GP	N		Y	1	N		Y	1
650958568	MITCH MARCUS DMD PA	MITCH	MARCUS	10660 FOREST HILL BLVD	WELLINGTON	FL	33414	FL	14617	1609090323	1609090323	238.00	98.00	2	GP	N		Y	1	N		Y	1
650958982	MONARCH LAKES DENTAL GROUP PA	JESUS	BARRETO	14353 MIRAMAR PKWY	MIRAMAR	FL	33027	FL	13610	1629285283	1629285283	500.00	348.60	7	GP	N		N		Y	1	Y	1
650959947	YUCHI PHEN DMD	YUCHI	PHEN	2212 N FLAMINGO RD	PEMBROKE PINES	FL	33028	FL	14981	1457478661	1457478661	1,277.00	485.00	6	GP	N		Y	1	N		Y	1
650962928	MICHAEL EGGNATZ DDS			17190 ROYAL PALM	FORT LAUDERDALE	FL	33326		0	1265568786	1265568786	2,313.00	1,749.00	19		N		N		N		N	
650965651	JUAN CARLOS QUINTERO DDS			5712 SW 77TH TER	SOUTH MIAMI	FL	33143		0	1700057965	1700057965	2,098.36	1,259.11	17		N		N		N		N	
650968764	LEE HERMAN DDS PA	LEE	HERMAN	22053 STATE RD 7	BOCA RATON	FL	33428	FL	14006	1376565424	1376565424	978.00	345.00	14	GP	Y	2	Y	2	N		Y	2
650969035	JACQUELINE CANIZALES DMD	JACQUELINE	CANIZALES	10640 GRIFFIN RD STE 107	DAVIE	FL	33328	FL	13277	1861614216	1861614216	4,325.00	2,020.00	39	GP	N		Y	1	N		Y	1
650970611	TORY R LINDH DMD PA	TORY	LINDH	7500 NW 5TH ST STE 103	PLANTATION	FL	33317	FL	14461	1144499337	1144499337	5,713.00	2,625.40	35	GP	N		Y	1	N		Y	1
650976774	KIP D RING DDS PA	CHRISTIAN	RING	7500 NW 5TH ST	PLANTATION	FL	33317	FL	15229	1952443715	1952443715	183.00	71.00	2	GP	N		Y	1	N		Y	1
650976774	KIP D RING DDS PA	CHRISTIAN	RING	7500 NW 5TH ST STE 108	PLANTATION	FL	33317	FL	15229	1952443715	1952443715	6,320.00	2,104.20	64	GP	N		Y	1	N		Y	1
650980524	IAN JONES DDS	IAN	JONES	6300 W ATLANTIC BLVD	MARGATE	FL	33063	FL	12516	1588790075	1588790075	1,613.00	1,073.00	22	GP	N		Y	2	N		Y	2
650980524	IAN JONES DDS	IAN	JONES	6300 W ATLANTIC BLVD	POMPANO BEACH	FL	33063	FL	12516	1588790075	1588790075	298.00	208.00	5	GP	N		Y	2	N		Y	2
650981758	DOUGLAS A STOKESBERRY DMD			9204 NE 6TH AVE	MIAMI SHORES	FL	33138		0	1386801462	1386801462	1,370.00	1,150.00	16		N		N		N		N	
650989247	CARLOS SIERRA DDS			3101 N FEDERAL HWY	FORT LAUDERDALE	FL	33306		0	1306065875	1306065875	95.00	85.00	1		N		N		N		N	
650989281	MY DENTAL OFFICE	MONICA	WEICK	3656 W HILLSBORO BLVD	DEERFIELD BEACH	FL	33442	FL	14827	1932116704	1932116704	385.00	277.00	5	GP	N		N		Y	1	Y	1
651007689	ROTHFIELD DENTAL ASSOCIATES PA	ELIZABETH	ROTHFIELD	4601 HOLLYWOOD BLVD	HOLLYWOOD	FL	33021	FL	12846	1922179704	1922179704	1,997.00	833.00	21	GP	N		Y	1	N		Y	1
651010909	PETER EPSTEIN DMD PA INC	PETER	EPSTEIN	1025 KANE CONCOURSE	MIAMI BEACH	FL	33154	FL	8505	1952441198	1952441198	114.00	66.00	1	GP	N		Y	2	N		Y	2
651013748	ENDODONTICS UNLIMITED	JOEL	SLINGBAUM	7369 SHERIDAN ST	HOLLYWOOD	FL	33024	FL	14947	1003832528	1922252386	125.00	63.00	2	EN	N		Y	1	N		Y	1
651019777	KEVIN A TENNYUK DMD	KEVIN	TENNYUK	11382 PROSPERITY FARMS RD STE	PALM BEACH GARDENS	FL	33410	FL	15073	1699882027	1699882027	2,616.34	747.00	7	OR	N		Y	1	N		Y	1
651021909	SMILEY KIDZ DENTAL CARE PA	OANA	ROMASAN	1700 NE 26TH ST	WILTON MANORS	FL	33305	FL	15071	1659469070	1760570105	18,668.40	6,475.80	208	PD	Y	1	Y	1	N		Y	1
651030631	PATRICK B ARNOLD DMD	PATRICK	ARNOLD	1749 NE 26TH ST	WILTON MANORS	FL	33305	FL	14706			4,412.66	1,772.60	58	PD	N		Y	2	N		Y	2
651060281	ANDREA TRUJILLO DMD PA	KRISTEN	IGUALADA-HEINE	9873 PINES BLVD	PEMBROKE PINES	FL	33024	FL	16748	1326235110	1326235110	438.74	157.20	2	PD	Y	5	Y	2	N		Y	2
651060281	ANDREA TRUJILLO DMD PA			9873 PINES BLVD	PEMBROKE PINES	FL	33024		20109	1851828958	1346520418	5,731.00	2,471.20	31	PD	Y	5	Y	5	N		Y	5
651062032	PREMIER DENTAL CENTER PA	BINH	NGUYEN	7160 PEMBROKE RD	MIRAMAR	FL	33023	FL	15460	1427153410	1427153410	242.00	115.00	2	GP	N		Y	1	N		Y	1
651062032	PREMIER DENTAL CENTER PA	TANIA	HERSCHDORFER	7160 PEMBROKE RD	MIRAMAR	FL	33023	FL	22902	1669994125	1669994125	965.00	540.11	7	GP	N		Y	5	N		Y	5
651065668	BELL'S DENTAL SOLUTION, PA	DYONNE	BELL	6991 W BROWARD BLVD	PLANTATION	FL	33317	FL	15100		1841355302	2,276.00	748.60	9	GP	N		Y	2	N		Y	2
651070114	DALINDA A CANELA-PICHARDO DDS	DALINDA	CANELA-PICHARDO	603 N FEDERAL HWY	HOLLYWOOD	FL	33020	FL	14834	1831312040	1831312040	653.00	333.00	7	GP	N		Y	2	N		Y	2
651077289	DAVID A BENNETT DDS	DAVID	BENNETT	10305 NW 41ST ST	DORAL	FL	33178	FL	10709	1760491351	1760491351	5,409.60	1,780.20	24	GP	Y	2	Y	2	N		Y	2
651081473	JULIA W NEULS DDS PA	JULIA	NEULS	4542 N FEDERAL HWY	FORT LAUDERDALE	FL	33308	FL	14634	1720174188	1720174188	9,812.00	5,094.20	58	GP	N		Y	1	N		Y	1
651081473	JULIA W NEULS DDS PA	JUSTIN	HOSSEINI	4542 N FEDERAL HWY	FORT LAUDERDALE	FL	33308	FL	24328	1285294561	1720174188	8,680.00	3,783.40	27	GP	N		Y	1	N		Y	1
651083048	CRAIG A FRIEDMAN DMD	CRAIG	FRIEDMAN	4745 SW 148TH AVE	DAVIE	FL	33330	FL	15153	1013939586	1013939586	5,782.00	1,639.60	48	GP	N		Y	1	N		Y	1
651092401	ALL SMILES DENTAL			2323 NE 26TH AVE	POMPANO BEACH	FL	33062		15362	1942427869	1942427869	172.00	172.00	2	GP	N		N		Y	16	Y	16
651100498	D MCCAWLEY DDS			1625 E LAS OLAS BLVD	FT LAUDERDALE	FL	33301		0	1467491688	1467491688	8,470.00	6,227.00	67		N		N		N		N	
651128835	FRANCISCO ARIAS DDS	FRANCISCO	ARIAS	1316 SE PORT ST LUCIE BLVD	PORT SAINT LUCIE	FL	34952	FL	10239	1427106483	1427106483	1,024.00	628.00	24	PD	N		Y	2	N		Y	2
651130174	SMILE GARDEN INC	ALYNE	TENDERO	6880 TAFT ST	HOLLYWOOD	FL	33024	FL	15750	1578670907	1932216454	1,720.00	551.00	10	GP	Y	1	Y	1	N		Y	1
651131832	MARIO J MARTINEZ DDS			6601 SW 80TH ST	MIAMI	FL	33143		0	1093925133	1093925133	1,192.00	1,132.00	22	GP	N		N		Y	12	Y	12
651137154	LAURA GONZALEZ DMD			500 N HIATUS RD	PEMBROKE PINES	FL	33026		0	1669695565	1669695565	3,327.58	1,882.50	12	GP	N		Y	9	N		Y	9
651137154	LAURA GONZALEZ DMD			500 N HIATUS RD	PEMBROKE PINES	FL	33026		15560	1669695565	1669695565	147.00	125.00	1	GP	N		Y	9	N		Y	9
651139411	MARIA O GONZALEZ DMD PA	MARIA	ODALIS GONZALEZ	10651 N KENDALL DR	MIAMI	FL	33176	FL	15661	1467629956	1467629956	1,857.00	600.00	3	GP	N		Y	2	N		Y	2
651144303	BRIANNA MASTRIANNI	BRIANNA	MASTRIANNI	2401 PGA BLVD	PALM BEACH GARDENS	FL	33410	FL	23437	1215421383	1215421383	4,443.00	2,099.80	26	GP	N		N		Y	2	Y	2
651144303	BRIANNA MASTRIANNI	NICOLAS	DEFABRIQUE	2401 PGA BLVD	PALM BEACH GARDENS	FL	33410	FL	15642	1073606596	1073606596	262.00	198.00	3	GP	N		N		Y	2	Y	2
651146527	IGOR PASISNITCHENKO DDS PA	IGOR	PASISNITCHENKO	10450 TAFT ST	PEMBROKE PINES	FL	33026	FL	15470	1659486488	1659486488	3,293.00	1,068.80	19	GP	Y	1	Y	1	N		Y	1
651146878	PETER F FUERST DDS PA	PETER	FUERST	2706 N UNIVERSITY DR	SUNRISE	FL	33322	FL	15289	1700963527	1700963527	3,963.00	1,743.00	24	GP	N		Y	1	N		Y	1
651147593	H LISTOPAD DDS	HOWARD	LISTOPAD	10161 W SAMPLE RD STE A	CORAL SPRINGS	FL	33065	FL	15690	1366523052	1366523052	2,641.64	1,553.64	34	GP	N		Y	2	N		Y	2
651154530	VINCENT S FASO DDS	VINCENT	FASO	1035 S STATE ROAD 7	WELLINGTON	FL	33414	FL	6351		1962625665	640.00	199.00	12	GP	Y	1	Y	1	N		Y	1
651155895	LANCE J KAMEL DDS	LANCE	KAMEL	8269 W SUNRISE BLVD	PLANTATION	FL	33322	FL	15771	1811054729	1811054729	1,869.00	605.00	11	GP	N		Y	1	N		Y	1
651158430	ROBERT M LANSTER DDS	ROBERT	LANSTER	7399 CORAL WAY	MIAMI	FL	33155	FL	9656	1730283243	1730283243	533.00	221.00	6	GP	Y	2	Y	1	N		Y	1

651288070	PATRICIA JAQUEZ DMD INC	PATRICIA	JAQUEZ	12297 PEMBROKE RD	PEMBROKE PINES	FL	33025	FL	17593	1013149517	1013149517	1,437.00	482.60	12	GP	N		Y	2	N		Y	2
710919377	A IMREK DDS			1730 WILLIAMS TRACE BLVD STE E	SUGARLAND	TX	77478		0	1487764221	1487764221	2,655.00	1,306.40	8		N		N		N		N	
731676728	ANDREW D ROMERO DDS PS	ANDREW	ROMERO	19110 BOTHELL WAY NE	BOTHELL	WA	98011	WA	8302	1043386543	1043386543	1,403.00	1,185.00	5		N		N		N		N	
743040305	DENTAL STORE INC	GEORGE	SOROPOULOS	2151 NW 2ND AVE	BOCA RATON	FL	33431	FL	15874	1255472783	1063552727	333.00	179.00	3	GP	N		Y	2	N		Y	2
752123557	MARK S MOORE DDS	MARK	MOORE	5501 MATLOCK RD	ARLINGTON	TX	76018	TX	15070	1104934462	1104934462	281.00	171.00	4	GP	N		Y	1	N		Y	1
753076076	KELVIN LANTIGUA DMD PA	KELVIN	LANTIGUA	7076 TAFT ST	HOLLYWOOD	FL	33024	FL	16003	1215944368	1215944368	3,316.00	668.00	12	GP	N		Y	2	N		Y	2
753136614	FRANK J MAYE DMD PA	MICHELLE	NAGUIB	19615-33 STATE RD 7	BOCA RATON	FL	33498	FL	18330	1215170980	1215170980	703.00	427.00	16	PD	Y	2	Y	2	N		Y	2
760706979	GIOL & JAFFE LLC	ARLENE	JAFFE	2474 SE FEDERAL HWY	STUART	FL	34994	FL	12726	1104913011	1902952195	963.00	562.00	7	GP	N		Y	2	N		Y	2
760706979	GIOL & JAFFE LLC	VICTOR	GIOL	2474 SE FEDERAL HWY	STUART	FL	34994	FL	14577	1558458406	1902952195	564.17	385.17	10	GP	N		Y	2	N		Y	2
760741305	CHARMAINE JOHNSON DDS			2717 E OAKLAND BLVD	FORT LAUDERDALE	FL	33306		0	1497134480	1497134480	15,542.00	4,020.60	49		N		N		N		N	
760757446	JACQUELINE A NELSON-MANGATAL DDS			4330 W BROWARD BLVD	PLANTATION	FL	33317		16582	1154446649	1154446649	310.00	126.00	2		N		N		N		N	
770260356	VERNON M LEW DDS	VERNON	LEW	1848 SARATOGA AVE	SARATOGA	CA	95070	CA	35633	1760592059	1760592059	289.00	93.00	5	GP	N		Y	1	N		Y	1
800009415	ERIC MOHR DMD	ERIC	MOHR	1901 N FEDERAL HWY	POMPANO BEACH	FL	33062	FL	15689	1275765547	1275765547	3,772.00	1,703.20	27	GP	N		Y	1	N		Y	1
800173416	DENTURES 24/7 INC	GABRIEL	JARAMILLO	2201 NE 52ND ST	LIGHTHOUSE POINT	FL	33064	FL	19088	1205147238	1205147238	54.00	0.00	1	GP	N		N		Y	1	Y	1
800770874	PREMIER DENTISTRY INC	DANIEL	CASEL	1501 PRESIDENTIAL WAY	WEST PALM BEACH	FL	33401	FL	14835	1508959446	1508959446	5,110.06	1,453.86	28	GP	N		Y	1	N		Y	1
810766302	SUJIN YI	SUJIN	YI	400 S COLORADO BLVD	DENVER	CO	80246	CO	00201883	1629415625	1629415625	166.00	131.00	2	GP	N		Y	2	N		Y	2
810795495	AVE MARIA DENTISTRY	WISDOM	AKPAKA	5064 ANNUNCIATION CIR	AVE MARIA	FL	34142	FL	21551	1114338738	1275638314	103.00	93.00	1	GP	N		N		Y	1	Y	1
810795495	WISDOM AKPAKA	WISDOM	AKPAKA	5064 ANNUNCIATION CIR	AVE MARIA	FL	34142	FL	21551	1114338738	1275638314	291.00	243.00	5	GP	N		N		Y	2	Y	2
810830374	TADEU SZPOGANICZ DMD	TADEU	SZPOGANICZ	8894 ROYAL PALM BLVD	CORAL SPRINGS	FL	33065	FL	20043	1972959195	1972959195	3,494.00	1,653.43	21	GP	N		N		Y	1	Y	1
810975728	J&Y DENTAL, LLC	CANDIDA	CASADO	1700 N UNIVERSITY DR	CORAL SPRINGS	FL	33071	FL	23832	1053889105	1407215973	698.80	354.00	9	GP	Y	5	Y	2	N		Y	2
810975728	J&Y DENTAL, LLC	CRAIG	SPENCER	1700 N UNIVERSITY DR	CORAL SPRINGS	FL	33071	FL	15745	1497763353	1407215973	1,872.81	756.00	9	OR	Y	2	Y	2	N		Y	2
810975728	J&Y DENTAL, LLC	CYNTHIA	HABASHY	1700 N UNIVERSITY DR	CORAL SPRINGS	FL	33071	FL	24174	1326609371	1407215973	2,824.00	963.20	17	GP	Y	2	Y	2	N		Y	2
810975728	J&Y DENTAL, LLC	GEORGE	GOUNAKIS	1700 N UNIVERSITY DR	CORAL SPRINGS	FL	33071	FL	15663	1891969077	1407215973	93.00	43.00	1	PE	Y	2	Y	2	N		Y	2
810975728	J&Y DENTAL, LLC	GIANCARLO	BLAND	1700 N UNIVERSITY DR	CORAL SPRINGS	FL	33071	FL	16134	1104911015	1407215973	2,042.00	0.00	1	OS	Y	2	Y	2	N		Y	2
810975728	J&Y DENTAL, LLC	JARED	SHULMAN	1700 N UNIVERSITY DR	CORAL SPRINGS	FL	33071	FL	21818	1033537162	1407215973	27,898.88	9,910.08	174	GP	Y	2	Y	2	N		Y	2
810975728	J&Y DENTAL, LLC	MARCEL	BAGHDADI-GEGATI	1700 N UNIVERSITY DR	CORAL SPRINGS	FL	33071	FL	16519	1790955417	1407215973	102.00	61.00	1	GP	Y	2	Y	2	N		Y	2
810975728	J&Y DENTAL, LLC	MATTHEW	ROSSEN	1700 N UNIVERSITY DR	CORAL SPRINGS	FL	33071	FL	19525	1306122205	1407215973	2,286.00	0.00	4	OS	Y	2	Y	2	N		Y	2
810975728	J&Y DENTAL, LLC	MIKHAIL	GANKIN	1700 N UNIVERSITY DR	CORAL SPRINGS	FL	33071	FL	20550	1114112935	1407215973	1,260.00	752.00	1	EN	Y	2	Y	2	N		Y	2
810975728	J&Y DENTAL, LLC	STEPHEN	CRISCUOLO	1700 N UNIVERSITY DR	CORAL SPRINGS	FL	33071	FL	21814	1053792168	1407215973	1,178.80	761.00	32	PD	Y	2	Y	2	N		Y	2
810975728	J&Y DENTAL, LLC			1700 N UNIVERSITY DR	CORAL SPRINGS	FL	33071		0	1457751075	1407215973	341.00	341.00	5	GP	Y	5	Y	5	N		Y	5
811008528	ELI FRIEDMAN	ALAN	BUSSELL	6269 N UNIVERSITY DR	TAMARAC	FL	33321	FL	5539	1487710612	1568999209	545.00	204.00	6	GP	N		Y	2	N		Y	2
811008528	ELI FRIEDMAN	KATIA	FRIEDMAN	6269 N UNIVERSITY DR	TAMARAC	FL	33321	FL	16794	1861517385	1568999209	5,998.00	892.80	28	GP	N		Y	2	N		Y	2
811008528	ELI FRIEDMAN	SANDRA	HOSH	6269 N UNIVERSITY DR	TAMARAC	FL	33321	FL	22194	1679026744	1568999209	4,563.00	974.00	22	GP	N		Y	2	N		Y	2
811040830	YANELA GONZALEZ DMD PA	YANELA	GONZALEZ	6085 W COMMERCIAL BLVD	TAMARAC	FL	33319	FL	21247	1811378359	1811378359	7,004.00	1,262.80	14	GP	N		Y	2	N		Y	2
811083733	SUNSHINE ENDODONTICS LLC	GABRIEL	SLAVESCU	1749 NE 26TH ST	WILTON MANORS	FL	33305	FL	14946	1164513735	1164513735	1,522.00	923.00	4	EN	N		N		Y	2	Y	2
811418857	OAKLAND PARK MODERN DENTISTRY PA	ALYSSA	GONZALEZ CABANAS	1005 E COMMERCIAL BLVD	OAKLAND PARK	FL	33334	FL	24348	1679134142	1538528831	532.80	166.00	8	GP	Y	1	Y	1	N		Y	1
811418857	OAKLAND PARK MODERN DENTISTRY PA	AVERY	JAFFE	1005 E COMMERCIAL BLVD	OAKLAND PARK	FL	33334	FL	19941	1699023770	1538528831	1,961.00	826.00	4	EN	Y	1	Y	1	N		Y	1
811418857	OAKLAND PARK MODERN DENTISTRY PA	DANIEL	BERENSTEIN	1005 E COMMERCIAL BLVD	OAKLAND PARK	FL	33334	FL	20152	1023437233	1538528831	3,293.00	1,198.00	11	OS	Y	1	Y	1	N		Y	1
811418857	OAKLAND PARK MODERN DENTISTRY PA	JENNY	CORTES	1005 E COMMERCIAL BLVD	OAKLAND PARK	FL	33334	FL	DN24860	1508480187	1538528831	2,640.80	661.00	14	GP	Y	1	Y	1	N		Y	1
811418857	OAKLAND PARK MODERN DENTISTRY PA	KATHERINE	LOZADA	1005 E COMMERCIAL BLVD	OAKLAND PARK	FL	33334	FL	20137	1568801306	1538528831	6,768.86	2,149.06	74	GP	Y	1	Y	1	N		Y	1
811418857	OAKLAND PARK MODERN DENTISTRY PA	ZULEMA	PAPPATERRA	1005 E COMMERCIAL BLVD	OAKLAND PARK	FL	33334	FL	21769	1578857454	1538528831	144.00	75.00	1	PE	Y	3	Y	3	N		Y	3
811451906	DAVIE MODERN DENTISTRY PA	ANTHONY	AZADI	5796 S UNIVERSITY DR	DAVIE	FL	33328	FL	22177	1326491853	1437519998	3,337.80	1,164.60	21	GP	Y	1	Y	1	N		Y	1
811486578	FRANKEL PEDIATRIC DENTISTRY & ORTHODONTICS	SHLOMO	FRANKEL	368 N KANAN RD	OAK PARK	CA	91377	CA	59649	1740419043	1740419043	961.00	414.00	13	PD	N		Y	1	N		Y	1
811847232	JVL DENTAL CREATIONS PA	VICTOR	LUBIN	10271 SW 72ND ST	MIAMI	FL	33173	FL	20118	1629417381	1629417381	6,355.00	682.00	12	GP	Y	2	N		Y	5	Y	5
811869287	TOWNCARE DENTAL OF FORT LAUDERDALE	DOUGLAS	PYSER	3343 NE 33RD ST	FORT LAUDERDALE	FL	33308	FL	9139	1194728162	1932555158	25,148.00	202.00	37	GP	Y	16	Y	1	N		Y	1
812090452	MY LOCAL COLORADO DENTAL PRACTICE LLC	BOYAN	RANO	4998 TOWER RD	DENVER	CO	80249	CO	N.00009245	1760569222	1760569222	150.00	104.00	3	GP	N		Y	2	N		Y	2
812172478	BAYVIEW DENTAL INC	JONATHAN	COOK	3000 E COMMERCIAL BLVD	FORT LAUDERDALE	FL	33308	FL	18313	1568626117	1568626117	6,090.00	1,173.70	20	GP	N		Y	1	N		Y	1
812172478	BAYVIEW DENTAL INC			3000 E COMMERCIAL BLVD	FORT LAUDERDALE	FL	33308		0	1427610971	1427610971	1,646.00	781.00	5	GP	N		Y	5	N		Y	5
812624297	LISA GINZLER DDS	LISA	GINZLER	9633 W BROWARD BLVD	PLANTATION	FL	33324	FL	21708	1790987485	1790987485	1,147.00	579.00	11		N		N		N		N	
812676739	MIGHTY CHILDRENS DENTISTRY PA	AURELIO	BULA	5850 CORAL RIDGE DR	CORAL SPRINGS	FL	33076	FL	21763	1023304391	1134784267	1,762.00	894.00	25	PD	Y	1	N		Y	1	Y	1
812705089	WELL BEING ENDO	MICHAEL	ELLIOTT	266 NW PEACOCK BLVD	PORT SAINT LUCIE	FL	34986	FL	17544	1972545432	1447705165	1,272.00	695.00	5	EN	N		N		Y	1	Y	1
812762075	ANDREW M BROWNE DDS PA			2700 NE 14TH STREET CSWY	POMPANO BEACH	FL	33062		0	1851679914	1851679914	1,160.00	798.60	9		N		N		N		N	
812864799	ASHLEY M PASCHAL DMD PA	ASHLEY	PASCHAL	12683 W SUNRISE BLVD	SUNRISE	FL	33323	FL	21837	1306126396	1124470505	2,312.00	1,414.20	8	GP	N		N		Y	1	Y	1
812907307	DREW POPPER DMD PA	DREW	POPPER	9930 CLINT MOORE RD	BOCA RATON	FL	33496	FL	21755	1922407964	1922407964	538.00	302.00	11	PD	Y	12	Y	12	N		Y	12
812910239	GUILLERMO CORTES DMD PA	EVELYN	PRIETO	11356 W STATE RD 84	DAVIE	FL	33325	FL	21249	1598146755	1609349877	2,685.00	1,500.00	5	GP	N		N		Y	2	Y	2
813013974	TDC DELRAY LLC	DAWN	POLASKY	7901 W ATLANTIC AVE	DELRAY BEACH	FL	33446	FL	17394	1144366220	1104372432	3,043.00	1,141.00	31	GP	N		Y	2	N		Y	2
813030698	JOHN AYLMER			2239 N COMMERCE PKWY	WESTON	FL	33326		0	1023468766	1023468766	1,164.00	906.60	24		N		N		N		N	
813096997	LAURA GONZALES DMD PA			12741 MIRAMAR PKWY STE 106	MIRAMAR	FL	33027		0	1669695565	1336684687	1,601.00	1,300.00	15		N		N		N		N	
813211790	ADVANCED SMILE DENTAL CLINIC	LAURA	PEREZ	3934 SW 8TH ST	CORAL GABLES	FL	33134	FL	22033	1619329109	1619329109	10,315.00	2,905.60	73	GP	Y	1	Y	1	N		Y	1
813225738	FRANA 2011	SHANA	FRANCOIS	2631 E ATLANTIC BLVD	POMPANO BEACH	FL	33062	FL	21815	1770876807	1770876807	1,424.20	614.00	13	GP	N		Y	2	N		Y	2
813366537	ANAID DENTAL LLC DBA D-SIGNER DENTAL	DIANA	TORRES	2625 EXECUTIVE PARK DR	WESTON	FL	33331	FL	20879	1083016257	1083016257	4,694.26	1,663.66	28	GP	N		Y	2	N		Y	2
813419345	ENDO GROUP PLLC	EDWARD	KIRSH	3 SW 129TH AVE STE 205	PEMBROKE PINES	FL	33027	FL	13302	1912082868	1427500610	1,546.00	622.00	5	EN	Y	2	Y	2	N		Y	2
813419345	ENDO GROUP PLLC	JARED	LICHSTRAHL	301 NW 84TH AVE	PLANTATION	FL	33324	FL	14328	1932219474	1427500610	1,849.00	1,077.00	7	EN	Y	16	Y	2	N		Y	2
813419345	ENDODONTIC SPECIALTY GROUP	EDWARD	KIRSH	3 SW 129TH AVE STE 205	PEMBROKE PINES	FL	33027	FL	13302	1912082868	1427500610	165.00	150.00	3	EN	Y	1	Y	1	N		Y	1
813419345	ENDODONTIC SPECIALTY GROUP	JARED	LICHSTRAHL	301 NW 84TH AVE	PLANTATION	FL	33324	FL	14328	1932219474	1427500610	3,048.00	1,447.00	18	EN	Y	16	Y	1	N		Y	1
813451924	IB DENTAL III	ROBERT	DAYSE	2970 BELCREST CENTER DR	STE 105	MD	20782	MD	14139	1881784940	1265983985	131.00	0.00	1	GP	N		Y	5	N		Y	5
813759175	PERFECTION DENTAL SPA PA	ANDREA	LEWIS-MCKENZIE	7744 PETERS RD	PLANTATION	FL	33324	FL	20754	1972910537	1679020408	659.00	349.00	10		N		N		N		N	
813759175	PERFECTION DENTAL SPA PA			7744 PETERS RD	PLANTATION	FL	33324		20754	1972910537	1679020408	3,483.00	2,789.00	43		N		N		N		N	
813796046	MICHAEL RODRIGUEZ DMD PA	MICHAEL	RODRIGUEZ	2860 S SEACREST BLVD	BOYNTON BEACH	FL	33435	FL	21114	1639463045	1639463045	9,988.00	2,047.60	31	GP	N		N		Y	2	Y	2
813798024	OH I DENTAL LLC	MARIA	MAGURNO	5651 DAVIE RD	DAVIE	FL	33314	FL	20559	1245625342	1245625342	7,243.00	2,705.70	37	PR	N		Y	1	N		Y	1
813923649	OH II DENTAL LLC	CARLOS	DA SILVA	8201 N PINE ISLAND RD	TAMARAC	FL	33321	FL	25061	1891312484	1912598814	167.00	113.00	2	GP	N		N		Y	2	Y	2
813973072	GOLDEN PROPORTIONS PLLC	ROBERT	PELLOSIE	110 WATERMAN AVE	MOUNT DORA	FL	32757	FL	20866	1174932552	1174932552	1,705.00	582.40	11	GP	N		Y	2	N		Y	2
814117325	DIEGO A CAMACHO DMD MSD PA	DIEGO	CAMACHO	3037 E COMMERCIAL BLVD	FORT LAUDERDALE	FL	33308	FL	22236	1497197271	1497197271	3,375.00	1,253.00	10	PE	N		Y	2	N		Y	2
814130763	SEDATION DENTAL SPA OF SOUTH FLORIDA	MICHAEL	GORMAN	2028 E SAMPLE RD	LIGHTHOUSE POINT	FL	33064	FL	16349	1144304726	1144304726	8,281.00	2,342.20	32	GP	N		Y	1	N		Y	1
814403403	OAKLAND PARK FAMILY DENTAL PA	MARC	MINGEL	2901 W OAKLAND PARK BLVD	OAKLAND PARK	FL	33311	FL	19201	1831402957	1831402957	343.00	142.00	5	GP	Y	1	Y	1	N		Y	1
814483516	SALVATORE PEZZELLA DMD	SALVATORE	PEZZELLA	901 TYRONE BLVD N	SAINT PETERSBURG	FL	33710	FL	20846	1710388582	1801330246	1,404.00	582.00	11	GP	N		N		Y	1	Y	1
814535746	LEWINA YOUN DDS PLLC	LEWINA	YOUN	15808 MILL CREEK BLVD	MILL CREEK	WA	98012	WA	60634529	1417219155	1417219155	1,710.00	0.00	6	EN	N		Y	2	N		Y	2
814636493	LAUDERDALE PERIODONTICS	SAWAN	MALIK	1027 SE 17TH ST	FORT LAUDERDALE	FL	33316	FL	18776	1770879702	1770879702	3,477.00	1,600.00	17	PE	N		N		Y	1	Y	1
814676573	RADWAN ENDODONTICS	AMR	RADWAN	6115 STIRLING RD	DAVIE	FL	33314	FL	21608	1346687563	1346687563	4,315.00	1,367.00	29	EN	N		N		Y	1	Y	1
814680000	DASANI DENTAL PA	SASAN	SANI	6651 WOOLBRIGHT RD	BOYNTON BEACH	FL	33437	FL	20031	1649402975	1649402975	831.00	569.00	11	PE	N		Y	2	N		Y	2
814950638	KEVIN CARBONELL DMD PA	KEVIN	CARBONELL	2500 N MILITARY TRAIL	BOCA RATON	FL	33431	FL	21321	1730568635	1730568635	774.00	450.00	11	GP	N		N		Y	1	Y	1
815071822	COSMIC SMILES	JULIAN	BERLIN	3027 E COMMERCIAL BLVD	FORT LAUDERDALE	FL	33308	FL	22333	1568774719	1568774719	2,483.00	1,251.00	21		N		N		N		N	
815119349	AMERICAN PEDIATRIC DENTAL GROUP	REBECCA	SHIPPEE	12331 SW 3RD ST	PLANTATION	FL	33325	FL	23257	1841778164	1730697723	202.00	119.00	5	PD	Y	5	Y	1	N		Y	1
815361463	B&R DENTAL FLORIDA CORPORATION	RANIA	KASHLAN	600 S PINE ISLAND RD	PLANTATION	FL	33324	FL	18607	1932260403	1124567821	336.00	191.00	5	GP	Y	2	Y	2	N		Y	2
815382754	FAMILY DENTAL ASSOCIATES	MARC	MINGEL	6130 WEST ATLANTIC BLVD	MARGATE	FL	33063	FL	19201	1831402957	1720518699	5,168.00	1,868.00	12	GP	Y	1	Y	1	N		Y	1
815382754	FAMILY DENTAL ASSOCIATES	ROBERT	GITTESS	6130 WEST ATLANTIC BLVD	MARGATE	FL	33063	FL	13421	1922137058	1366583312	379.00	200.00	1	EN	Y	1	Y	1	N		Y	1
815382754	FAMILY DENTAL ASSOCIATES	ROBERT	WEISHOFF	6130 WEST ATLANTIC BLVD	MARGATE	FL	33063	FL	17459	1386876936	1366583312	66.00	27.00	1	PE	Y	1	Y	1	N		Y	1
815382754	FAMILY DENTAL ASSOCIATES	SOFIA	BLACKMORE	6130 WEST ATLANTIC BLVD	MARGATE	FL	33063	FL	17643	1427387687	1366583312	410.00	206.00	4	GP	Y	1	Y	1	N		Y	1
820559536	CORAL DENTAL ASSOCIATION INC	LETICIA	ALONSO	3934 SW 8TH STREET	CORAL GABLES	FL	33134	FL	19407	1346537024	1346537024	992.00	224.40	8	GP	N		Y	1	N		Y	1
820885757	MRC DENTAL GROUP INC	MARC	CHAPKIS	5724 HANSEL AVE	ORLANDO	FL	32809	FL	15633	1063664662	1063664662	1,793.06	559.50	6	GP	Y	2	Y	2	N		Y	2
821020302	SLINGBAUM & ZUPNIK ORTHODONTICS			7400 NW 5TH ST	PLANTATION	FL	33317		0	1144429242	1144429242	6,987.50	3,866.25	28		N		N		N		N	
821473837	JASON A DALE DMD	JASON	DALE	1928 COMMERCE LN	JUPITER	FL	33458	FL	21447	1902270705	1902270705	432.00	406.00	6	PD	N		N		Y	2	Y	2
821539373	BRUSH BOCA PLLC	GIANCARLO	BLAND	2901 CLINT MOORE RD	BOCA RATON	FL	33496	FL	16134	1104911015	1851811376	929.00	386.00	3	GP	Y	5	Y	1	N		Y	1
821688703	BEAUTIFUL SMILES PLANTATION PA	MICHAEL	BAILEY	1368 N UNIVERSITY DR	PLANTATION	FL	33322	FL	14973	1346739257	1346739257	372.00	243.00	6	GP	N		Y	1	N		Y	1
821688703	BEAUTIFUL SMILES PLANTATION PA	RONIA	BAKER	1368 N UNIVERSITY DR	PLANTATION	FL	33322	FL	16129	1194813220	1346739257	2,622.00	1,204.00	11	GP	N		Y	1	N		Y	1
821808168	GRACE LOPEZ DMD PA	GRACE	LOPEZ	4144 N FEDERAL HWY	FORT LAUDERDALE	FL	33308	FL	19810	1164945960	1164945960	4,272.53	530.33	29	GP	Y	2	Y	2	N		Y	2
821929367	CORAL SPRINGS MODERN DENTISTRY	LAUREN	TINK	5810 WILES RD	CORAL SPRINGS	FL	33067	FL	23609	1669967816	1396267100	2,623.00	1,237.80	6	EN	Y	1	Y	1	N		Y	1
821929367	CORAL SPRINGS MODERN DENTISTRY	SARA	KARIM	5810 WILES RD	CORAL SPRINGS	FL	33067	FL	23520	1376038000	1396267100	8,120.80	2,117.40	50	GP	Y	1	Y	1	N		Y	1
821929367	CORAL SPRINGS MODERN DENTISTRY			5810 WILES RD	CORAL SPRINGS	FL	33067		ZZZZ	1922678366	1396267100	7,161.00	1,792.00	21	GP	Y	4	Y	4	N		Y	4
821954038	PETER M HABASHY PA	CYNTHIA	HABASHY	4595 NORTHLAKE BLVD	PALM BEACH	FL	33418	FL	24174	1326609371	1760919898	1,004.00	363.20	6	GP	Y	2	Y	2	N		Y	2
822084926	GREENLAKE MANAGEMENT LLC	CURT	SONCHAIWANICH	10625 N MILITARY TRAIL	PALM BCH GDNS	FL	33410	FL	19072	1740592922	1699294132	343.00	96.80	1	GP	N		Y	2	N		Y	2
822084926	GREENLAKE MANAGEMENT LLC	JENNIFER	WESTCOTT	10625 N MILITARY TRAIL	PALM BCH GDNS	FL	33410	FL	19762	1881958122	1699294132	2,041.00	639.40	13	GP	N		Y	2	N		Y	2

822090997	MARK W FEDELE			500 NW DIXIE HWY	STUART	FL	34994		0	1700290897	1881989101	2,938.00	2,309.40	36		N		N		N		N		
822124516	LEONARDO LANDER DMD PA	LEONARDO	LANDER	9633 W BROWARD BLVD	FORT LAUDERDALE	FL	33324	FL	22690	1649781816	1649781816	2,627.00	1,435.00	22	GP	N		Y	2	N		Y	2	
822124516	LEONARDO LANDER DMD PA			9633 W BROWARD BLVD	FORT LAUDERDALE	FL	33324		22690	1649781816	1649781816	22.00	0.00	1	GP	N		Y	2	N		Y	2	
822240490	SUITE 2229 DENTAL PLLC	DAVID	RITHOLTZ	150 BROADWAY	NEW YORK	NY	10038	NY	038847	1174746234	1922640911	637.00	188.00	8	GP	N		Y	2	N		Y	2	
822240490	SUITE 2229 DENTAL PLLC	STEVEN	RITHOLTZ	150 BROADWAY	NEW YORK	NY	10038	NY	059267	1285084780	1922640911	1,119.00	218.50	4	GP	N		Y	2	N		Y	2	
822263720	HIDDEN GEM DENTAL PLLC	HELENA	HOGAN	4403 W HILLSBORO BLVD	COCONUT CREEK	FL	33073	FL	18687	1851520456	1265063127	384.00	291.00	5	GP	N		N		Y	1	Y	1	
822364926	KYLE M MCKINNEY DDS PLLC DBA			407 2ND ST NW	HICKORY	NC	28601		9992	1891174934	1891174934	1,984.00	1,310.50	12		N		N		N		N		
822396526	TAYLOR DENTISTRY PA	GABRIELA	CUEBAS	1704 STIRLING RD	DANIA	FL	33004	FL	23864	1043750169	1467922286	748.00	149.00	9	GP	Y	2	Y	2	N		Y	2	
822396526	TAYLOR DENTISTRY PA	NATHAN	TAYLOR	1704 STIRLING RD	DANIA	FL	33004	FL	21825	1295183945	1467922286	334.00	190.00	1	GP	Y	2	Y	2	N		Y	2	
822405735	TLC DENTAL ORTHODONTICS LLC	MOLLY	MCCARTY	3001 E COMMERCIAL BLVD	FORT LAUDERDALE	FL	33308	FL	16573	1134279987	1932625035	2,761.89	575.83	6	OR	Y	1	Y	1	N		Y	1	
822405735	TLC DENTAL ORTHODONTICS LLC	MOLLY	MCCARTY	8214 WILES RD	CORAL SPRINGS	FL	33067	FL	16573	1134279987	1932625035	385.00	146.40	2	OR	Y	1	Y	1	N		Y	1	
822434979	KIDS HEALTHY SMILES LLC	ERIKA	GRANADA - RAMIREZ	2722 NE 1ST ST	POMPANO BEACH	FL	33062	FL	21446	1134503329	1134503329	488.00	206.00	8	GP	N		Y	1	N		Y	1	
822443297	AFFORDABLE DENTISTRY OF SOUTH FLORIDA	AGUEDA	PEREZ DIAZ	4000 SHERIDAN ST	HOLLYWOOD	FL	33021	FL	19248	1598033540	1598033540	408.00	33.00	2	GP	Y	1	Y	1	N		Y	1	
822445662	1500 DENTAL	JAVIER	MARTINEZ	1500 N FEDERAL HWY	FORT LAUDERDALE	FL	33304	FL	23311	1225484058	1073002259	932.00	416.00	4	GP	N		Y	1	N		Y	1	
822445662	1500 DENTAL LLC	ANDREW	FORREST	1500 N FEDERAL HWY	FORT LAUDERDALE	FL	33304	FL	16336	1407978679	1073002259	2,991.00	768.00	24	PE	N		Y	2	N		Y	2	
822445662	1500 DENTAL LLC	DAFNA	BRZOZA	1500 N FEDERAL HWY	FORT LAUDERDALE	FL	33304	FL	25379	1023595394	1073002259	410.00	290.60	3	OR	N		Y	5	N		Y	5	
822445662	1500 DENTAL LLC	JAVIER	MARTINEZ	1500 N FEDERAL HWY	FORT LAUDERDALE	FL	33304	FL	23311	1225484058	1073002259	5,887.00	2,918.40	18	GP	N		Y	1	N		Y	1	
822470016	CORNERSTONE DENTISTRY HOLDINGS PLLC	JENNIFER	KNOWLTON	1100 N ALAFAYA TRL	ORLANDO	FL	32828	FL	25047	1770100216	1710499538	245.00	149.00	2	GP	Y	2	Y	2	N		Y	2	
822526139	GARDEN'S FAMILY DENTISTRY PLLC	DALIA	AL-AZZAWI	4290 PROFESSIONAL CENTER DR	PALM BCH GRDNS	FL	33410	FL	21297	1952782989	1952782989	247.00	122.00	4	GP	N		Y	2	N		Y	2	
822591590	LUXE DENTAL	LANCE	KAMEL	5280 N UNIVERSITY DR	LAUDERHILL	FL	33351	FL	15771	1811054729	1811054729	6,310.00	3,564.80	38	GP	N		Y	1	N		Y	1	
822591590	LUXE DENTAL	MARK	WILDE	5280 N UNIVERSITY DR	LAUDERHILL	FL	33351	FL	9814	1104993591	1811054729	333.00	146.79	3	GP	N		Y	2	N		Y	2	
822636897	HASAN YAP GOMEZ			1700 NE 26TH ST	WILTON MANORS	FL	33305		0	1477808178	1477808178	6,094.00	1,389.00	18		N		N		N		N		
822641971	GR DENTAL LLC	NATALIE	GUERRA	1701 NW 112TH AVE	MIAMI	FL	33172	FL	22926	1306225099	1306225099	1,281.00	331.20	6	GP	N		Y	1	N		Y	1	
822658282	PREFERRED DENTAL CARE PA	KELLY	CALDERON	2263 S UNIVERSITY DR	DAVIE	FL	33324	FL	24891	1801300066	1801300066	343.00	127.00	5	GP	Y	1	Y	1	N		Y	1	
822658282	PREFERRED DENTAL CARE PA	VADIM	VALDMAN	2263 S UNIVERSITY DR	DAVIE	FL	33324	FL	17761	1801300066	1801300066	441.00	159.00	3	GP	Y	1	Y	1	N		Y	1	
822915524	GANGA VERMA, DDS, PA	GANGA	VERMA	4651 NW 31ST AVE	FORT LAUDERDALE	FL	33309	FL	22528	1679908156	1679908156	3,004.00	947.00	16	GP	Y	2	Y	2	N		Y	2	
822968373	DR D DENTAL PLLC	MEHRDAD	DANESHGAR	9750 NW 33RD ST	CORAL SPRINGS	FL	33065	FL	23015	1720599152	1720599152	402.00	147.00	4	GP	N		Y	2	N		Y	2	
822987704	JASON M BERG	JASON	BERG	13590 S JOG RD	DELRAY BEACH	FL	33446	FL	19648	1841588530	1841588530	1,476.00	701.00	23	GP	N		Y	2	N		Y	2	
823168454	ALLURE DENTAL PLLC	VADIM	VALDMAN	4267 W COMMERCIAL BLVD	TAMARAC	FL	33319	FL	17761	1184860413	1649784166	395.00	196.00	6	GP	Y	1	Y	1	N		Y	1	
823225560	BRUSH CORAL SPRINGS PLLC	ALEJANDRO	PIEDRA	961 N UNIVERSITY DR	CORAL SPRINGS	FL	33071	FL	21252	1639550056	1841703790	240.00	129.00	3	OS	Y	5	Y	1	N		Y	1	
823225560	BRUSH CORAL SPRINGS PLLC	STEVEN	HORWITZ	961 N UNIVERSITY DR	CORAL SPRINGS	FL	33071	FL	19814	1972867463	1841703790	792.00	438.00	9	OS	Y	5	Y	1	N		Y	1	
823424030	ATLAS SMILES PLLC	ANTHONY	ADKINS	12331 SW 3RD ST	PLANTATION	FL	33325	FL	20898	1730588492	1346754785	2,829.92	1,318.96	26	GP	N		Y	1	N		Y	1	
823603623	PERLA G SALAZAR	PERLA	SALAZAR	7491 N FEDERAL HWY	BOCA RATON	FL	33487	FL	22626	1063933075	1063933075	3,977.20	1,657.80	27	GP	N		Y	2	N		Y	2	
823619006	TLC DENTAL ORAL SURGEY PLLC	CRAIG	TOVER	7110 SOUTHGATE BLVD	MARGATE	FL	33068	FL	11718	1568419828	1578078630	151.00	65.60	1	EN	Y	1	Y	1	N		Y	1	
823666303	JOSHUA DE MATHIS DDS LLC	JOSHUA	MATHIS	2311 BENT CREEK RD	AUBURN	AL	36830	AL	6400	1487183117	1487183117	367.00	255.00	5	GP	N		N		Y	2	Y	2	
823687786	GEORGE P MITROGOGOS DMD			4942 W STATE ROAD 46	SANFORD	FL	32771		0	1609123744	1609123744	1,678.00	929.50	14		N		N		N		N		
823967594	NADJA A HORST	NADJA	HORST	601 N FLAMINGO RD	PEMBROKE PINES	FL	33028	FL	15676	1811314131	1275041154	3,590.00	172.00	9	GP	N		Y	2	N		Y	2	
824034856	ANDREW DVONCH DDS	ANDREW	DVONCH	790 LINDEN AVE	ROCHESTER	NY	14625	NY	048011			136.00	0.00	2	GP	N		N		Y	2	Y	2	
824034856	ANDREW DVONCH DDS			790 LINDEN AVE	ROCHESTER	NY	14625		048011			0.00	0.00	2	GP	N		N		Y	2	Y	2	
824068957	SURGICAL ARTS OF BOCA RATON	JASON	PORTNOF	9980 CENTRAL PARK BLVD N	BOCA RATON	FL	33428	FL	16048	1760613426	1689171332	974.00	302.00	6	OS	N		Y	1	N		Y	1	
824068957	SURGICAL ARTS OF BOCA RATON			3000 CORAL HILLS DR	CORAL SPRINGS	FL	33065			1760613426	1689171332	920.00	0.00	4	OS	N		Y	16	N		Y	16	
824130872	WATSON FAMILY DENTISTRY PC	SCOTT	WATSON	572 TITUS AVE	ROCHESTER	NY	14617	NY	055657	1861654543	1861654543	524.00	383.00	8	GP	N		Y	1	N		Y	1	
824280218	FARINA ORTHODONTIC SPECIALISTS PA	ANDRES	GUERRA-ANDRADE	2370 BRUCE B DOWNS BLVD	WESLEY CHAPEL	FL	33544	FL	19281	1669610044	1669610044	3,319.00	1,087.20	8	OS	N		N		Y	1	Y	1	
824515939	WHOLE DENTAL DESIGN LLC			1875 S UNIVERSITY DR	DAVIE	FL	33324		0	1982715405	1740757087	3,150.00	1,354.00	2	GP	Y	5	Y	5	N		Y	5	
824515939	WHOLE DENTAL DESIGN LLC	YOLAIVYS	FUNDORA	1875 S UNIVERSITY DR	DAVIE	FL	33324	FL	20186	1285074112	1740757087	4,986.00	742.40	16	GP	Y	1	Y	1	N		Y	1	
824954577	DENTAL EXCELLENCE PARTNERS LLC	DAVID	HERNANDEZ	680 N UNIVERSITY DR	PEMBROKE PINES	FL	33024	FL	19802	1245593896	1730686833	1,068.00	572.00	4	GP	Y	1	Y	1	N		Y	1	
824954577	DENTAL EXCELLENCE PARTNERS LLC	ROSARIO	STREETT	680 N UNIVERSITY DR	PEMBROKE PINES	FL	33024	FL	21495	1801230768	1730686833	1,175.00	470.40	10	GP	Y	1	Y	1	N		Y	1	
824982459	ALEJANDRO PIEDRA	ALEJANDRO	PIEDRA	7752 W COMMERCIAL BLVD	LAUDERHILL	FL	33351	FL	21252	1639550056	1134619505	4,724.00	2,076.30	15	GP	Y	2	Y	2	N		Y	2	
824982459	ALEJANDRO PIEDRA			7752 W COMMERCIAL BLVD	SUNRISE	FL	33351		0	1639550056	1134619505	718.71	718.71	12	GP	Y	2	Y	2	N		Y	2	
825037493	PROFESSIONAL DENTAL ALLIANCE OF FL PLLC	BEVERLY	BOWEN	1202 SE PORT ST LUCIE BLVD	PORT SAINT LUCIE	FL	34952	FL	25312	1124687090	1750938072	362.00	202.00	4	GP	N		Y	2	N		Y	2	
825037493	PROFESSIONAL DENTAL ALLIANCE OF FL PLLC	PRATIK	PATEL	10696 SW VILLAGE PKWY	PORT ST LUCIE	FL	34987	FL	23440	1922591619	1750938072	349.00	202.00	4	GP	N		Y	2	N		Y	2	
825331154	ROSALMARIE M SALAZAR DMD PA	ERIC	WALLACE	600 S DIXIE HWY	BOCA RATON	FL	33432	FL	8299	1174665277	1588874952	642.00	58.00	3	GP	N		Y	1	N		Y	1	
825331154	ROSALMARIE M SALAZAR DMD PA	ROSALMARIE	SALAZAR	600 S DIXIE HWY	BOCA RATON	FL	33432	FL	15738	1588874952	1588874952	3,449.00	760.00	16	GP	N		Y	1	N		Y	1	
825385906	THE LITTLE ROYALS DENISTRY FOR KIDS PLLC	SALVATORE	COLOMBO	600 HERITAGE DRIVE	JUPITER	FL	33458	FL	19136	1265747125	1265747125	1,864.00	1,080.60	30	PD	Y	1	Y	1	N		Y	1	
825506587	DORAL MODERN DENTISTRY	MILAGRITOS	RIOS KU HOP	1601 N FLAMINGO RD	PEMBROKE PINES	FL	33028	FL	21244	1003298522	1003298522	2,093.19	1,470.19	17	GP	Y	2	N		Y	2	Y	2	
830401313	ADAM J WINTON DDS MD PA	ADAM	WINTON	1201 E SAMPLE RD	POMPANO BEACH	FL	33064	FL	16882	1144223777	1144223777	5,708.00	567.00	13	GP	N		N		Y	2	Y	2	
830401313	ADAM J WINTON DDS MD PA			7301A W PALMETTO PARK RD	BOCA RATON	FL	33433		16882	1144223777	1144223777	1,100.00	0.00	2	GP	N		N		Y	2	Y	2	
830401313	ADAM J WINTON DDS MD PA			7301A W PALMETTO PARK RD STE 3	BOCA RATON	FL	33433		16882	1144223777	1144223777	105.00	105.00	1	GP	N		N		Y	2	Y	2	
830738148	HART TO HART DENTAL	TREVOR	HART	3425 N DIXIE HWY	FORT LAUDERDALE	FL	33334	FL	21893	1033561907	1033561907	1,077.00	522.00	9	GP	N		N		Y	1	Y	1	
830798843	SANTIAGO LOPEZ C DMD PA	SANTIAGO	LOPEZ	131 NW 100TH AVE	PLANTATION	FL	33324	FL	23317	1548616360	1548616360	30,471.04	9,943.50	172	GP	N		Y	2	N		Y	2	
830831167	GUL DENTAL PROFESSIONALS PA	YOUSAF	GUL	4801 LINTON BLVD	DELRAY BEACH	FL	33445	FL	20655	1801209812	1801209812	726.00	466.00	7	GP	N		Y	1	N		Y	1	
830923768	LIGHTHOUSE POINT ORTHODONTICS	DANIEL	ROZEN	2323 NE 26TH AVE	POMPANO BEACH	FL	33062	FL	21446	1821446352	1821446352	6,767.53	3,399.94	29	OR	Y	1	N		Y	1	Y	1	
831032865	TOTAL DENTISTRY	LAWRENCE	HALE	701 S INDIANA AVE	ENGLEWOOD	FL	34223	FL	15980	1336578293	1336578293	6,857.00	1,331.00	15	GP	N		Y	1	N		Y	1	
831086101	CRAIG A LUSTMAN	CRAIG	LUSTMAN	8903 GLADES RD	BOCA RATON	FL	33434	FL	21099	1386061349	1295221364	1,342.00	1,115.00	18	PD	N		N		Y	2	Y	2	
831237812	PEDIATRIC & GENERAL DENTISTY - PALM BEACH	CAMILO	MOYNELO COLL	6301 S DIXIE HWY	WEST PALM BEACH	FL	33405	FL	23641	1376039115	1235698556	103.00	48.00	1	GP	N		Y	1	N		Y	1	
831237812	PEDIATRIC & GENERAL DENTISTY - PALM BEACH			6301 S DIXIE HWY	WEST PALM BEACH	FL	33405		0	1376039115	1235698556	550.00	450.00	11	GP	N		Y	4	N		Y	4	
831273307	FORT LAUDERDALE ENDODONTICS INC	GRETCHEN	HEINSEN	3037 E COMMERCIAL BLVD	FORT LAUDERDALE	FL	33308	FL	9861	1649363268	1649363268	4,793.00	2,911.20	13	OS	Y	13	Y	1	N		Y	1	
831285711	DENTAL DESIGNS OF PLANTATION INC	JOHN	SARRIS	10019 CLEARY BLVD	PLANTATION	FL	33324	FL	14937	1699824219	1699824219	167.00	125.00	2	GP	N		N		Y	1	Y	1	
831285711	JOHN G SARRIS DMD			10019 CLEARY BLVD	PLANTATION	FL	33324		0	1699824219	1699824219	238.00	189.00	2	GP	N		N		Y	2	Y	2	
831319842	SHERI LEFTY			376 N MAIN ST	WOLFEBORO	NH	03894		0	1265511331	1265511331	2,128.00	1,286.60	7		N		N		N		N		
831419479	TDC LAKEVIEW LLC	ANDREA	SANTO	1390 CORAL RIDGE DR	CORAL SPRINGS	FL	33071	FL	15818	1255392478	1518441591	2,405.00	1,014.00	20	GP	N		Y	1	N		Y	1	
831425080	JNR DENTAL PLLC	CHRISTOPHER	ROANE	2808 REMINGTON GREEN CIR	TALLAHASSEE	FL	32308	FL	15857	1184790719	1306113444	378.00	138.00	4	GP	N		N		Y	5	Y	5	
831425080	JNR DENTAL PLLC	PAMELA	GOOD	2808 REMINGTON GREEN CIR	TALLAHASSEE	FL	32308	FL	19586	1306113444	1306113444	956.00	244.00	6	GP	N		N		Y	5	Y	5	
831425080	JNR DENTAL PLLC	SAMAVIA	AHMED	2808 REMINGTON GREEN CIR	TALLAHASSEE	FL	32308	FL	24489	1306490297	1306113444	140.00	47.00	3	GP	N		N		Y	2	Y	2	
831811667	TLC DENTAL 4 KIDS, LLC	CHRISTIAN	THOMAS	3001 E COMMERCIAL BLVD	FORT LAUDERDALE	FL	33308	FL	13411	1689862674	1730662669	998.40	391.00	15	PD	Y	1	Y	1	N		Y	1	
832418623	TDC JUPITER LLC	SARAH	MCCOURT	1230 W INDIANTOWN RD	JUPITER	FL	33458	FL	22985	1083139653	1831661735	1,470.00	602.20	11	GP	N		Y	2	N		Y	2	
832418623	TDC JUPITER LLC	SEAN	TOMALTY	1230 W INDIANTOWN RD	JUPITER	FL	33458	FL	20153	1033559281	1831661735	142.00	63.00	2	GP	N		Y	2	N		Y	2	
832436370	DE MIRZA PEDIATRIC DENTISTRY	BENITA	DE MIRZA	190 PROFESSIONAL WAY	WELLINGTON	FL	33414	FL	21675	1861668451	1861668451	653.00	381.00	10	PD	N		Y	2	N		Y	2	
832550559	CRAFT DENTAL PLLC	JARED	SCHMITT	384 NORTHLAKE BLVD	NORTH PALM BCH	FL	33408	FL	22967	1609391093	1609391093	504.00	67.00	5	GP	N		N		Y	2	Y	2	
832688874	PLANTATION ORAL SURGERY PLLC	DANIEL	BERENSTEIN	7500 NW 5TH ST	PLANTATION	FL	33317	FL	20152	1023437233	1255804860	91.00	45.00	1	GP	Y	10	Y	6	N		Y	6	
832688874	PLANTATION ORAL SURGERY PLLC	JOEL	BERLEY	201 NW 70TH AVE	PLANTATION	FL	33317	FL	19218	1831402171	1255804860	8,860.00	2,741.40	31	GP	Y	10	Y	1	N		Y	1	
832688874	PLANTATION ORAL SURGERY PLLC	JOEL	BERLEY	7500 NW 5TH ST	PLANTATION	FL	33317	FL	19218	1831402171	1255804860	3,883.00	993.00	12	GP	Y	10	Y	6	N		Y	6	
832694186	HOLLYWOOD ORAL SURGERY PLLC	DANIEL	BERENSTEIN	4420 SHERIDAN ST	HOLLYWOOD	FL	33021	FL	20152	1023437233	1497228001	571.00	245.00	2	OS	N		Y	1	N		Y	1	
832694186	HOLLYWOOD ORAL SURGERY PLLC	DANIEL	TORRES	4420 SHERIDAN ST	HOLLYWOOD	FL	33021	FL	17737	1972810067	1497228001	3,191.00	1,316.00	9	OS	N		Y	1	N		Y	1	
832694186	HOLLYWOOD ORAL SURGERY PLLC	JOEL	BERLEY	4420 SHERIDAN ST	HOLLYWOOD	FL	33021	FL	19218	1831402171	1497228001	9,486.00	2,510.00	26	OS	N		Y	1	N		Y	1	
832770586	SEABREEZE DENTAL GROUP			2520 US HIGHWAY 1 S	SAINT AUGUSTINE	FL	32086		0	1770600207	1770600207	5,120.00	1,669.40	7	GP	N		N		Y	5	Y	5	
832992950	GALLERIA DENTAL GROUP LLC	GEORGE	GALLUZZO JR	2300 NE 9TH ST	FORT LAUDERDALE	FL	33304	FL	12151	1629297056	1629297056	14,550.05	3,994.41	38	GP	N		N		Y	1	Y	1	
833631193	DENTISTS OF FORT LAUDERDALE PA	TINA	AKHAVAN	1865 CORDOVA RD	FORT LAUDERDALE	FL	33316	FL	24099	1033778436	1629536818	1,390.00	278.00	14	GP	Y	1	Y	1	N		Y	1	
833691108	TAMARAC FAMILY DNTL & ORAL SURGERY CTR	WILLIAM	MATHURIN	7351 W OAKLAND PARK BLVD	TAMARAC	FL	33319	FL	14622	1114191335	1952863169	1,453.00	687.00	8	OS	N		Y	1	N		Y	1	
833691108	TAMARAC FAMILY DNTL & ORAL SURGERY LLC			7351 W OAKLAND PARK BLVD	TAMARAC	FL	33319		10618	1518234780	1952863169	94.00	94.00	2	GP	N		Y	5	N		Y	5	
833691108	TAMARAC FAMILY DNTL & ORAL SURGERY LLC	WILLIAM	MATHURIN	7351 W OAKLAND PARK BLVD	TAMARAC	FL	33319	FL	14622	1114191335	1952863169	2,257.00	1,147.00	13	OS	N		Y	1	N		Y	1	
833825841	GOLDEN ISLES DENTISTRY	KENI	LEONCE	105 CROWN POINTE PKWY	KINGSLAND	GA	31548	GA	15871	1386204568	1306499694	1,092.00	590.00	7	GP	Y	2	Y	2	N		Y	2	
834281222	MILEIDIS PENA MARRO & ASSOC DMD PA	MILEIDIS	PENA MARRO	8383 PINES BLVD	PEMBROOKE PINES	FL	33024	FL	21866	1750730388	1023666872	600.00	350.00	4	GP	Y	2	Y	2	N		Y	2	
834464008	SHELLY LEVIN RUBIN DDS	SHELLY	LEVIN	1005 N 35TH AVE	HOLLYWOOD	FL	33021	FL	21753	1023351715	1023351715	225.21	157.21	4	PD	N		N		Y	3	Y	3	
841699604	WILLIAM A FORERO DMD PA	WILLIAM	FORERO	3000 N UNIVERSITY DR	CORAL SPRINGS	FL	33065	FL	16965	1104924521	1376177618	953.00	516.00	14	GP	N		Y	1	N		Y	1	
841748152	ALLURE DENTAL OF PLANTATION PLLC	KELLY	CALDERON	1945 N PINE ISLAND RD	SUNRISE	FL	33322	FL	24891	1306463344	1740848647	737.00	172.80	9	GP	Y	1	Y	1	N		Y	1	
841748152	ALLURE DENTAL OF PLANTATION PLLC	VADIM	VALDMAN	1945 N PINE ISLAND RD	SUNRISE	FL	33322	FL	17761	1184860413	1740848647	294.00	170.00	2	GP	Y	1	Y	1	N		Y	1	
841748152	ALLURE DENTAL OF PLANTATION PLLC	VIVIAN	KUNSTMANN	1945 N PINE ISLAND RD	SUNRISE	FL	33322	FL	12167	1104995539	1740848647	0.93	0.93	5	GP	Y	1	Y	1	N		Y	1	
841799672	JOYCE S KIM DMD			342 PAT HARALSON DR	BLAIRSVILLE	GA	30512		0	1982767109	1124306816	444.00	444.00	6		N		N		N		N		
841943712	DLC DENTAL INC	DOROTIE	LACROZE	6260 W OAKLAND PARK BLVD	SUNRISE	FL	33313	FL	23592	1104329978	1285280024	1,319.00	895.00	6	GP	N		N		Y	2	Y	2	
841986526	TDC JUPITER FARMS LLC	JILL	DOOLEY	10156 W INDIANTOWN RD	JUPITER	FL	33478	FL	19934	1215285473	1972164762	2,594.00	1,287.80	31	GP	N		Y	2	N		Y	2	
842098127	DENTAL TEAM OF PLANTATION LLC	BARRY	BROWN	10167 W SUNRISE BLVD	FORT LAUDERDALE	FL	33322	FL	10716	1548228984	1154511376	319.00	139.00	3	GP	Y	1	Y	1	N		Y	1	

842098127	DENTAL TEAM OF PLANTATION LLC	BARRY	BROWN	7420 NW 5TH ST	PLANTATION	FL	33317	FL	10716	1548228984	1548228984	191.00	60.00	2	GP	Y	6	Y	6	N		Y	6
842098127	DENTAL TEAM OF PLANTATION LLC	JACOB	ELEFANT	10167 W SUNRISE BLVD	FORT LAUDERDALE	FL	33322	FL	12892	1154511376	1154511376	147.00	39.00	1	GP	Y	1	Y	1	N		Y	1
842098127	DENTAL TEAM OF PLANTATION LLC	JACOB	ELEFANT	7420 NW 5TH ST	PLANTATION	FL	33317	FL	12892	1154511376	1154511376	842.00	120.00	12	GP	Y	6	Y	6	N		Y	6
842122030	DENTAL TEAM OF BAYVIEW LLC	JACOB	ELEFANT	2826 E OAKLAND PARK BLVD	FORT LAUDERDALE	FL	33306	FL	12892	1154511376	1275109241	2,131.00	705.00	21	GP	Y	1	Y	1	N		Y	1
842122030	DENTAL TEAM OF BAYVIEW LLC			2826 E OAKLAND PARK BLVD	FORT LAUDERDALE	FL	33306		ZZZZ	1851454821	1154511376	752.00	474.00	4	GP	Y	4	Y	4	N		Y	4
842123108	BOYNTON ORAL SURGERY & IMPLANT CENTER	DEREK	KING	3695 W BOYNTON BEACH BLVD	BOYNTON BEACH	FL	33436	FL	19352	1154611176	1255980447	3,293.80	429.20	6	OS	N		Y	1	N		Y	1
842152718	YISROEL NOSKOW DMD PA	YISROEL	NOSKOW	2323 NE 26TH AVE	POMPANO BEACH	FL	33062	FL	23119	1922549054	1922549054	2,053.00	668.20	26	PD	Y	2	Y	2	N		Y	2
842422850	BIG BOCA SMILES LLC	MICHAEL	COHEN	21301 POWERLINE RD	BOCA RATON	FL	33433	FL	21088	1689225997	1689225997	1,311.00	743.00	13	OR	N		Y	5	N		Y	5
842422850	BIG BOCA SMILES LLC	ROBERT	SPOONT	21301 POWERLINE RD	BOCA RATON	FL	33433	FL	8907	1861577082	1689225997	1,261.00	698.00	9	OR	N		Y	5	N		Y	5
842423664	BRYAN FRIEDLAND DMD	BRYAN	FRIEDLAND	10031 PINES BLVD	PEMBROKE PINES	FL	33024	FL	18860	1346561784	1881243855	3,675.00	1,158.60	22	GP	N		Y	2	N		Y	2
842548080	FLORIN NICK CICORTAS DR	FLORIN	CICORTAS	9101 LAKERIDGE BLVD	BOCA RATON	FL	33496	FL	22147	1366998080	1366998080	128.20	0.00	2	GP	N		Y	2	N		Y	2
842548080	FLORIN NICK CICORTAS DR			9101 LAKERIDGE BLVD	BOCA RATON	FL	33496		22147	1366998080	1366998080	3,598.00	1,595.00	10	GP	N		Y	3	N		Y	3
842548080	NICK CICORTAS			9101 LAKERIDGE BLVD	BOCA RATON	FL	33496		0	1366998080	1366998080	4,924.00	1,536.00	18	GP	N		Y	4	N		Y	4
842548080	NICK CICORTAS DMD LLC	STEVEN	LONDON	9101 LAKERIDGE BLVD	BOCA RATON	FL	33496	FL	13379	1316085905	1366998080	112.00	50.00	2	GP	N		Y	1	N		Y	1
842585867	GRIFFEE DENTAL III PA	EMILY	NEWTON	640 LINTON BLVD	DELRAY BEACH	FL	33444	FL	21425	1417331794	1568016087	223.00	148.00	3	GP	Y	2	Y	2	N		Y	2
842585867	GRIFFEE DENTAL III PA	PAULA	FAIZZADEH	640 LINTON BLVD	DELRAY BEACH	FL	33444	FL	24425	1912550799	1568016087	208.00	90.00	4	GP	Y	2	Y	2	N		Y	2
842710509	KAMRAN KIANI	KAMRAN	KIANI	11246 PINES BLVD	HOLLYWOOD	FL	33026	FL	20869	1699175729	1699175729	1,780.00	858.00	17	GP	Y	2	Y	2	N		Y	2
842710509	KAMRAN KIANI			11246 PINES BLVD	HOLLYWOOD	FL	33026		0	1780915918	1699175729	424.00	386.00	6	GP	Y	2	Y	2	N		Y	2
842777799	BEACH SMILE FAMILY DENTISTRY PA	PETER	EPSTEIN	2242 NE 123RD ST	MIAMI	FL	33181	FL	8505	1952441198	1497348270	281.00	141.90	3	GP	N		N		Y	1	Y	1
842777799	BEACH SMILE FAMILY DENTISTRY PA			2242 NE 123RD ST	MIAMI	FL	33181		8505	1952441198	1952441198	88.00	88.00	1	GP	N		N		Y	3	Y	3
843137184	HALLANDALE DENTAL GROUP LLC	MARIA	PENA	200 E HALLANDALE BEACH BLVD	HALLANDALE	FL	33009	FL	19909	1427305796	1568081909	386.00	200.00	3	GP	Y	10	Y	2	N		Y	2
843301250	MARIEL PETRUK DDS	MARIEL	PETRUK	416 SE 11TH COURT	FORT LAUDERDALE	FL	33316	FL	20744	1518373018	1518373018	4,825.00	1,988.80	28	GP	N		Y	2	N		Y	2
843671838	CORAL SPRINGS ORAL SURGERY PA	LAITH	AZZOUNI	2801 N UNIVERSITY DR	CORAL SPRINGS	FL	33065	FL	18560	1023288347	1023288347	792.00	348.00	6	OS	Y	1	Y	1	N		Y	1
843824758	VILLAGE SQUARE DENTAL LLC	ALBERTO	FISCHZANG	1601 N HIATUS RD	PEMBROKE PINES	FL	33026	FL	15970	1982739520	1285257048	2,320.00	1,337.00	10	GP	N		Y	1	N		Y	1
843973447	JUNIOR SMILES LLC	TIFFANY	BRADY	10071 SUNSET STRIP	SUNRISE	FL	33322	FL	21459	1407292824	1407292824	654.00	258.00	11	PD	Y	1	Y	9	N		Y	9
843977954	LAUDERHILL CHILDREN'S DENTAL LLC	NIGEL	GRANDISON	1249 N ST RD 7	LAUDERHILL	FL	33313	FL	14446	1326148909	1326148909	294.00	161.00	2	PD	Y	1	Y	1	N		Y	1
843977954	LAUDERHILL CHILDREN'S DENTAL LLC	TAYLOR	WATTS	1249 N ST RD 7	LAUDERHILL	FL	33313	FL	16094	1730434804	1326148909	343.00	173.00	5	GP	Y	1	Y	1	N		Y	1
844055891	CHRIS KEANE DMD			21457 NW 2ND AVE	MIAMI GRDN	FL	33169			1831543909	1831543909	350.00	150.00	2	GP	N		N		Y	4	Y	4
844923154	ALEXANDER GARCIA GODOY DDS PA	ALEXANDER	GARCIA-GODOY	7737 N UNIVERSITY DR	TAMARAC	FL	33321	FL	23172	1376983254	1376983254	2,062.40	747.20	13	EN	Y	2	Y	2	N		Y	2
845029156	BENJAMIN GROOTERS	BENJAMIN	GROOTERS	237 JOHN KNOX RD	TALLAHASSEE	FL	32303	FL	17955	1134301872	1134301872	1,794.00	982.00	13	GP	N		N		Y	2	Y	2
845029156	BENJAMIN GROOTERS			237 JOHN KNOX RD	TALLAHASSEE	FL	32303		0	1134301872	1134301872	338.00	316.00	6	GP	N		N		Y	2	Y	2
845157265	DR CARLA D GIVAN DDS PC	CARLA	GIVAN	1075 COOPER RD	GRAYSON	GA	30017	GA	15896	1356781892	1356781892	2,261.00	1,379.00	21	GP	N		Y	2	N		Y	2
850544449	DEERFIELD MODERN DENTISTRY PA	LAUREN	TINK	778 S FEDERAL HWY	DEERFIELD BEACH	FL	33441	FL	23609	1669967816	1790393890	1,854.00	1,021.00	4	EN	Y	1	Y	1	N		Y	1
850544449	DEERFIELD MODERN DENTISTRY PA	SEAN	COYLE	778 S FEDERAL HWY	DEERFIELD BEACH	FL	33441	FL	20596	1962814632	1790393890	8,604.46	479.86	46	GP	Y	1	Y	1	N		Y	1
851428527	CL DDS 2 PA	VICTORIA	GANDARILLAS	9156 WILES RD	CORAL SPRINGS	FL	33067	FL	23571	1558859959	1558859959	4,283.00	3,366.00	42	PD	Y	1	N		Y	1	Y	1
851943810	ALLIED DENTAL SOLUTIONS LLC	ANTHONY	ADKINS	6209 W COMMERCIAL BLVD	TAMARAC	FL	33319	FL	20898	1730588492	1730588492	1,015.00	385.00	10	GP	Y	1	N		Y	1	Y	1
851943810	ALLIED DENTAL SOLUTIONS LLC			6209 W COMMERCIAL BLVD	TAMARAC	FL	33319		0	1780704569	1730588492	107.00	47.00	2	GP	Y	4	N		Y	5	Y	5
852274794	MOLINARI CG LLC	LUCIANA	MOLINARI	2820 OAK AVE	COCONUT GROVE	FL	33133	FL	20830	1285989293	1285989293	101.00	43.00	1	GP	N		Y	2	N		Y	2
852274794	MOLINARI CG LLC	LUCIANA	MOLINARI	2820 OAK AVE	MIAMI	FL	33133	FL	20830	1285989293	1285989293	114.00	61.00	1	GP	N		Y	2	N		Y	2
852290896	BAYLEE DENTAL PA			16850 S US HIGHWAY 441 STE 301	SUMMERFIELD	FL	34491		0	1710292826	1710292826	735.00	554.80	5		N		N		N		N	
852853446	LUZARDO DENTAL LLC	FLOR	LUZARDO	6933 W COMMERCIAL BLVD	LAUDERHILL	FL	33319	FL	23773	1598361115	1598361115	1,369.00	603.00	19	GP	N		Y	2	N		Y	2
853114098	JUNGLE DENTAL	MICHELLE	NAGUIB	19615-33 STATE RD 7	BOCA RATON	FL	33498	FL	18330	1215170980	1215170980	1,090.00	583.00	21	PD	Y	1	Y	1	N		Y	1
853503873	MIRIAM RAJNI KOSHY	MIRIAM	KOSHY	11653 N WILLIAMS ST	DUNNELLON	FL	34432	FL	DN15870	1063506285	1063506285	89.00	70.00	1	GP	N		Y	5	N		Y	5
853503873	MIRIAM RAJNI KOSHY	SALLY	BARTH	11653 N WILLIAMS ST	DUNNELLON	FL	34432	FL	10735	1295943520	1063506285	552.00	164.00	7	GP	N		Y	2	N		Y	2
853660896	MILLER PEDIATRIC DENTISTRY CORAL SPRINGS PA	MARIA	PORTILLA	8150 ROYAL PALM BLVD	CORAL SPRINGS	FL	33065	FL	12192	1235218686	1447854237	2,187.20	869.00	33	PD	Y	5	Y	5	N		Y	5
860893417	R TODD HAFT DDS			16215 N ORACLE RD	TUCSON	AZ	85739		0	1881758373	1962690081	470.00	445.00	5		N		N		N		N	
861217071	DANIEL COHEN DDS			7522 WILES RD	CORAL SPRINGS	FL	33067		0	1548644511	1548644511	1,066.00	762.00	9	GP	Y	2	Y	2	N		Y	2
861217071	SOUTH FLORIDA DENTAL CENTER LLC	DANIEL	COHEN	7522 WILES RD	CORAL SPRINGS	FL	33067	FL	22441	1548644511	1356935050	2,597.00	1,292.00	24	GP	Y	1	Y	1	N		Y	1
861315772	SAGE DENTAL MANAGEMENT LLC	KRYSTINA	LEPORE	5443 W ATLANTIC BLVD	MARGATE	FL	33063	FL	20075	1164781761	1023607470	901.40	166.00	11	GP	Y	1	Y	1	N		Y	1
861453131	BRICKELL DENTAL&AESTHETICS PLLC	MELISSA	QUINTANA	848 BRICKELL AVE	MIAMI	FL	33131	FL	20402	1932535325	1932535325	119.00	81.00	1	GP	Y	10	Y	5	N		Y	5
861503914	MIGUELINA AROCHA	MIGUELINA	AROCHA	3035 E COMMERCIAL BLVD	FORT LAUDERDALE	FL	33308	FL	20006	1407081540	1548504632	397.00	301.00	4	GP	N		N		Y	2	Y	2
861503914	MIGUELINA AROCHA			3035 E COMMERICAL BLVD	FORT LAUDERDALE	FL	33308		0	1548504632	1548504632	230.00	115.20	3	GP	N		N		Y	2	Y	2
861594762	FORMA DENT PA			5501 N UNIVERSITY DR STE 102	CORAL SPRINGS	FL	33067		0	1386752376	1063090587	137.00	137.00	2		N		N		N		N	
861773241	RAUL D MOLINA DMD	ERIC	BENDER	12683 W SUNRISE BLVD	SUNRISE	FL	33323	FL	DN26108	1194394288	1194394288	247.00	195.00	2	GP	N		N		Y	2	Y	2
861773241	RAUL D MOLINA DMD			12683 W SUNRISE BLVD	SUNRISE	FL	33323		0	1922699206	1114502572	2,076.00	581.80	10	GP	N		N		Y	5	Y	5
862251694	ALLURE DENTAL OF HOLLYWOOD PLLC	CORAL	COHEN	8580 STIRLING RD	HOLLYWOOD	FL	33024	FL	19171	1104131051	1184860413	1,050.00	603.00	4	GP	Y	1	Y	12	N		Y	12
863016154	HERNANDO COUNTY DENTISTRY VENTURE	DIANA	AYALA	10320 N 56TH ST	TEMPLE TERRACE	FL	33617	FL	19902	1053669077	1417905597	96.00	79.00	1	GP	N		Y	2	N		Y	2
863123106	KENIA GONZALEZ DMD PA	KENIA	GONZALEZ	6526 PEMBROKE RD	MIRAMAR	FL	33023	FL	20151	1578902813	1578902813	4,133.00	624.00	12	GP	N		Y	1	N		Y	1
863324597	JONES DENTALCARE LLC			6300 W ATLANTIC BLVD	MARGATE	FL	33063		18524	1043665540	1043665540	69.00	69.00	1	GP	N		Y	3	N		Y	3
863324597	JONES DENTALCARE LLC	WARREN	JONES	6300 W ATLANTIC BLVD	MARGATE	FL	33063	FL	18524	1043665540	1043665540	906.00	453.00	10	GP	N		Y	1	N		Y	1
863421881	BEST SMILE 4 ALL LLC			10187 CLEARY BLVD	FORT LAUDERDALE	FL	33324		0	1396249447	1396249447	1,260.00	879.00	13		N		N		N		N	
870736284	OASIS DENTAL ASSOCIATES PA	ALEX	ALEMAN	10796 PINES BLVD	PEMBROKE PINES	FL	33026	FL	14247	1639252208	1932201142	1,713.00	484.00	11	GP	Y	1	Y	1	N		Y	1
871126760	DENTAL CARE GROUP FT LAUDERDALE LLC	BRAD	GRAFF	3107 STIRLING RD	FORT LAUDERDALE	FL	33312	FL	11270	1992099550	1992099550	2,008.00	970.00	17	GP	N		Y	2	N		Y	2
88051434	CALA HILLS ENDODONTICS PA INC	DEMETRICK	LECORN	601 N LECANTO HWY	LECANTO	FL	34461	FL	16008	1952452211	1215196761	165.00	102.00	2	EN	Y	1	Y	1	N		Y	1
890709628	VIBHOR BIDKAR	VIBHOR	BIDKAR	8890 ROYAL PALM BLVD	CORAL SPRINGS	FL	33065	FL	20961	1477953677	1477953677	1,938.00	207.00	4	GP	N		N		Y	2	Y	2
900053579	JASON WANUCK DMD PA	JASON	WANUCK	1232 WEST INDIANTOWN RD	JUPITER	FL	33458	FL	15511	1053495622	1053495622	4,323.00	1,901.80	62	PD	N		Y	2	N		Y	2
900723233	BENEDETTI ORTHODONTICS PA	ANA	BENEDETTI	3025 E COMMERCIAL BLVD	FORT LAUDERDALE	FL	33308	FL	17538	1457543803	1457543803	20,700.54	8,845.79	81	OR	N		N		Y	1	Y	1
901032331	DENTISTART GROUP	LUIS	OCHOA	9955 NW 31ST ST	CORAL SPRINGS	FL	33065	FL	17926	1528262052	1740681709	2,255.00	1,302.12	15	GP	N		Y	1	N		Y	1
901895044	VITAL DENTAL OF POMPANO PLLC	MARTIN	MAYA	2700 NE 14TH STREET CSWY	POMPANO BEACH	FL	33062	FL	20090	1790046233	1790046233	247.00	122.00	3	GP	N		Y	1	N		Y	1
910974034	RICHARD D TUCKER DDS			1800 C ST	BELLINGHAM	WA	98225		0	1356430805	1356430805	1,321.00	870.40	10		N		N		N		N	
920178596	AVENTURA DENTAL ARTS LLC			18851 NE 29TH AVE	AVENTURA	FL	33180		13744	1922209345	1740428374	5,375.00	1,466.20	10	PD	Y	10	Y	5	N		Y	5
920178596	AVENTURE DENTAL ARTS LLC			18851 NE 29TH AVE	AVENTURA	FL	33180		13744	1922209345	1740428374	161.00	131.00	2	PR	N		Y	5	N		Y	5

Cigna Network Analysis

Cigna DPPO Advantage

Created for...

City of Fort Lauderdale

June 2022

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Dental - Cigna DPPO Advantage

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Straight Line Distance

Employee Group
Employee Listing

Provider Group
All Dentists

Areas With Access
Top 36 Counties in the market, sorted by the number of employees with access

[1] Provider counts represent:
#: Provider access points

Employees With Access

Employee Group	2,640 employees 2,636 (99.8%) employees with access	Provider Group	85,253 unique providers at 53,194 unique locations (190,624 total access points)

Key Geographic Areas

	State Name	County	Employee	Provider		With Access		Counts[1]	Average Distance	
			#	Group	Standard	#	%	#	1	2
With Access	Florida	Broward	2,113	All Dentists	2 in 10 miles	2,113	100.0	2,287	0.6	0.7
		Palm Beach	278	All Dentists	2 in 10 miles	278	100.0	1,491	1.0	1.1
		Miami-Dade	154	All Dentists	2 in 10 miles	154	100.0	2,413	0.6	0.7
		St. Lucie	22	All Dentists	2 in 10 miles	22	100.0	266	1.4	1.4
		Martin	18	All Dentists	2 in 10 miles	18	100.0	143	1.4	1.6
		Collier	5	All Dentists	2 in 10 miles	5	100.0	226	1.7	1.7
		Lee	4	All Dentists	2 in 10 miles	4	100.0	354	0.4	0.4
		Orange	4	All Dentists	2 in 10 miles	4	100.0	1,023	1.0	1.1
		Flagler	2	All Dentists	2 in 10 miles	2	100.0	41	2.1	2.2
		Hillsborough	2	All Dentists	2 in 10 miles	2	100.0	1,234	0.6	0.6
		Lake	2	All Dentists	2 in 10 miles	2	100.0	251	3.1	3.6
		Monroe	2	All Dentists	2 in 10 miles	2	100.0	17	1.9	1.9
		Nassau	2	All Dentists	2 in 10 miles	2	100.0	73	1.3	1.3
		Seminole	2	All Dentists	2 in 10 miles	2	100.0	436	0.3	0.4
		Volusia	2	All Dentists	2 in 10 miles	2	100.0	232	0.8	1.0
	Tennessee	Loudon	2	All Dentists	2 in 10 miles	2	100.0	24	1.9	1.9
	Connecticut	Fairfield	1	All Dentists	2 in 10 miles	1	100.0	656	0.8	0.8
		New London	1	All Dentists	2 in 10 miles	1	100.0	161	1.2	1.2
	Florida	Brevard	1	All Dentists	2 in 10 miles	1	100.0	329	0.1	0.1
		Citrus	1	All Dentists	2 in 10 miles	1	100.0	54	1.7	1.7
		Columbia	1	All Dentists	2 in 10 miles	1	100.0	12	9.5	9.5
		Indian River	1	All Dentists	2 in 10 miles	1	100.0	71	0.3	0.3
		Manatee	1	All Dentists	2 in 10 miles	1	100.0	273	1.2	1.2
		Marion	2	All Dentists	2 in 10 miles	1	50.0	153	0.3	0.3
		Okeechobee	1	All Dentists	2 in 10 miles	1	100.0	11	1.3	3.3
		Pinellas	1	All Dentists	2 in 10 miles	1	100.0	696	0.3	0.3
	Georgia	Bibb	1	All Dentists	2 in 10 miles	1	100.0	61	7.4	8.0
		Cobb	1	All Dentists	2 in 10 miles	1	100.0	673	0.5	0.5
		DeKalb	1	All Dentists	2 in 10 miles	1	100.0	482	1.5	1.5
	Kansas	Sedgwick	1	All Dentists	2 in 10 miles	1	100.0	204	6.0	6.0
	Louisiana	Jefferson	1	All Dentists	2 in 10 miles	1	100.0	318	2.6	2.8
	Nevada	Nye	1	All Dentists	2 in 10 miles	1	100.0	10	5.3	6.4
	Ohio	Lake	1	All Dentists	2 in 10 miles	1	100.0	155	0.9	0.9
	Pennsylvania	Philadelphia	1	All Dentists	2 in 10 miles	1	100.0	1,479	0.3	1.1
	Tennessee	Davidson	1	All Dentists	2 in 10 miles	1	100.0	573	0.3	0.3
		Fentress	1	All Dentists	2 in 10 miles	1	100.0	2	0.9	0.9

Access Summary By County (Without Access)

June 2022

Created for...
City of Fort Lauderdale

Access Analysis
Dental - Cigna DPPO Advantage

Distance Method
Straight Line Distance

Employee Group
Employee Listing

Provider Group
All Dentists

Areas Without Access
Bottom 36 Counties in the market, sorted by the number of employees without access

[1] Provider counts represent:
#: Provider access points

Employees Without Access

Employee Group	2,640 employees 4 (0.2%) employees without access	Provider Group	85,253 unique providers at 53,194 unique locations (190,624 total access points)

Key Geographic Areas

	State Name	County	Employee	Provider		Without Access		Counts[1]	Average Distance	
			#	Group	Standard	#	%	#	1	2
Without Access	Florida	Highlands	1	All Dentists	2 in 10 miles	1	100.0	17	1.0	12.9
		Marion	2	All Dentists	2 in 10 miles	1	50.0	153	15.7	15.7
		Putnam	1	All Dentists	2 in 10 miles	1	100.0	13	14.9	14.9
	Tennessee	White	1	All Dentists	2 in 10 miles	1	100.0	1	1.0	14.2

Access Detail By Zip Code (With Access)

June 2022

Created for...
City of Fort Lauderdale

Access Analysis
Dental - Cigna DPPO Advantage

Distance Method
Straight Line Distance

Employee / Provider Groups
Employee Listing
All Dentists

Employees With Access									
State Name	County	Employee	Provider		Counts	With Access		Average Distance	
		#	Group	Standard	#	#	%	1	2
Connecticut	Fairfield	1	All Dentists	2 in 10 miles	656	1	100.0	0.8	0.8
	New London	1	All Dentists	2 in 10 miles	161	1	100.0	1.2	1.2
Florida	Brevard	1	All Dentists	2 in 10 miles	329	1	100.0	0.1	0.1
	Broward	2,113	All Dentists	2 in 10 miles	2,287	2,113	100.0	0.6	0.7
	Citrus	1	All Dentists	2 in 10 miles	54	1	100.0	1.7	1.7
	Collier	5	All Dentists	2 in 10 miles	226	5	100.0	1.7	1.7
	Columbia	1	All Dentists	2 in 10 miles	12	1	100.0	9.5	9.5
	Flagler	2	All Dentists	2 in 10 miles	41	2	100.0	2.1	2.2
	Hillsborough	2	All Dentists	2 in 10 miles	1,234	2	100.0	0.6	0.6
	Indian River	1	All Dentists	2 in 10 miles	71	1	100.0	0.3	0.3
	Lake	2	All Dentists	2 in 10 miles	251	2	100.0	3.1	3.6
	Lee	4	All Dentists	2 in 10 miles	354	4	100.0	0.4	0.4
	Manatee	1	All Dentists	2 in 10 miles	273	1	100.0	1.2	1.2
	Marion	2	All Dentists	2 in 10 miles	153	1	50.0	0.3	0.3
	Martin	18	All Dentists	2 in 10 miles	143	18	100.0	1.4	1.6
	Miami-Dade	154	All Dentists	2 in 10 miles	2,413	154	100.0	0.6	0.7
	Monroe	2	All Dentists	2 in 10 miles	17	2	100.0	1.9	1.9
	Nassau	2	All Dentists	2 in 10 miles	73	2	100.0	1.3	1.3
	Okeechobee	1	All Dentists	2 in 10 miles	11	1	100.0	1.3	3.3
	Orange	4	All Dentists	2 in 10 miles	1,023	4	100.0	1.0	1.1
	Palm Beach	278	All Dentists	2 in 10 miles	1,491	278	100.0	1.0	1.1
	Pinellas	1	All Dentists	2 in 10 miles	696	1	100.0	0.3	0.3
	Seminole	2	All Dentists	2 in 10 miles	436	2	100.0	0.3	0.4
	St. Lucie	22	All Dentists	2 in 10 miles	266	22	100.0	1.4	1.4
	Volusia	2	All Dentists	2 in 10 miles	232	2	100.0	0.8	1.0
Georgia	Bibb	1	All Dentists	2 in 10 miles	61	1	100.0	7.4	8.0
	Cobb	1	All Dentists	2 in 10 miles	673	1	100.0	0.5	0.5
	DeKalb	1	All Dentists	2 in 10 miles	482	1	100.0	1.5	1.5
Kansas	Sedgwick	1	All Dentists	2 in 10 miles	204	1	100.0	6.0	6.0
Louisiana	Jefferson	1	All Dentists	2 in 10 miles	318	1	100.0	2.6	2.8
Nevada	Nye	1	All Dentists	2 in 10 miles	10	1	100.0	5.3	6.4
Ohio	Lake	1	All Dentists	2 in 10 miles	155	1	100.0	0.9	0.9
Pennsylvania	Philadelphia	1	All Dentists	2 in 10 miles	1,479	1	100.0	0.3	1.1
Tennessee	Davidson	1	All Dentists	2 in 10 miles	573	1	100.0	0.3	0.3
	Fentress	1	All Dentists	2 in 10 miles	2	1	100.0	0.9	0.9
	Hamilton	1	All Dentists	2 in 10 miles	219	1	100.0	0.2	0.2
	Loudon	2	All Dentists	2 in 10 miles	24	2	100.0	1.9	1.9
	Sevier	1	All Dentists	2 in 10 miles	29	1	100.0	0.6	8.9
Grand Totals		2,637	All Dentists	2 in 10 miles	17,132	2,636	99.9	0.6	0.7

Access Detail By Zip Code (Without Access)

June 2022

Created for...
City of Fort Lauderdale

Access Analysis
Dental - Cigna DPPO Advantage

Distance Method
Straight Line Distance

Employee / Provider Groups
Employee Listing
All Dentists

Employees Without Access									
State Name	County	Employee	Provider		Counts	Without Access		Average Distance	
		#	Group	Standard	#	#	%	1	2
Florida	Highlands	1	All Dentists	2 in 10 miles	17	1	100.0	1.0	12.9
	Marion	2	All Dentists	2 in 10 miles	153	1	50.0	15.7	15.7
	Putnam	1	All Dentists	2 in 10 miles	13	1	100.0	14.9	14.9
Tennessee	White	1	All Dentists	2 in 10 miles	1	1	100.0	1.0	14.2
Grand Totals		5	All Dentists	2 in 10 miles	184	4	80.0	8.2	14.4

Access Detail By Zip Code (Excluded from Analysis)

June 2022

Created for...
City of Fort Lauderdale

Access Analysis
Dental - Cigna DPPO Advantage

Distance Method
Straight Line Distance

Employee / Provider Groups
Employee Listing
All Dentists

** These records have been excluded from the analysis because of invalid zip codes.

Employees Excluded from Analysis	
Zip Code	Employee #
** 33376	1
** 96319	1
Grand Totals	2

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Cigna Dental Care Access

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Provider Group
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Areas With Access
Top 36 Counties in the market, sorted by the number of employees with access

[1] Provider counts represent:
#: Provider access points

Employees With Access

Employee Group	2,640 employees 2,613 (99.0%) employees with access	Provider Group	6,776 unique providers at 6,692 unique locations (6,776 total access points)

Key Geographic Areas

	State Name	County	Employee	Provider		With Access		Counts[1]	Average Distance	
			#	Group	Standard	#	%	#	1	2
With Access	Florida	Broward	2,113	Open General Dentists	2 in 10 miles	2,113	100.0	174	0.9	1.2
		Palm Beach	278	Open General Dentists	2 in 10 miles	277	99.6	91	2.2	2.7
		Miami-Dade	154	Open General Dentists	2 in 10 miles	154	100.0	242	1.0	1.3
		St. Lucie	22	Open General Dentists	2 in 10 miles	22	100.0	12	2.6	3.2
		Martin	18	Open General Dentists	2 in 10 miles	18	100.0	8	2.9	4.2
		Lee	4	Open General Dentists	2 in 10 miles	4	100.0	21	1.7	2.1
		Orange	4	Open General Dentists	2 in 10 miles	4	100.0	54	2.5	3.0
		Hillsborough	2	Open General Dentists	2 in 10 miles	2	100.0	75	0.6	1.1
		Seminole	2	Open General Dentists	2 in 10 miles	2	100.0	26	0.4	1.0
	Connecticut	Fairfield	1	Open General Dentists	2 in 10 miles	1	100.0	10	0.8	2.4
	Florida	Brevard	1	Open General Dentists	2 in 10 miles	1	100.0	12	0.5	6.6
		Citrus	1	Open General Dentists	2 in 10 miles	1	100.0	5	5.4	5.5
		Collier	5	Open General Dentists	2 in 10 miles	1	20.0	13	8.4	8.8
		Lake	2	Open General Dentists	2 in 10 miles	1	50.0	7	1.8	6.4
		Manatee	1	Open General Dentists	2 in 10 miles	1	100.0	12	2.4	3.4
		Marion	2	Open General Dentists	2 in 10 miles	1	50.0	7	0.8	3.0
		Pinellas	1	Open General Dentists	2 in 10 miles	1	100.0	33	0.4	1.9
		Volusia	2	Open General Dentists	2 in 10 miles	1	50.0	14	5.7	6.2
	Georgia	Cobb	1	Open General Dentists	2 in 10 miles	1	100.0	20	0.5	1.0
		DeKalb	1	Open General Dentists	2 in 10 miles	1	100.0	18	1.9	2.4
	Kansas	Sedgwick	1	Open General Dentists	2 in 10 miles	1	100.0	4	8.8	9.4
	Louisiana	Jefferson	1	Open General Dentists	2 in 10 miles	1	100.0	8	2.8	4.9
	Ohio	Lake	1	Open General Dentists	2 in 10 miles	1	100.0	7	3.5	3.9
	Pennsylvania	Philadelphia	1	Open General Dentists	2 in 10 miles	1	100.0	57	1.1	2.3
	Tennessee	Davidson	1	Open General Dentists	2 in 10 miles	1	100.0	34	2.1	4.2
		Hamilton	1	Open General Dentists	2 in 10 miles	1	100.0	5	0.9	5.2

Access Summary By County (Without Access)

June 2022

Created for...
City of Fort Lauderdale

Access Analysis
Dental - Cigna Dental Care Access

Distance Method
Straight Line Distance

Employee Group
Employee Listing

Provider Group
Open General Dentists

Areas Without Access
Bottom 36 Counties in the market, sorted by the number of employees without access

[1] Provider counts represent:
#: Provider access points

Employees Without Access

Employee Group	2,640 employees 27 (1.0%) employees without access	Provider Group	6,776 unique providers at 6,692 unique locations (6,776 total access points)

Key Geographic Areas

	State Name	County	Employee	Provider		Without Access		Counts[1]	Average Distance	
			#	Group	Standard	#	%	#	1	2
Without Access	Florida	Collier	5	Open General Dentists	2 in 10 miles	4	80.0	13	20.1	20.7
		Flagler	2	Open General Dentists	2 in 10 miles	2	100.0	1	2.4	16.9
		Monroe	2	Open General Dentists	2 in 10 miles	2	100.0	1	22.3	22.4
		Nassau	2	Open General Dentists	2 in 10 miles	2	100.0	1	2.2	11.7
	Tennessee	Loudon	2	Open General Dentists	2 in 10 miles	2	100.0	0	15.9	18.5
	Connecticut	New London	1	Open General Dentists	2 in 10 miles	1	100.0	2	7.7	11.1
	Florida	Columbia	1	Open General Dentists	2 in 10 miles	1	100.0	1	16.0	25.2
		Highlands	1	Open General Dentists	2 in 10 miles	1	100.0	2	15.1	21.9
		Indian River	1	Open General Dentists	2 in 10 miles	1	100.0	4	3.8	11.1
		Lake	2	Open General Dentists	2 in 10 miles	1	50.0	7	9.6	14.3
		Marion	2	Open General Dentists	2 in 10 miles	1	50.0	7	15.7	15.9
		Okeechobee	1	Open General Dentists	2 in 10 miles	1	100.0	0	24.2	25.5
		Palm Beach	278	Open General Dentists	2 in 10 miles	1	0.4	91	10.1	10.1
		Putnam	1	Open General Dentists	2 in 10 miles	1	100.0	0	20.7	29.4
		Volusia	2	Open General Dentists	2 in 10 miles	1	50.0	14	2.8	12.0
	Georgia	Bibb	1	Open General Dentists	2 in 10 miles	1	100.0	2	11.2	11.3
	Nevada	Nye	1	Open General Dentists	2 in 10 miles	1	100.0	0	33.6	35.4
	Tennessee	Fentress	1	Open General Dentists	2 in 10 miles	1	100.0	0	33.3	46.7
		Sevier	1	Open General Dentists	2 in 10 miles	1	100.0	0	23.6	28.6
		White	1	Open General Dentists	2 in 10 miles	1	100.0	0	17.5	50.0

Access Detail By Zip Code (With Access)

June 2022

Created for...
City of Fort Lauderdale

Access Analysis
Dental - Cigna Dental Care Access

Distance Method
Straight Line Distance

Employee / Provider Groups
Employee Listing
Open General Dentists

Employees With Access									
State Name	County	Employee	Provider		Counts	With Access		Average Distance	
		#	Group	Standard	#	#	%	1	2
Connecticut	Fairfield	1	Open General Dentists	2 in 10 miles	10	1	100.0	0.8	2.4
Florida	Brevard	1	Open General Dentists	2 in 10 miles	12	1	100.0	0.5	6.6
	Broward	2,113	Open General Dentists	2 in 10 miles	174	2,113	100.0	0.9	1.2
	Citrus	1	Open General Dentists	2 in 10 miles	5	1	100.0	5.4	5.5
	Collier	5	Open General Dentists	2 in 10 miles	13	1	20.0	8.4	8.8
	Hillsborough	2	Open General Dentists	2 in 10 miles	75	2	100.0	0.6	1.1
	Lake	2	Open General Dentists	2 in 10 miles	7	1	50.0	1.8	6.4
	Lee	4	Open General Dentists	2 in 10 miles	21	4	100.0	1.7	2.1
	Manatee	1	Open General Dentists	2 in 10 miles	12	1	100.0	2.4	3.4
	Marion	2	Open General Dentists	2 in 10 miles	7	1	50.0	0.8	3.0
	Martin	18	Open General Dentists	2 in 10 miles	8	18	100.0	2.9	4.2
	Miami-Dade	154	Open General Dentists	2 in 10 miles	242	154	100.0	1.0	1.3
	Orange	4	Open General Dentists	2 in 10 miles	54	4	100.0	2.5	3.0
	Palm Beach	278	Open General Dentists	2 in 10 miles	91	277	99.6	2.2	2.7
	Pinellas	1	Open General Dentists	2 in 10 miles	33	1	100.0	0.4	1.9
	Seminole	2	Open General Dentists	2 in 10 miles	26	2	100.0	0.4	1.0
	St. Lucie	22	Open General Dentists	2 in 10 miles	12	22	100.0	2.6	3.2
	Volusia	2	Open General Dentists	2 in 10 miles	14	1	50.0	5.7	6.2
Georgia	Cobb	1	Open General Dentists	2 in 10 miles	20	1	100.0	0.5	1.0
	DeKalb	1	Open General Dentists	2 in 10 miles	18	1	100.0	1.9	2.4
Kansas	Sedgwick	1	Open General Dentists	2 in 10 miles	4	1	100.0	8.8	9.4
Louisiana	Jefferson	1	Open General Dentists	2 in 10 miles	8	1	100.0	2.8	4.9
Ohio	Lake	1	Open General Dentists	2 in 10 miles	7	1	100.0	3.5	3.9
Pennsylvania	Philadelphia	1	Open General Dentists	2 in 10 miles	57	1	100.0	1.1	2.3
Tennessee	Davidson	1	Open General Dentists	2 in 10 miles	34	1	100.0	2.1	4.2
	Hamilton	1	Open General Dentists	2 in 10 miles	5	1	100.0	0.9	5.2
Grand Totals		2,621	Open General Dentists	2 in 10 miles	969	2,613	99.7	1.1	1.4

Access Detail By Zip Code (Without Access)

June 2022

Created for...
City of Fort Lauderdale

Access Analysis
Dental - Cigna Dental Care Access

Distance Method
Straight Line Distance

Employee / Provider Groups
Employee Listing
Open General Dentists

Employees Without Access

State Name	County	Employee	Provider		Counts	Without Access		Average Distance	
		#	Group	Standard	#	#	%	1	2
Connecticut	New London	1	Open General Dentists	2 in 10 miles	2	1	100.0	7.7	11.1
Florida	Collier	5	Open General Dentists	2 in 10 miles	13	4	80.0	20.1	20.7
	Columbia	1	Open General Dentists	2 in 10 miles	1	1	100.0	16.0	25.2
	Flagler	2	Open General Dentists	2 in 10 miles	1	2	100.0	2.4	16.9
	Highlands	1	Open General Dentists	2 in 10 miles	2	1	100.0	15.1	21.9
	Indian River	1	Open General Dentists	2 in 10 miles	4	1	100.0	3.8	11.1
	Lake	2	Open General Dentists	2 in 10 miles	7	1	50.0	9.6	14.3
	Marion	2	Open General Dentists	2 in 10 miles	7	1	50.0	15.7	15.9
	Monroe	2	Open General Dentists	2 in 10 miles	1	2	100.0	22.3	22.4
	Nassau	2	Open General Dentists	2 in 10 miles	1	2	100.0	2.2	11.7
	Okeechobee	1	Open General Dentists	2 in 10 miles	0	1	100.0	24.2	25.5
	Palm Beach	278	Open General Dentists	2 in 10 miles	91	1	0.4	10.1	10.1
	Putnam	1	Open General Dentists	2 in 10 miles	0	1	100.0	20.7	29.4
	Volusia	2	Open General Dentists	2 in 10 miles	14	1	50.0	2.8	12.0
Georgia	Bibb	1	Open General Dentists	2 in 10 miles	2	1	100.0	11.2	11.3
Nevada	Nye	1	Open General Dentists	2 in 10 miles	0	1	100.0	33.6	35.4
Tennessee	Fentress	1	Open General Dentists	2 in 10 miles	0	1	100.0	33.3	46.7
	Loudon	2	Open General Dentists	2 in 10 miles	0	2	100.0	15.9	18.5
	Sevier	1	Open General Dentists	2 in 10 miles	0	1	100.0	23.6	28.6
	White	1	Open General Dentists	2 in 10 miles	0	1	100.0	17.5	50.0
Grand Totals		308	Open General Dentists	2 in 10 miles	146	27	8.8	15.2	21.1

Access Detail By Zip Code (Excluded from Analysis)

June 2022

Created for...
City of Fort Lauderdale

Access Analysis
Dental - Cigna Dental Care Access

Distance Method
Straight Line Distance

Employee / Provider Groups
Employee Listing
Open General Dentists

** These records have been excluded from the analysis because of invalid zip codes.

Employees Excluded from Analysis	
Zip Code	Employee #
** 33376	1
** 96319	1
Grand Totals	2

Proposal Questionnaire

Responses to the following questions are to be included in your proposal and also in an electronic format (CD) as a Word document.

General

1. **Where are your company's claims and customer service offices located that will be servicing this account? Are there any plans to locate those member call centers out of the country? If so, please elaborate.**

   Cigna has transitioned to a fully virtual workforce staffing strategy, with all of our U.S.-based claims processors and customer service advocates (CSAs) working from home. They are supported by our advanced suite of virtual collaboration tools and platforms. At this time Cigna does not plan to relocate any of our member call centers out of the country.

2. **Is your company willing to provide a dedicated toll free number (and dedicated staff) for servicing this account?**

   Yes. We provide a local account team which consists of Michelle Alperstein, Client Manager; a Client Engagement Manager, and Onsite Representative; to service the needs of the dental product.

   Cigna's 1.800.Cigna24 number will provide 24/7/365 service and support with no need to transfer. Simply select the option for dental and receive dental support.

   New and current members will continue to call their designated toll free number on the back of their ID cards. Customer service advocates are available to help members 24 hours a day, 7 days a week, 365 days a year—including weekends and holidays.

3. **Is your company capable of providing the following reports on a monthly basis? If not, please provide a description of reports the company is capable of providing and their frequency. Please list the reports you are not able to provide in the deviation section of your proposal.**

   DPPO Plans

   Monthly paid claims separated by plan option, by network, non-network, by employee, by dependent

   Confirmed.

   Quarterly Utilization reports by category of services and CDT code

   Confirmed.

   Monthly Paid Claims and Premium by Plan (by Firefighters & All other groups) Quarterly Summary Reports of customer service calls providing the number of calls and categorizing the reasons for the calls such as benefit inquiries, claim issues, provider issues, network assistance.

   Confirmed.

   DHMO Plans

Monthly total revenue and expenses including capitation, fee for service and administration.

Confirmed.

Number of encounters by CDT code and description, by month Denied claim report indicating the reasons for denial

The Cigna Dental Care plan is a capitated plan and does not require the filing of claims; therefore, denied claim report does not apply.

Quarterly Utilization reports by category of services

Confirmed.

Quarterly Summary Reports of customer service calls for the City providing the number of calls and categorizing the reasons for the calls such as benefit inquiries, claim issues, provider issues, network assistance.

Confirmed.

4. Please provide your website address and a description of the services and capabilities for employers and members available at that site.

Member Website

The City's employees and dependents will continue to have access to the myCigna member website, myCigna.com, as an easy and convenient way to manage their dental health and dental-related finances. Additionally members can download the free myCigna mobile app to access their personalized information whenever it is convenient for them.

The following member information and self-service functions are available through myCigna:

- coverage details lookup
- DPPO claim status inquiry capabilities
- DPPO electronic EOB and explanation of payment (EOP) display
- DPPO deductible, out-of-pocket, and lifetime maximum accumulation presentment
- network dentist search, with the ability to book appointments for selected dentists and see offices on a map
- DPPO claim forms and submission information
- dental prevention and wellness information, including WebMD articles
- glossary of dental terms
- ID card requests
- ability to print temporary dental ID cards
- dental claim office phone number(s) and address(es) and customer service contact information
- dental treatment cost estimator
- FAQ
- information about our Healthy Rewards® discount program

Client Website

Our client website will continue to provide tools and information to support the City in the following key areas:

- **Claim Inquiry** – The City can view DPPO paid claim information at the member level and view deductible and lifetime maximum accumulation data at the member level. The City must be a recipient of PHI per HIPAA. Viewing DHMO claim information is not available on our client website.
- **Eligibility and Coverage Inquiry** – The City can view, at the member level, DPPO paid claim information and deductible and lifetime maximum accumulation data. The client must be a recipient of PHI per HIPAA. Viewing DHMO claim information is not available on our client website.
- **Automated Eligibility Management and Reporting Tool** - Clients that submit eligibility via our automated eligibility process can access and download fallout reports. The City can review key file processing metrics that provide a historical view of file processing results, including timeliness, member defect rates, and error resolution cycle times.
- **Employee Enrollment and Maintenance** – The City can enroll—and maintain coverage elections and demographics for—their employees and dependents. They can add and delete dependents, end employee coverage, reinstate employees and dependents, and process life status changes. Transactions post immediately to the internal eligibility system.
- **Eligibility Reports and Statistics** – The City can create and download eligibility reports that include member listings and census reports. They can also tailor the reports to meet their needs. Data is available in real time (as it appears in our eligibility system at the time of the request). If clients submit electronic eligibility files, they can also use the automated eligibility management and reporting tool to access and download user-friendly fallout reports and key file processing metrics.
- **Premium/Fee Invoices and Online Bill Payment** - Electronic versions (PDF) of the premium/fee invoices are available. Additionally, the City can receive a system-generated notification when the invoice is ready; retrieve, view, save, or print the invoices at their convenience; and pay their bills online.
- **Financial Reports** – The City can review standard DPPO financial reports, which include monthly experience (excluding premium) and lag reports. We post reports to the website by the 10th calendar day of the month.

5. How often is your online directory of providers updated for terminations and additions?

The online provider directory is updated weekly.

6. Does your company have the ability to take automatic weekly eligibility updates from the City's payroll system, Cyborg, and/or Cigna Guided Solutions?

As your incumbent provider, we will continue the same eligibility update schedule.

7. Are the DPPO and DHMO plans both serviced through the same toll-free number and website?

Yes.

8. Is your organization currently in compliance with Florida Department of Financial Services statutes and requirements? If no, describe why not.

Yes.

9. Is member satisfaction information linked to provider compensation? If so, how?

Yes. Cigna's Pay for Performance Rewards Program is available to select Cigna Dental Care® (DHMO) general dentists (in select states) who promote good oral health by providing timely preventive and specialty care that focuses on member convenience and satisfaction. Providers are rewarded based on specific metrics in the following areas:

- **Preventive Care** - significant provision of preventive care services to assigned membership
- **Patient Satisfaction** - achievement of minimal complaints and high patient satisfaction
- **Specialty Care/Patient Convenience** - completion of specialty procedures (when appropriate) to promote patient satisfaction/convenience

In addition, for our DHMO and DPPO plans, we offer the Cigna Dental Reward for Value Program, an annual patient-centered care model that gives selected dental care providers a way to increase their compensation through bonuses. This program, which has a variable start date, rewards general dentists who promote good oral health by providing members with timely preventive and specialty care focused on convenience and satisfaction.

10. How many verbal and written complaints were received per 1,000 members during 2021 and 2022?

In 2021 there were 2.88% written and verbal complaints per 1,000 members, and for January – May 2022 there were 0.10% written and verbal complaints per 1,000 members.

11. Are claim forms ever required for patients? If so, under what circumstances?

DHMO

Claim forms are not required for the Cigna Dental Care® plan.

DPPO

In-Network

The network dentist will submit a claim form to us for processing, and we pay him or her. We then send an EOB to the member detailing the remaining balance due to the dentist, if any. Alternatively, a member can choose to pay the dentist and submit a claim form to us him- or herself; we would then process the claim and pay the member.

Out-of-Network

If the dentist completes a claim form, he or she accepts assignment for the payment. Then, the dentist submits the form to us for processing, and we send the payment to him or her. We also send an EOB to the member, detailing the remaining balance due to the dentist, if any. Alternatively, a member

can choose to pay the dentist and submit a claim form to us him- or herself; we would then process the claim and pay the member.

12. What percentage of your primary care providers are capitated? Specialty providers?

DHMO

For DHMO (Cigna Dental Care® Access) general dentists, 90% are paid on a capitation basis and 10% are paid on a fee schedule. For Cigna Dental Care Access specialists, 100% are paid on a fee schedule.

DPPO

Our DPPO specialist providers are reimbursed based on the following:

- Discount Off Charges - 2%
- Fee Schedule - 98%
- Capitation - 0.0%
- Other (Specify) - 0.0%

13. What percentage of orthodontists, maxillofacial surgeons, endodontists, and periodontists have certification in their specialty from an accredited program?

Of our network's dentists, 3.8% are board certified. Of our network's specialist dentists, the following percentage are board certified:

- Total DPPO: 15.1% (DPPO)
- Cigna Dental Care® Access Plus: 11.1% (DHMO)
- Combined: 16.6% (DPPO and DHMO)

Network dentists contracted with Cigna who provide specialty care are required to have successfully completed a postgraduate dental specialty program accredited by the American Dental Association (ADA) or the equivalent training in his or her field. Our networks include specialists in endodontics, oral surgery, orthodontics, pediatric dentistry, and periodontics.

It is important to note that in dentistry, board certification is not the norm. As a result, we do not require board certification or eligibility for credentialing or network participation. We accept dentists who are recognized specialists, including those who are board certified or eligible. We do not track board-eligibility status. Instead, our stringent credentialing guidelines for contracting non-board-certified providers include the following:

- Dentists practicing in general dentistry must have a DDS or DMD degree from a dental school accredited by the Commission on Dental Accreditation of the ADA. They must also have completed a one-year general dentistry residency.
- Specialty dentists, including oral pathologists, pediatric dentists, and oral and maxillofacial surgeons, must be board certified or have completed a residency appropriate for their stated specialty.
- A general dentist who has not fulfilled the residency requirement but who has been practicing for at least five years may be allowed to participate in the network.

14. What process is in place for members to nominate dentists to the DHMO and/or DPPO network? Include the estimated timeframe in which the process will be completed.

The City and their members are welcome to call our customer service department to request specific dental offices be included in our dental networks. Once we receive dentists' information, we contact them within 30 days to discuss participation in our dental networks. We make every effort to contract with any dentist referred to us.

The entire recruitment process, which includes fee negotiations and credentialing, typically takes four to eight weeks. We also provide members with the option of nominating a dental provider by completing and submitting the Dental Provider Nomination Form, which is available on myCigna.

Nominations received electronically are routed to Cigna's internal recruitment inbox (DentistEnrollment@Cigna.com) for further review and handling. The following steps take place:

- The member is asked to allow 10-15 business days for the form to be researched prior to receiving any follow up communications.
- If/When the provider listed on the nomination form is already active and contracted with Cigna the network recruiter contacts the member via phone/e-mail to share results.
- If/When the provider is not yet contracted with Cigna the recruiter makes every effort possible to pursue the dentist to the requested network. Regardless of positive or negative outcomes, the assigned recruiter contacts the member via phone/e-mail to share results.
- All nomination forms submitted are tracked and monitored from beginning to end.

DHMO

1. What is the current average waiting time for setting appointments for

* We do not measure appointment wait time at the county level or for specialists in Florida. Our DHMO General Dentists in Florida have the following average wait times:

- 99.1% of offices had initial appointments within 4 weeks
- 98.4% of offices had hygiene appointments within 4 weeks

	Broward	Miami-Dade	Palm Beach	Monroe
General Dentists	*	*	*	*
Specialists	*	*	*	*

2. Does your proposed DHMO plan require the member to select a general dentist and what are the requirements for changing DHMO dentists?

Yes. Each member is required to select a network general dental office at the time of enrollment. Members cannot choose a dental office at the point of service. Treatment will be completed or referred by a network dentist from the selected general dental office. If a member visits another

dental office (other than for emergency care), he or she may be responsible for paying the dentist's usual fees.

When a member decides to change dental offices, he or she can contact a customer service advocate (CSA) by calling our toll-free number, 800.Cigna24. CSAs are available 24 hours a day, 7 days a week, 365 days a year and can answer questions about network dentists and make changes to a member's dental office. Members can also submit an electronic request to change dental offices at either www.cigna.com or myCigna.

Members may transfer to a new dental office, for any reason, as often as they wish as long as their accounts with the current office are paid. We also suggest that members finish any dental procedure in progress before transferring to another dental office. Dental office transfers begin the following month, and the most recent transfer takes precedence. For example, a member can request to transfer dental offices on December 15 and then again on December 18. As of January 1, the member will be enrolled at the office he or she selected on December 18.

3. Can each family member select his or her own dentist when using the DHMO?

Yes. We allow each family member to select a dental office that is convenient for him or her under the Cigna Dental plan. Each family member can select a different dentist.

4. How often are members permitted to change their selection of a dentist?

Members may transfer to a new dental office as often as they wish as long as their accounts with the current office are paid.

5. Does your plan require a referral to a specialist dentist? If yes, please explain the process and turn-around time for the referral.

Yes. Network general dentists initiate patient referrals for endodontic and periodontal treatment as well as oral surgery. Referrals are confirmed for 90 days from the approval date. Specialty referrals are not required for orthodontic treatment or pediatric care for children up to 13 years old as long as members visit network specialists. Although not required for payment of services, the network specialist may submit a request for prior authorization to Cigna for oral surgery and periodontal services. Members are responsible for the applicable patient charges listed on the patient charge schedule (PCS) for covered procedures. After specialty treatment is finished, the member should return to the network general dentist for care.

If a network specialist is not available, the general dentist will refer the member to an out-of-network specialist and the member will only be responsible for charges listed on the PCS; however, Cigna Dental Care® Access (DHMO) network general dentists render the range of services that are required for graduation from dental school, including diagnostic treatment, preventive treatment, operative dentistry, crowns and bridges, partial and complete dentures, root canal therapy, minor oral surgery, preliminary periodontal therapy, and pediatric dentistry.

Referral details as follows:

Specialist	Referral Process
Endodontist	Network general dentists refer members directly to a network specialist for treatment.
Periodontist; Oral Surgeon	Network general dentists refer members directly to a network specialist for evaluation.
Pediatric Dentist	Members can select a network pediatric dentist for children under age 13 as their primary care dentist. (Although referrals are not required, a network general dentist may recommend that a child up to age 13 visit a network pediatric dentist for evaluation and treatment.)
Orthodontist	Members can directly access care without a referral when seeing a network orthodontist.

For each of the above, specialists may submit the treatment plan to Cigna for coverage determination. We communicate the approved coverage to the specialist, network general dentist, and member. The specialist contacts the member to arrange treatment. Then, after the treatment is finished, we pay the specialist directly.

6. Please provide a description of the process and estimated timeline to add DPPO Dentists and DPPO dentists to your network.

Contracting DPPO providers into the DHMO network follows the same standard process. Each dentist interested in joining our network must go through a rigorous screening process to show they are licensed and that their certifications and credentials meet our standards. The entire credentialing process standardly takes 30 – 90 days to complete. If there is an issue with the file, or a provider is slow or non-responsive to requests for additional information, the process may take longer.

Our network capacity for DHMO general dentists is determined by available dentists' chair-hours. For example, a single dentist working 40 hours a week, 50 weeks a year, with two operatories and one hygienist has 6,000 available chair-hours (40 x 50 x 3 = 6,000). An average patient requires approximately 2 chair-hours per year. This calculation is done monthly.

There is no maximum number of members assigned to a specific dentist since that number depends on the number of chairs in an office as well as office wait times and capacity. Our systems track current and projected patient loads, including DHMO members, and our contracting and provider relations team regularly monitors capacity and projected growth.

Clients and members are welcome to call our customer service department to request specific dental offices be included in our dental networks. Once we receive dentists' information, we contact them within 30 days to discuss participation in our dental networks. We make every effort to contract with any dentist referred to us. The entire recruitment process, which includes fee negotiations and credentialing, typically takes four to eight weeks. We also provide members with the option of

nominating a dental provider by completing and submitting the Dental Provider Nomination Form, which is available on myCigna.

7. Does your plan include a copay for each dentist office visit in addition to the copay for each defined service provided?

Yes. Our standard DHMO plans feature preset fixed copays. Office visit copays are dependent on the patient charge schedule.

8. Please describe any plans for future DHMO network growth in Broward, Miami-Dade, Palm Beach and Martin Counties. Be specific and include number and type of dentists targeted by county. If no growth is planned, please say so.

The continued growth of our network is the only network change planned in the next 12 months. We are continually expanding our network to meet the needs of current and potential clients. While the majority of your employees have convenient access to network dentists, we are committed to expanding our network to provide greater access and additional choice.

9. What is the maximum number of members that may be assigned to a specific dentist before a practice is closed to new members? Include a description of how often this is measured and if the calculation includes other DHMO plan members.

Our DHMO providers can restrict the number of Cigna-enrolled members they treat. The provider would set the maximum number. Such information is denoted by a flag in our provider directory.

Network managers regularly monitor office capacity and projected growth. They contact dentists to discuss capacity expansion through staff increases or office hour changes. If these actions are not feasible, we consider adding more dental offices in that area.

Additionally, dental offices may elect to restrict a portion of their practice to a particular insurance category. Once the practice reaches that level, the dentist may choose to raise the limit or block new enrollment to the office. We do not assign new members to offices that are not accepting new patients.

We initiate enrollment blocking to a dental office should appointment wait times become excessive. Should a member select a closed dental office, we proactively assign that member to another office accepting new patients (of which the member approves). If an office is closed to new enrollments, that office may make an exception if the member requesting transfer is already a patient of record.

Members can always call us to request an override; a customer service advocate (CSA) immediately calls the office for approval.

10. How many participating general dentists in Broward, Miami-Dade, Palm Beach and Martin Counties left your DHMO network in 2021? How many were added in 2021?

Please refer to the below table.

DCA Turnover 2021	Broward	Palm Beach	Martin	Miami-Dade
GP	7	7	0	14

DCA Adds 2021	Broward	Palm Beach	Martin	Miami-Dade
GP	73	80	9	72

11. How many participating specialist dentists in Broward, Miami-Dade, Palm Beach and Martin Counties left your DHMO network in 2021? How many were added in 2021?

Please refer to the below tables.

DCA Turnover 2021	Broward	Palm Beach	Martin	Miami-Dade
SP	2	2	0	0

DCA Adds 2021	Broward	Palm Beach	Martin	Miami-Dade
SP	22	14	5	15

12. Please describe your credentialing criteria and process for DHMO providers.

Modeled after recognized national standards, dentists must meet the credentialing requirements in the following table to participate in the Cigna Dental Care® Access (DHMO) networks.

Credentialing Requirements	Primary/Secondary Source Verification
State License	The state dental licensing board.
Professional Liability Insurance	A copy of the declaration page or binder.
Graduation from Accredited Dental School	A copy of the certificate from the school (American Dental Association [ADA] accredited), directly from the school, the state dental licensing board.
Medicare/Medicaid Opt-Out and Sanctions	Medicare/Medicaid opt-out list, National Practitioner Data Bank (NPDB), System for Award Management/General Services Administration/Office of Inspector General.
Board Certification (if applicable)	American Board of Endodontics, American Board of Oral and Maxillofacial Surgery, American Board of Pediatric Dentistry, American Board of Periodontology, American Board of Prosthodontics, as applicable.

Controlled Substance Certificate (if applicable)	A copy of the certificate, the state dental licensing board, the applicable state agency.
DEA Certificate (if applicable)	A copy of the certificate, the National Technology Information Service (NTIS) website, the state dental licensing board, the applicable state agency.
Specialty Training Verification (if applicable)	A copy of certificate, the ADA master file.

In addition, the dentist must sign both the application and contract. Further, as part of our comprehensive quality management program, Cigna also verifies the requirements listed below during the initial credentialing process:

- malpractice history and coverage
- detailed history of disciplinary action or litigation and conviction for fraud or felony
- current CPR certification
- adherence to the Americans with Disabilities Act (i.e., accept and treat patients in accordance with it) and professionally recognized standards of dental practice
- recall system for ongoing appointments
- emergency system, including 24-hour phone service, and emergency treatment within 24 hours
- available appointment times (initial appointment within four weeks)
- performance of the following procedures:
    - restorative - amalgam and/or composite restorations
    - endodontics - anterior, bicuspid, and first molar root canal
    - periodontics - scaling and root planning
    - oral surgery - surgical removal of erupted tooth
    - pediatrics - routine dental care for children
    - convenient office hours (at least 24 hours a week)
    - full-time hours at one dental office
    - ability to administer nitrous oxide
    - submission of complete encounter data

The credentialing department reviews the dentists and presents the information to the subcommittee to approve or deny. We will not include in our network a dentist who does not meet our standards; exceptions require authorization from the dental director. The credentialing department reviews denials of prospective dentists based on quality of care for reporting to the appropriate regulatory agency as required by state and federal law. Cigna's credentialing website automates this process by allowing dentists to electronically complete, sign, and submit required documents, including credentials. This drives efficiencies for practices by eliminating the manual paper process and getting dentists up and running more quickly.

We recredential dentists at least every three years.

13. How many general dentists are not accepting new patients? Please provide this information separately for Broward, Miami-Dade, Palm Beach Counties and Monroe counties.

Broward:

Palm Beach:

Martin:

Miami-Dade:

Please refer to the below tables.

Number Not Accepting New Patients (GP)	DCA	DCAP
Broward:	13	16
Palm Beach:	20	22
Martin:	3	3
Miami-Dade:	8	10

14. What is the 2016 turnover percentage for your DHMO network of general dentists?

As noted in the City's clarification responses we have provided the 2021 statistics: 1.9% voluntary turnover of general dentists in DHMO network.

15. What is the process for a newly-added DHMO member to receive services if he does not yet appear in the provider's eligibility file?

If we receive incomplete coverage information for an employee or a dependent and there is an issue with loading the members, we contact the client/TPA by phone or email to confirm eligibility. Upon receipt of eligibility information via the appropriate enrollment form or automated eligibility submission, we update our systems.

Once the eligibility information is in our systems, health care providers may contact us on our toll-free phone number to confirm coverage.

16. How are emergency dental services provided and/or reimbursed for members who may be out of area at time of service?

<u>In-Network</u>

Our agreements with dentists require them to provide or arrange for emergency care 24 hours a day, 7 days a week, 365 days a year and to provide emergency attention within 24 hours of requests. Members should refer to the charges listed on their patient charge schedule (PCS) for the cost of emergency treatment provided by their network general dentist. A separate charge for services rendered during and after regularly scheduled office hours may apply.

<u>Out-of-Network</u>

If a member is more than 50 miles away from home or is unable to contact his or her primary care dentist, he or she may receive emergency care from any licensed dentist. We will pay the cost of diagnostics and dental procedures up to a maximum of $50, less applicable patient charges as listed on the PCS.

For payment, members should submit to us a statement with copies of the bills and dental records relating to treatment.

17. Provide a description of benefits available for TMJ. Include details regarding any required authorization processes.

Treatment for temporomandibular joint (TMJ) disorders is usually rendered in response to nondental factors, such as musculoskeletal, psychological, and neurophysiological conditions. Patients may want to consult their medical plan about coverage for this type of treatment.

When performed in conjunction with the treatment of TMJ disorder, Cigna plans cover

- a detailed and extensive oral evaluation, problem focused by report (D0160);
- cone beam CT capture and interpretation for TMJ series including two or more exposures (D0368);
- an occlusal orthotic device, by report (D7880); and
- an occlusal orthotic device adjustment (D7881).

18. Does your proposed DHMO plan include coverage for implants? If yes, please explain the coverage.

No. The Cigna Dental Care® plan does not cover implants and services directly related to implants, including any prosthesis over an implant.

19. Does your proposed DHMO plan include coverage for resin-based composite fillings on posterior teeth? If so, please specify any price differences in filling materials.

Yes. We cover both amalgam (silver) and composite/resin (tooth-colored) restorations on posterior teeth at the applicable listed copay (DHMO fixed copay plans) or the listed coinsurance (DHMO coinsurance plans) amount.

For pricing please refer to Page 8 of the attached P410X Patient Charge Schedule.

20. What benefits, if any, are included for the detection of oral cancer?

We recognize the importance of early detection and intervention when it comes to oral cancer; therefore, we provide coverage for a brush biopsy (D7288), which serves as a preliminary procedure and may help members avoid the need for more invasive oral surgical procedures. During a regular checkup, dentists should screen for oral cancer. If the dentist identifies any suspicious areas, he or she may perform a brush biopsy by collecting a sampling of cells from the area. This sampling is sent to the laboratory for examination to detect potentially abnormal cells. If the brush biopsy detects abnormal cells, the member may be referred for further diagnosis and treatment.

21. For services that are limited to a certain number of occurrences within a plan year, such as prophylaxis, periodontal maintenance, bitewings and periodic exams, please specify how the frequency is monitored (i.e. days, months, etc.). What limitations and guidelines does your company use to determine when a member is eligible for subsequent occurrences?

The plan design outlines the frequency of benefits. Any submitted claims with a date of service from January 1, 2023 through December 31, 2023 count toward that number. For example: two prophylaxis per plan year means the limit is two. We leave the "when" up to the member. It cannot exceed two from January 1, 2023 through December 31, 2023.

DPPO

1. Are members required to select a dentist when enrolled in the PPO?

No. The Cigna DPPO plan is not a gatekeeper plan. Members can seek care from in- or out-of-network general dentists or specialists at the point of service. Members benefit from the quality management and cost savings of a managed dental care plan when they visit in-network dentists; however, they always have the choice to see any licensed dentist and still receive coverage.

2. What is the average turn around for a clean non-network claim submission?

In 2021 99.45% of claims were processed in 20 days or less.

When measuring turnaround time, we do not distinguish between types of claims (e.g., clean claims, COB claims).

3. Please describe the credentialing criteria for PPO dentists.

Each dentist interested in joining our network must go through a rigorous screening process to show they are licensed and that their certifications and credentials meet our standards. Our credentialing department/network managers review the following for each dentist to help ensure members receive the best care:

- licensure in the state they provide services
- compliance with OSHA and the CDC
- current malpractice insurance and state license information
- graduation from an accredited dental school
- history of conviction for fraud or a felony as well as disciplinary action or litigation (Medicare/Medicaid opt-out, System for Award Management/General Services Administration/Office of Inspector General)
- malpractice history from the National Practitioner Data Bank (NPDB)
- specific office standards
- collected general office and dentist data
- board certification (if applicable)
- DEA or state-controlled dangerous substance certificate (if applicable)

- verification of specialty training (if applicable)

We reverify the credentials of each participating dentist every three years.

4. Are non-network claims paid subject to usual, customary and reasonable allowances or a schedule of allowances?

We pay out-of-network dentists according to maximum reimbursable charge (MRC) levels or fixed schedules, depending on plan design.

5. Describe your company's method of determining usual, customary and reasonable charges.

Our standard percentile for the MRC database based on FAIR Health–allowed amounts, except orthodontic procedures, is the 80th percentile for a given area; however, our system allows for flexibility in adjusting MRC levels (50th–95th percentile, depending on the client's specific needs and cost-saving goals).

6. What database does your company use for reasonable and customary profiles? How often is it updated?

We use data from the Prevailing Healthcare Charges System (PHCS), published by FAIR Health, to determine MRC. FAIR Health has 493 geozip groupings. (Geozip is a geographic area generally defined by the first three digits of a zip code or in some cases, groupings of three-digit zip codes with similar costs). If FAIR Health does not supply the MRC for a procedure code in a geographical area, we pay as billed.

We update our MRC databases at least once a year.

7. What percentile is typically used for dental R&C? What are the options?

We are assuming the 80th percentile for your claims, however, our system allows for flexibility in adjusting MRC levels (50th–95th percentile, depending on the City's specific needs and cost-saving goals).

8. Can your system allow certain tolerance ranges to be applied to reasonable and customary limits? Describe.

Yes. Our standard plans do not allow for amounts above the maximum reimbursable charge (MRC) screen; we adhere to the defined MRC. However; for an additional charge, the system can administer a corridor or pad at the account level (a $5 or $10 corridor is calculated and applied during claim processing). Our system determines the covered expense amount by using 100 percent of the U&C.

9. Are participating dentist offices required to file claims on behalf of their members as part of the provider contract?

Yes. The dentist should submit the claim form on behalf of the member for in-network services.

10. Do your proposed DPPO plans include coverage for resin-based composite fillings on posterior teeth? If so, please specify any price differences in filling materials.

Yes. We cover both amalgam (silver) and composite/resin (tooth-colored) restorations on posterior teeth. A summary of coverage follows:

- If a dentist places a composite/resin restoration on a premolar (bicuspid) tooth, we allow for coverage of the composite/resin restoration.
- If a dentist places a composite/resin restoration on a molar, we apply an alternate benefit allowance (i.e., that of an amalgam restoration), and the member is responsible for the balance of the charge. (While the industry norm is to have an alternate benefit allowance, our clients can choose whether to or not to include one with respect to posterior fillings.)

11. What benefits, if any, are included for the detection of oral cancer?

We recognize the importance of early detection and intervention when it comes to oral cancer; therefore, we provide coverage for a brush biopsy (D7288), which serves as a preliminary procedure and may help members avoid the need for more invasive oral surgical procedures. During a regular checkup, dentists should screen for oral cancer. If the dentist identifies any suspicious areas, he or she may perform a brush biopsy by collecting a sampling of cells from the area. This sampling is sent to the laboratory for examination to detect potentially abnormal cells. If the brush biopsy detects abnormal cells, the member may be referred for further diagnosis and treatment.

12. For services that are limited to a certain number of occurrences within a plan year, such as prophylaxis, periodontal maintenance, bitewings and periodic exams, please specify how the frequency is monitored (i.e. days, months, etc.). What limitations and guidelines does your company use to determine when a member is eligible for subsequent occurrences?

The plan design outlines the frequency of benefits. Any submitted claims with a date of service from January 1, 2023 through December 31, 2023 count toward that number. For example: two prophylaxis per plan year means the limit is two. We leave the “when” up to the member. It cannot exceed two from January 1, 2023 through December 31, 2023.

5.2.10 Deviations from RFP

Proposers should provide a list of any deviations to the general provisions and requested benefits and provisions outlined in this RFP. If there are no deviations, a statement to this effect must be provided. Deviations to the City's requirements may deem the Proposer non-responsive, as determined by the City.

Cigna acknowledges compliance to all sections.

5.2.11 Grievance and Appeal Process

Proposers must provide a description of the grievance and appeal procedure to be conducted on behalf of the City's DHMO and DPPO plan. Be specific in terms of timeline and expected turnarounds.

Grievance

If members have complaints or concerns, they can contact customer service by phone or in writing. Our goal is to resolve the matter during the initial outreach; however, if we need more time to review or investigate the concern, we communicate the outcome to the member within 30 days (though most issues resolve within 1 business day).

If members are not satisfied with the results of a review, they may start the appeals procedure by submitting an appeal in writing or contacting customer service to initiate the process verbally (some state-specific requirements may apply).

Level One Appeal

Someone not involved in the initial claim process reviews appeals, and a dental professional reviews appeals involving dental necessity or clinical appropriateness.

As required by state regulations, we follow state requirements when responding to concerns about pre- or postservice denial requests. Cigna notifies the member of the decision in writing, including the specific contractual or clinical reasons for the decision, as applicable.

Only preservice reviews are eligible for expedited processing. A member may request an expedited review if our standard time frames to respond would seriously jeopardize his or her life, health, or ability to regain the dental functionality that existed before the onset of the condition. A dental professional, in consultation with the treating dentist, decides whether an expedited review is necessary and communicates an oral response within 72 hours. He or she then follows up in writing. (Time frames or requirements may vary depending on state-specific law.)

If a member is not satisfied with our level one appeal decision, he or she may request a level two appeal.

Level Two Appeal

A committee or someone not involved in the level one appeal may conduct appeals. If specialty care is in dispute, we may involve a dentist in the same or a similar specialty.

As required by state regulations, we follow state requirements when responding to concerns about pre- or postservice denial requests. Cigna notifies the member of the decision in writing, including the specific contractual or clinical reasons for the decision, as applicable.

Only preservice reviews are eligible for expedited processing. A member may request an expedited review if our standard time frames to respond would seriously jeopardize his or her life, health, or ability to regain the dental functionality that existed before the onset of the condition. A dental professional, in consultation with the treating dentist, decides whether an expedited review is necessary and communicates an oral response within 72 hours. He or she then follows up in writing. (Time frames or requirements may vary depending on state-specific law.)

5.2.12 DHMO and DPPO Quality Assurance

Provide a detailed description of your DHMO and DPPO provider Quality Assurance program.

We developed the Cigna Quality Management Program to reinforce our commitment to excellence and continuously improve the delivery of dental care and services to our clients and members. This program helps ensure that members achieve better oral health and are fully satisfied with their dental plan.

The program is under the direction and management of the national governing body, which is made up of the dental president and CEO, the chief dental officer, and business leads from other areas. The national governing body establishes standards by which the quality of care and services are measured and appoints regional quality management committees and subcommittees to implement the program regionally.

The program's four main objectives are as follows:

- to promote and maintain consistent networks that meet Cigna's credentialing requirements
- to improve members' oral health through effective guidance, monitoring, and evaluation of treatment
- to identify opportunities for improvement and take appropriate steps to implement corrective actions
- to maintain compliance with local, state, and federal regulatory requirements and standards

These objectives are realized through set quality management program activities that include the following:

- **Initial Credentialing** - Dentists must meet stringent credentialing requirements to participate in our networks.
- **Recredentialing** - Regularly, and at least every three years, we reverify the credentials of every dentist to ensure initial-credentialing standards continue to meet accepted industry standards.
- **Dentist Accessibility Monitoring** - We conduct ongoing dentist accessibility monitoring in several different ways, including periodic outreach to dental offices, onsite visits, member satisfaction surveys, reviews of complaint and grievance data, and geographic access analysis.
- **Health Promotion and Preventive Care** - Prevention is the way to achieve optimal oral health; it also reduces the long-term costs of dental care for both the patient and plan sponsor. In keeping with this philosophy, most of our plans provide preventive services with no patient charge, which eliminates a barrier to obtaining preventive care. We promote preventive services through employee communications and client health fairs; in addition, www.cigna.com and myCigna offer members a wealth of educational and preventive facts and tips as well as other important information about Cigna.
- **Network Dentist Performance Monitoring** - Through our performance monitoring program, we have a process that includes ongoing analyses and other focused activities to affect continuous improvement in the care and services network dentists provide. The performance measurement tools include dentist profiling, grievance tracking, and member satisfaction reports. Corrective action plans are implemented as needed, and we maintain a system to track dentist-based corrective actions. This system is used under the direction of the regional dental director and is maintained by our network management, customer service, and quality departments.
- **Performance Monitoring Studies** - Performance monitoring studies are designed to monitor, evaluate, and improve the delivery of services by our network dentists. The national governing

body approves the topics for these special studies, which are then conducted under the direction of the national quality management committee.

- **Complaint and Grievance Review** - The purpose of the complaint and grievance review process is to identify and help resolve member concerns quickly and efficiently and to identify corrective actions for improvement in the delivery of dental services. We refer inquiries relating to quality of care to the regional dental directors and network management for investigation. Follow-up actions are under the direction of the regional dental director.
- **Member and Dentist Satisfaction Surveys** - Member satisfaction is assessed through evaluation of member surveys (conducted by a third-party research firm) and complaints. Dentist satisfaction surveys are performed yearly, and we review results to identify areas for improvement and subsequent action plans.
- **Setting Administrative Standards for Accuracy and Response** - We provide members, clients, and dentists with cost-effective, caring, and responsive claim and inquiry services through one consistent national service delivery model. The model includes uniform standards and state-of-the-art system capabilities that achieve fast, accurate, and responsive service.
- **Oversight of Reporting Results and the Implementation of Corrective Actions** - The National Quality Management Committee reports the results of Quality Management Program activities quarterly to the national governing body. To measure the effectiveness of the Quality Management Program, we conduct an annual evaluation that includes every aspect of the program, with an emphasis on determining whether network dentists have demonstrated improvements in the delivery of services. As part of our continuous efforts to keep members satisfied, we use the results to develop the work plan for the following year.

SECRETARY OF THE STATE
30 TRINITY STREET
P.O. BOX 150470
HARTFORD, CT 06115-0470

MARCH 5,2010

CT CORPORATION SYSTEM
ONE CORPORATE CENTER
HARTFORD, CT 06103

RE: Acceptance of Business Filing

This letter is to confirm the acceptance of a filing for the following business:

CIGNA HEALTH AND LIFE INSURANCE COMPANY

Work Order Number: [illegible]
Business Filing Number: 0004[illegible]
Type of Request: CERTIFICATE OF REDOMESTICATION
Filed Date/Time: MAR 05 2010 [illegible]
Effective Date/Time:
Work Order Payment Received: [illegible]
Payment Received: [illegible]
Credit on Account: [illegible]
Customer ID: [illegible]
Business ID: 0551160

TONYA ALLEN
Commercial Recording Division
[illegible]
WWW.CONCORD.SOTS.CT.GOV

CERTIFICATE OF REDOMESTICATION

INSURANCE COMPANY REDOMESTICATION TO CONNECTICUT

Office of the Secretary of the State

MAILING ADDRESS:
Connecticut Secretary of the State
Corporate Filing Division
P.O. Box 150470
Hartford, CT 06115-0470
860-509-6003

DELIVERY ADDRESS:
Connecticut Secretary of the State
Corporate Filing Division
30 Trinity Street
Hartford, CT 06106
860-509-6003

Certificate of Redomestication from Insurance Commissioner and a certified copy of the original Articles of Incorporation must be filed with this certificate.
FEE: $150.00 (plus postage only)

Make Checks Payable To: Secretary of the State

Space For Office Use Only

FILED #P20411000X BC 01 CT 38 VOL J 01379
FILED 02/25/2010 12:32 PM PAGE 02047
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

1. NAME OF INSURANCE COMPANY
Must match the name on the Insurance Company's Articles of Incorporation

2. CHARTER HISTORY OF CORPORATION (Including date and place of incorporation, name changes and mergers)
If necessary, attach additional sheets.

The corporation was originally incorporated on [illegible] (Name Given to Insurance Company's Articles of Incorporation) in the State of Florida. On [illegible], the corporation changed its name to [illegible] Insurance Company. On [illegible], the corporation changed its name to [illegible] Insurance Company. On [illegible], the corporation changed its name to Atlantic & Life Insurance Company. On [illegible], the corporation changed its name to Atlantic & Life Insurance Company. On [illegible], the corporation changed its name to Atlantic & Life Insurance Company.

3. APPROVALS

The redomestication to Connecticut was approved by the Insurance Commissioner of the State of:

Florida
(Must be authorized to perform insurance activity)

The redomestication resolution was approved by the Insurance Commissioner of the State of Florida on the following date:
(Must be on or before the date Commissioner's Certificate of Approval is dated - see box 4)

(Please type/print and fill in ALL blanks; if additional space is needed)

AMENDED AND RESTATED ARTICLES OF INCORPORATION

OF

ALTA HEALTH AND LIFE INSURANCE COMPANY

SECTION 1. The true name of the corporation shall be CIGNA Health and Life Insurance Company.

SECTION 2. In accordance with Connecticut General Statutes Section 38a-58a, the corporation shall adopt the State of Connecticut as its corporate domicile and shall be subject to the authority and jurisdiction of the State of Connecticut with all the powers granted by the general statutes, as now enacted or hereafter amended, to corporations formed under the Connecticut Business Corporation Act. The corporation shall be a continuation of the body corporate incorporated in the State of Florida on May 5, 1953. The corporation shall continue to use May 5, 1953 as the date of incorporation.

SECTION 3. The business of the corporation shall be life insurance, endowments, annuities, accident insurance, health insurance and any and every other business or type of business which any other corporation now or hereafter chartered by Connecticut and empowered to do a health or life insurance business may now or hereafter lawfully do. The corporation is specifically empowered to accept and to cede reinsurance and retrocessions of any such risks or hazards. The corporation may exercise such powers outside of Connecticut to the extent permitted by the laws of the particular jurisdiction. Policies or other contracts may be issued stipulated to be with or without participation in profits and with or without a seal.

SECTION 4. The corporation shall be authorized to issue 5,000,000 shares of common stock with a par value of two dollars ($2) per share. The capital stock of the corporation shall be transferable in accordance with the by-laws and a transfer agent may be employed.

SECTION 5. The annual meeting of the shareholders of the corporation shall be held on such date and place as may be determined from time to time either by or in accordance with the by-laws. If the corporation shall fail to hold its annual meeting at the time appointed for the meeting in any year or shall fail to elect directors thereat, the corporation shall not be dissolved nor shall its rights be impaired thereby, but a special meeting of the shareholders shall be called and held for such meeting directors to fill the places of the directors whose terms shall have expired and may be elected and any other proper business may be transacted. At all meetings of the shareholders each shareholder shall be entitled to vote in person or by an attorney duly authorized by a written proxy, and each share of stock represented at the meeting shall be entitled to one vote.

SECTION 6. The corporation's principal place of business shall be at 33rd Cottage Grove Road, Bloomfield, Connecticut 06152, or at such other place within the State of Connecticut, and the corporation may establish and maintain other offices and agencies in other locations within or without the State. The property and affairs of the corporation shall be managed under the direction of a board of directors. The directors shall have concurrent power with the stockholders to make, alter, amend, change, add to or repeal the bylaws of the corporation. The number of directors of the corporation shall be as from time to time fixed by, or in the manner provided in, the by-laws of the corporation. Directors will be elected by a plurality of the votes cast at each annual meeting of shareholders of the corporation and each director so elected shall hold office until the next annual meeting of shareholders of the corporation or until such director's successor is duly elected and qualified or until such director's earlier death, resignation or removal. If any vacancy occurs in the board of directors, such vacancy may be filled by a majority of the remaining directors, whether or not such directors constitute a quorum, for the unexpired portion of the term, and if the number of directors is increased, by vote of the board of directors between meetings of shareholders, the additional directors may be elected by the board of directors to serve until the next annual meeting thereafter. Unless the bylaws provide for a lesser or greater quorum as may be permitted by law, a majority of the authorized number of directors, as fixed by the board of directors from time to time, shall constitute a quorum.

SECTION 7. Connecticut General Life Insurance Company shall be the original registered agent. The registered agent's address is 900 Cottage Grove Road, Bloomfield, Connecticut 06152.

SECTION 8. The personal liability of a person who is or was a director of the corporation to the corporation or its shareholders for monetary damages for breach of duty as a director shall be limited to the amount of compensation received by the director for serving the corporation during the year of the violation if such breach did not (a) involve a knowing and culpable violation of law by the director, the director or an associate, as defined in Section 33-840 of the Connecticut Business Corporation Act as in effect on the effective date hereof or as it may be amended from time to time (the "Act"), as amended, or an improper personal benefit or gain, (b) show a lack of good faith and a conscious disregard for the duty of care owed to the corporation in circumstances in which the director was aware that his conduct or omission created an unjustifiable risk of serious injury to the corporation, (c) constitute a sustained and unexcused pattern of inattention that amounted to an abdication of the director's duty to the corporation, or (d) create liability under Section 33-757 of the Act. Any lawful repeal or modification of this Section 8 or the adoption of any provision inconsistent herewith by the board of directors and the shareholders of the corporation shall not, with respect to a person who is or was a director, adversely affect any limitation of liability, right or protection existing at or prior to the effective date of such repeal, modification or adoption of a provision inconsistent herewith. The limitation of liability of any person who is or was a director provided for in this Section 8 shall not be exclusive of any other limitation or elimination of liability contained in, or which may be provided to any such person under, Connecticut law as in effect on the effective date hereof or as thereafter amended.

FILED 23/05/28.0 12:30 PM PAGE 0231.
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

SECTION 9. The corporation may indemnify or advance expenses to a person who is or was a director, officer, employee or agent of the corporation or who is or was serving at the corporation's request as a director, officer, partner, trustee, employee or agent of another corporation, a partnership, joint venture, trust, or other enterprise to the extent permitted under Connecticut law as in effect or the effective time hereof or as thereafter amended, including, without limitation, pursuant to Section 33-840(b)(5) of the Act, for liability of any such person for any actions taken, or any failure to take any actions, except for conduct as set out in items (i) or (ii) of Section 8, above. The corporation shall indemnify or advance expenses to any such person to the extent required by the bylaws of the corporation, as amended from time to time.

FILED 03/05/2019 12:30 PM PAGE 42822525
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

State of Connecticut

Insurance Department

This is to Certify, that

- the redomestication of Aetna Health & Life Insurance Company, a Indiana Company, pursuant to Section 38a-95a Connecticut General Statutes, is approved, and

- the attached Certificate of Redomestication and Amended and Restated Articles of Incorporation effecting said name and change of domicile is approved.

Witness my hand and official seal, at HARTFORD,

this 3rd day of March, 2019

Insurance Commissioner

INDIANA SECRETARY OF STATE
BUSINESS SERVICES DIVISION
CORPORATIONS CERTIFIED COPIES

INDIANA SECRETARY OF STATE
BUSINESS SERVICES DIVISION
302 West Washington Street, Room E018
Indianapolis, IN 46204

FILING #[illegible] 07 [illegible] VOL [illegible]
FILED [illegible] PG PAGE [illegible]
SECRETARY OF THE STATE
CORRECTUANT SECRETARY OF THE STATE

[illegible]

January 1[illegible], 2010

Company Requested: A[illegible]TA HEALTH & LIFE INSURANCE COMPANY

Control Number: [illegible]

Date	Transaction	# Pages
[illegible]	Articles of Incorporation	8
[illegible]	[illegible]	1
[illegible]	Notice of Change of Registered Office or Registered Agent	2
[illegible]	Restatement of Articles of Incorporation	[illegible]
[illegible]	Change of Officer	1
[illegible]	Change of Principal Address	1
[illegible]	[illegible]	1
[illegible]	Application of Reinstatement	[illegible]
03-2[illegible]	Change of Principal Address	[illegible]

State of Indiana
Office of the Secretary of State

I hereby certify that this is a true and complete copy of this 22 page document filed in this office.

Dated: January 13, 2010
Certification Number: 2010011[illegible]

Secretary of State

Certification Number: 20[illegible]

The Indiana Secretary of State [illegible] certifies that [illegible] is on file in this office.

Indiana Secretary of State
Packet: [illegible]
Filing Date: [illegible]
Effective Date: [illegible]

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF INCORPORATION

OF

[illegible] REALTY & TITLE INSURANCE COMPANY

I, SUE ANNE [illegible], Secretary of State of Indiana, hereby certify that Articles of Incorporation of the above corporation have been presented to me at my office accompanied by the fees prescribed by law; and [illegible] such Articles conform to law; all as prescribed by the provisions of the Indiana Business Corporation Law, as amended.

NOW, THEREFORE, I hereby issue to such corporation this Certificate of Incorporation, and further certify that its corporate existence will begin March 2[illegible], 199[illegible].

In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Twenty-[illegible] day of March, 199[illegible].

[illegible]
Deputy

19960312300

APPROVED
DEPARTMENT OF INSURANCE
MAR 19, 1996

ARTICLES OF INCORPORATION AND REDOMESTICATION

OF

ANTHEM HEALTH & LIFE INSURANCE COMPANY

APPROVED
AND
FILED
SECRETARY OF STATE

PREAMBLE

The undersigned corporation desires to redomesticate from the State of Ohio to the State of Indiana pursuant to the approval of the Indiana Commissioner of Insurance and to be incorporated as a corporation from the original date of incorporation of May 3, 1937 in the State of Florida.

The undersigned corporation was incorporated on May 3, 1937 under the laws of the State of Florida under the name Georgia State Life Insurance Company. On June 15, 1960, the corporation's name was changed to Home Life Financial Assurance Corporation. On August 1, 1994, the corporation redomesticated from the State of Florida to the State of Ohio.

These Articles of Incorporation and Redomestication supersede the existing Articles of Incorporation of Home Life Financial Assurance Corporation.

ARTICLE A

NAME OF THE CORPORATION

The name of the corporation is

ANTHEM HEALTH & LIFE INSURANCE COMPANY

ARTICLE B

PRINCIPAL OFFICE

The address of the Corporation's principal office in the State of Indiana is 120 Monument Circle, Indianapolis, Indiana 46204. The name of its registered agent at such address is Sandra Miller.

ARTICLE C

PURPOSES

The Corporation is organized under the Indiana Insurance Law, Chapter 167 of the Acts of 1935, as amended, and the purposes for which it is organized are

I certify from the records of this office that [illegible] is duly filed.

[illegible] Secretary of State
Document Number: P98000011220
Filing Date: 03/31/1998
Effective Date: 03/31/1998

To insure the lives of persons and to make every insurance appertaining thereto or connected therewith including insurance against personal injury or physical disability resulting from accident or sickness, or against accidental death promulgated with a policy for life insurance and to grant, purchase or dispose of annuities.

To insure against bodily injury or death by accident and against disablement resulting from sickness and every insurance appertaining thereto.

All to the extent permitted and authorized by the Department of Insurance.

ARTICLE IV

TERM OF EXISTENCE

The term for which the Corporation shall continue is perpetual.

ARTICLE V

SHARES

The total number of shares which the Corporation has authority to issue is 2,000,000 shares of Common Stock (the "Common shares") with a par value of $1.00 each.

ARTICLE VI

PAID-IN CAPITAL

The amount of paid-in capital is Two Million, Five Hundred Twenty Thousand Dollars ($2,520,000.00).

ARTICLE VII

PLAN OF MERGERS

The business of the Corporation shall be conducted on the legal reserve stock plan.

ARTICLE VIII

DATA RESPECTING OFFICERS AND DIRECTORS

The names and addresses of the persons elected or serve as Officers and Directors at the time of this reinstatement, and who shall serve until the next Annual Meeting of the Shareholders, or until their

[illegible] and qualify, are

Dennis H. Barnes 5841 Pineglen Drive Cincinnati, Ohio 45244	Stefan F. Engelmeier 4765 Dudley Hills Drive Cincinnati, Ohio 45245	William P. Mecum, Jr. 171 Stacy Acres Cincinnati, Ohio 45255
Robert D. Reed [illegible] Lakeview Court Loveland, Ohio 45140	James A. Wehrle 11 Ashburn Circle Skillman, N.J. 08558	Wayne R. Rector 34 Green Meadow Middletown, NJ 07748
Randolph T. Hamilton 1611 Natural Arch Dr Belle Mead, NJ 08502		

ARTICLE I

PROVISIONS FOR REGULATION OF BUSINESS AND CONDUCT OF AFFAIRS OF CORPORATION

Section 1. The Corporation shall have the right to engage in any lines of activity stated with or incidental to the purposes for which it is formed, and, both for the laws of the state of Indiana, and shall have the capacity to sue, the authority and all of the general rights, privileges and powers retained to a Section 80 of Chapter 113 of the Acts of 1919, as amended.

Section 2. The number of Directors of the Corporation shall not be less than Five (5) nor more than twenty-one (21), the exact number of Directors to be determined, from time to time, in such manner as the By-Laws may prescribe.

ARTICLE II

MANNER OF ADOPTION AND VOTE

Section 2.1. Action by Directors. On [illegible] a proposal thereto was adopted by the Board of Directors of the Corporation proposing to the Shareholder of the Corporation entitled to vote in respect of the Amendment that the provisions and terms of its Articles of Incorporation be amended to read as set forth in these Articles of Incorporation and Reincorporation and meeting of such Shareholders was called to be held [illegible] to adopt or reject the Articles of Incorporation and Reincorporation, unless the same was approved by written consent.

Section 2.2. [illegible] Shareholders. At [illegible] meeting held on [illegible] the holders of one million, two hundred sixty thousand shares of the Corporation, being all of the shares of the Corporation entitled to vote in respect of the Amendment, adopted the Amendment.

Section 2.3. Compliance with Legal Requirements. This recital of the adoption of the Amendment, and the vote by which it was adopted, constitute full legal compliance with the

I, Indiana Secretary of State, hereby certify that this copy is an official document.

Indiana Secretary of State
Document: 19960012710
Filing Date: 08/21/1996
Effective Date: 08/21/1996

FILED
AUG 21 1996 12:25 PM
SECRETARY OF STATE
INDIANA

COMMERCIAL REGISTERED AGENT DIVISION

provisions of the Indiana Business Law, the Articles of Incorporation and the By-Laws of the Corporation.

ARTICLE X

Meetings of stockholders may be held within or without the State of Indiana, as the by-laws may provide. The books of the Corporation may be kept outside the state of Indiana at such place or places as may be designated from time to time by the Board of Directors or in the by-laws of the Corporation.

ARTICLE XI

The Corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation in the manner now or hereafter prescribed herein and by the laws of the State of Indiana, and all rights conferred upon stockholders herein are granted subject to this reservation.

Joseph A. Wells

Dorothy L. Bradshaw

Wayne R. Hess

Subscribed and sworn to before me this 19th day of August, 1996.

Notary Public

SUE R. HOWE
Notary Public, State of Indiana
My Commission Expires May 17, 2000

Page 3 of 23

Certification Number: 23-001-796-54

Indiana Secretary of State
Document: 20060812230
Filing Date: 12/21/1990
Effective Date: 12/21/1990

STATE OF INDIANA
OFFICE OF THE ATTORNEY GENERAL

PAMELA A. CARTER
Attorney General

Telephone Number

March 27, 1990

CERTIFICATION

I have examined the Amended Declaration and the Amendment to Declaration of Condominium

Ruby and the Necessary Occupancy and Facility and they conform to the provisions of the

Indiana Condominium Law and are not inconsistent with the State and Federal Constitutions.

Respectfully submitted,

PAMELA A. CARTER
Attorney General of Indiana
Atty No. 10624-45

Charles L. White Jr.
Deputy Attorney General
Atty No. 10618-49

Exhibit

Page 7 of 15

Confirmation Number: 20100-1225615

The Indiana Secretary of State filing office [illegible] official office.

Indiana Secretary of State
Packet: 1996031230
Filing Date: 03/[illegible]/1996
Effective Date: 03/10/1996

1996031230

CERTIFICATE - CHANGE IN PRINCIPAL OFFICE

To: Indiana Department of Insurance
311 W. Washington Street, Suite 300
Indianapolis, IN 46204

To: Indiana Secretary of State
201 State House
Indianapolis, IN 46204

This will certify that, pursuant to authorization by the Board of Directors, the Principal Office of Anthem Health & Life Insurance Company has changed to [illegible] North Meridian Street, Suite 350, Indianapolis, Indiana 46204

[illegible signature]
Glenn [illegible], Vice President and Treasurer

[signature]
R. G. Schultz, Assistant Secretary

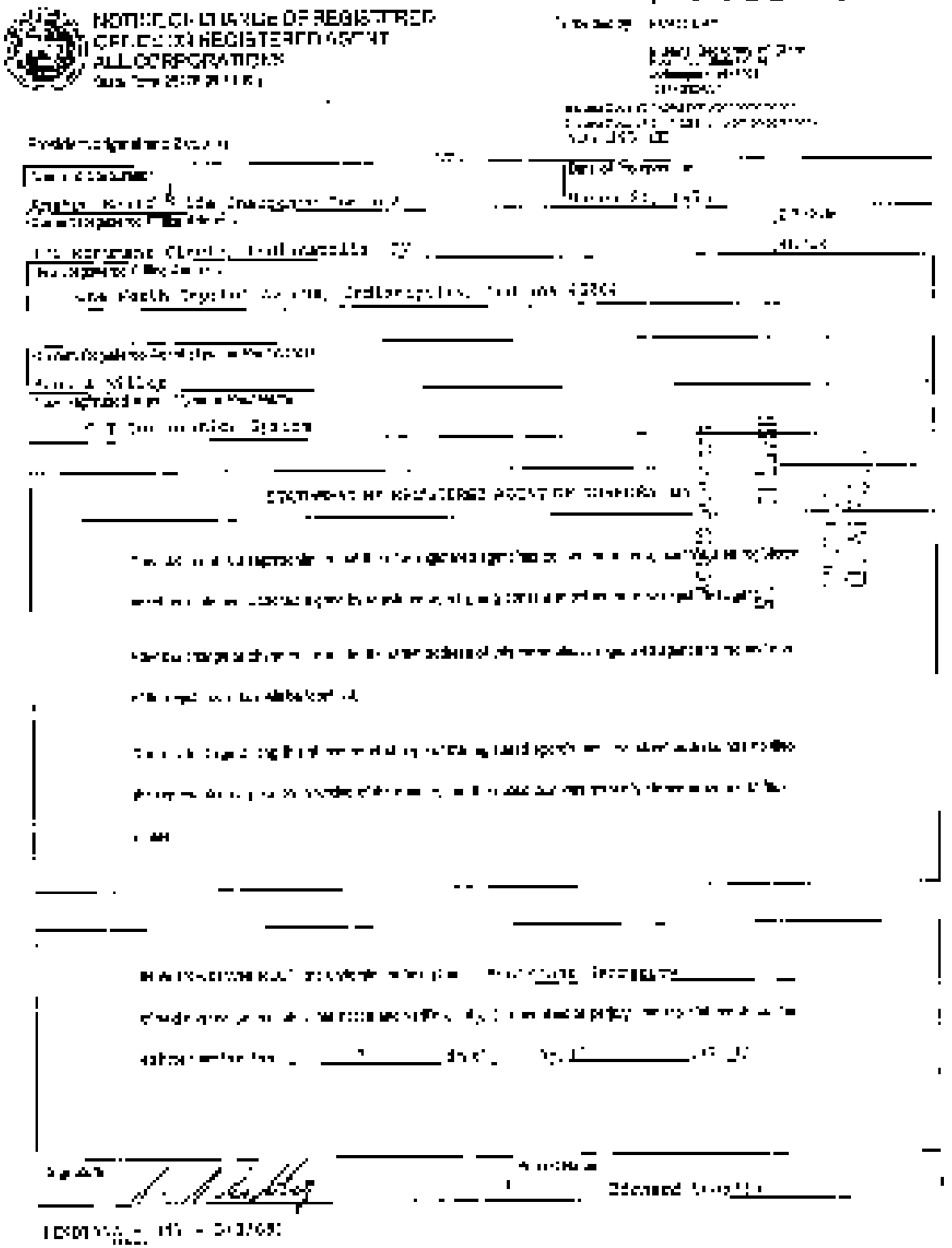
STATE OF Colorado :
: SS.
COUNTY OF Arapahoe :

On this 1st day of March, 1996, the undersigned personally appeared before me and made known to me the persons whose names are subscribed above as Glenn [illegible] Dietrick and Ronald G. Schultz and acknowledged that they have executed the same and that the foregoing statements are true and correct.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal.

[signature]
Notary Public

My Commission Expires: April 9, 2000



NOTICE OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT ALL CORPORATIONS

199603 1230

FILED
96 MAY 13 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Page 2 of 2

Confirmation Number: 220361 365332

[illegible]

19 96051230

[illegible] 16 [illegible] B-01179
FILED [illegible] 12:30 [illegible]
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

STATEMENT OF CONSENT TO ACT
AS REGISTERED AGENT

C T Corporation System hereby accepts the appointment to serve as registered agent in Indiana for [illegible] Company
(Name of Corporation)

[illegible] 19[illegible] — C T CORPORATION SYSTEM

By [signature]

[illegible] (Print Name and Title)

[illegible]

Confirmation Number [illegible]

The Indiana Secretary of State has affixed the seal of his office hereto.

APPROVED
AND
FILED
IND. SECRETARY OF STATE

APPROVED
DEPARTMENT OF INSURANCE
JUN 13 1989
STATE OF INDIANA
INSURANCE COMMISSIONER

RESTATED ARTICLES OF INCORPORATION

OF

ALTA HEALTH & LIFE INSURANCE COMPANY

PREAMBLE

The Corporation was originally incorporated on May 2, 1983 under the laws of the State of Illinois as Chicago State Life Insurance Company. On June 15, 1932, the Corporation's name was changed to Chicago Financial Assurance Corporation. On August 1, 1984, the Corporation redomesticated its corporate domicile from the State of Illinois to the State of Ohio. On March 21, 1986, the Corporation's name was changed to Anthem Health & Life Insurance Company and its corporate domicile was transferred from the State of Ohio to the State of Indiana.

These Restated Articles of Incorporation supersede the existing Articles of Incorporation and Redomestication of Anthem Health & Life Insurance Company.

ARTICLE A

NAME OF THE CORPORATION

The name of the Corporation is ALTA HEALTH & LIFE INSURANCE COMPANY

ARTICLE B

PRINCIPAL OFFICE

The address of the Corporation's principal office in the State of Indiana is 10401 North Meridian Street, Suite 300, Indianapolis, Indiana 46290

ARTICLE C

PURPOSES

The Corporation is organized under the Indiana Insurance Law, Chapter 182 of the Acts of 1935, as amended, and the purposes for which it is organized are:

To transact the business of corporate suretyship; to make every insurance appertaining thereto or connected therewith, including insurance against bodily injury or physical disability resulting from accident or disease, or against accidental death; to combine with insurance the issuance of evidences of debt and to guarantee, purchase or dispose of evidences.

FILING #[illegible] 19 02 32 VOL #-[illegible]
FILED 04/04/2018 12:06 PM ENCE #[illegible]
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

[illegible] personal bodily injury or death by reason of and against disablement resulting from sickness and every insurance appertaining thereto.

All of the powers granted and authorized by the Insurance Holding Law

ARTICLE D

TERM OF EXISTENCE

The term for which the Corporation shall exist is perpetual.

ARTICLE E

SHARES

The total number of shares which the Corporation is authorized to issue is 2,000,000 shares of common stock with a par value of $2.00 each for total authorized capital of $4,000,000.

ARTICLE F

PAID IN CAPITAL

The amount of paid in capital is $2,500,000.

ARTICLE G

PLAN OF BUSINESS

The business of the Corporation shall be conducted on the Legal Reserve Stock plan.

ARTICLE H

DIRECTORS AND OFFICERS

The following are the names and addresses of the directors of the Corporation who have been selected to serve until the next annual meeting of shareholders, or until their successors are elected and qualified:

Director's Name	Address
Mitchell T. G. Graye	8515 E. Orchard Road Englewood, Colorado 80111
William T. McCallum	8515 E. Orchard Road Englewood, Colorado 80111

2

The above is a true copy of [illegible] on file in this office

FILING #0004114025 PG 18 OF 38 VOL B-01379
FILED 03/05/2018 12:33 PM PAGE 02925
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

Director's Name	Address
Steve T. Miller	8505 E. Orchard Road Englewood, Colorado 80111
James D. Metz	8505 E. Orchard Road Englewood, Colorado 80111
Michael R. Colpitts	10401 N. Meridian Street, Suite 351 Indianapolis, Indiana 46290
Martin Rosenbaum	8505 E. Orchard Road Englewood, Colorado 80111
James A. White	1 Centennial Avenue Piscataway, New Jersey 08854

The following are the names, positions and addresses of the principal officers of the Corporation who have been elected to serve until the next annual meeting of directors, or until their successors are elected and qualified:

Officer's Name	Position Held	Address
William J. McCallum	Chairman of the Board	8515 E. Orchard Road Englewood, Colorado 80111
James D. Metz	Vice Chairman and Chief Executive Officer	8505 E. Orchard Road Englewood, Colorado 80111
James A. White	President	1 Centennial Avenue Piscataway, New Jersey 08854
Mitchell T.G. Graye	Executive Vice President and Chief Financial Officer	8515 E. Orchard Road Englewood, Colorado 80111
John K. Hughes	Senior Vice President and Chief Investment Officer	8515 E. Orchard Road, Englewood, Colorado 80111
D. Craig Lennox	Senior Vice President, General Counsel and Secretary	8515 E. Orchard Road, Englewood, Colorado 80111
Glen R. Derback	Vice President and Treasurer	8515 E. Orchard Road Englewood, Colorado 80111
James L. McCallen	Vice President and Actuary	8515 E. Orchard Road, Englewood, Colorado 80111

3

Page 18 of 38 | Certification Number: 20180[illegible]

The Florida Secretary of State's Office certifies this copy is on file in their office.

FT(LDS #20041146003 Pg 20 Of 38 WDT: A CITY
FILED 01/05/2018 12:30 PM PAGE 02826
SECRETARY OF THE STATE
DOCUMENT(S) SUCCEEDABLE OF PAR CIRCUS

ARTICLE I

PROVISIONS FOR REGULATION OF BUSINESS AND CONDUCT OF AFFAIRS OF CORPORATION

Section 1.1. The Corporation shall have the right to engage in all lines of activity which may be incidental to the purposes for which it is formed not forbidden by the laws of the State of Florida, and shall have the capacity to act, the authority and all of the general rights, privileges and powers conferred by Section 607.0302 of the Florida Statutes (1995) as amended.

Section 1.2. The number of Directors of the Corporation shall not be less than three (3) nor more than twenty-one, the exact number of Directors to be determined from time to time in such manner as the bylaws may provide.

ARTICLE J

MANNER OF ADOPTION AND VOTE

Section J.1. Action by Directors. On June 15, 1998 a resolution was adopted by the Board of Directors of the Corporation proposing to the only shareholder of the Corporation that the provisions and terms of the Articles of Incorporation and Restatement be amended so as to read as set forth in these Restated Articles of Incorporation.

Section J.2. Action by Sole Shareholder. On June 15, 1998 a resolution was adopted by the sole shareholder of the Corporation adopting these Restated Articles of Incorporation.

Section J.3. Compliance with Legal Requirements. The purpose of the adoption of the Restated Articles of Incorporation, and the only by which it was adopted, are to bring for legal compliance with the provisions of the Florida Insurance Law. The Articles of Incorporation and Restatement and the By-Laws of the Corporation

9

Page 10 of 11

Confirmation Number: 19 2017 Website

The Articles of Amendment of Sabal Trace Homeowners Association, Inc. a Florida corporation

FILED
FILED 03/05/2210 10:30 PM PAGE 02837.
SECRETARY OF THE STATE
CORPORATION SECRETARY OF THE STATE

ARTICLE K

The Corporation reserves the right to amend, alter, change or repeal any provision contained in these Restated Articles of Incorporation in the manner now or hereafter prescribed herein and by the laws of the State of Florida, and all rights conferred upon officers herein are granted subject to this reservation.

J.D. Mark
Vice Chairman and
Chief Operating Officer
U.S. Homes
Senior Vice President,
General Counsel and Secretary

Signed this 25th day of June 1999

Notary Public

My commission expires April 9, 2000.

[illegible]

ALTA

1990031230

[illegible]

February [illegible]

Sue Anne Gilroy
Indiana Secretary of State
P.O. Box [illegible]
Indianapolis, IN [illegible]

[illegible]

RE: Alta Health & Life Insurance Company

Dear Mrs. Gilroy:

[illegible]

[illegible]

[illegible]

Sincerely,

[illegible]
Legal Assistant

The Indiana Secretary of State recognizes only this portion of the document. Not all pages may be scanned.

Indiana Secretary of State
Document ID: 19960312130
Filing Date: 03/13/2001
Effective Date: 03/13/2001

19960312130

ALTA

FILED
MAR 13 2001
JOSEPH H. HOLLAN
SECRETARY OF STATE

March 9, 2001

Ms. Susan Gilroy
Indiana Secretary of State
P.O. Box 3721
Indianapolis, IN 46206

APPROVED
AND
FILED
INDIANA SECRETARY OF STATE

RE: Alta Health & Life Insurance Company

Dear Ms. Gilroy:

This letter is sent to inform you of a change in the presidency of Alta Health & Life Insurance Company. Effective January 1, 2001 Jonas Wilmarth retired from his position as President. Mr. Wilmarth remains Chairman and Chief Executive Officer and continues to hold the presidency. His biographical affidavit is currently on file with your office because of his previous position as Director and Officer of the corporation.

Also, please note that our corporate office has had a change in its city since 2000, due to postal reorganization. The address is: 3010 East Outland Road, Greenwood Village, CO 80111.

Thank you for updating this information in our business entity file.

Sincerely,

Connie Page

Connie Page
Legal Assistant

INDIANA SECRETARY OF STATE

SYSTEM GENERATED ADMINISTRATIVE DISSOLUTION/REVOCATION

Pursuant to the provisions set forth in Indiana Code Title 23 the entity has been Administratively Dissolved or the Certificate of Authority revoked.

A certified copy of this document authenticates the date of the Administrative Dissolution/Revocation

The Printed Statement of State Filing Office contains the most current and official information.

Indiana Secretary of State
Issued: 05/21/2012
Filing Date: 05/21/2012
Effective Date: 05/21/2012

State of Indiana
Office of the Secretary of State

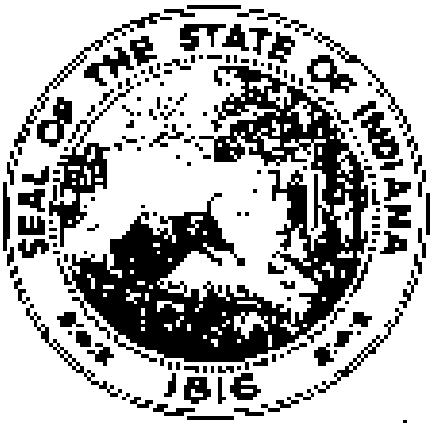
CERTIFICATE OF REINSTATEMENT

OF

ALTA HEALTH & LIFE INSURANCE COMPANY

I, SUE ANN GILROY, Secretary of State of Indiana, hereby certify that Application for Reinstatement, Statement of Withdrawal, Certificate of Compliance have been presented to me at my office, accompanied by the fees prescribed by law and that the documents presented conform to law as prescribed by the provisions of the above Indiana Business Law.

NOW, THEREFORE, with the above mentioned evidence of compliance with Indiana Law, I hereby issue this Certificate of Reinstatement.



In witness whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, May 21, 2012

Sue Ann Gilroy

SUE ANN GILROY
SECRETARY OF STATE

Certificate Number: 2012051200575

Page 2 of 2

1996032430

APPLICATION FOR REINSTATEMENT

[illegible]

The Indiana Secretary of State has received the following document for filing:

Indiana Secretary of State
Document: 20220312231
Filing Date: 08/11/2022
Effective Date: 08/11/2022

FILED 08/05/2022 12:38 PM EDT 02034
SECRETARY OF THE STATE
CONFIDENTIAL SECRETARY OF THE STATE

RECEIVED
AUG 25 2022
LAW DEPT

Indiana Department of Revenue
CERTIFICATE OF CLEARANCE
FOR REINSTATEMENT

All Eligible Risk
State

Taxpayer Information

All Eligible Risk Insurance Company
3010 East Orchard Road
Greenwood Village, CO 80111

Tax Identification Number
[redacted]

Title
0102210103

Date Certificate Will Be Issued
08/25/2022

TO: Risk Assessment
Secretary of State
Corporation Division

The above-named taxpayer has applied for a Certificate of Clearance from the Department of Revenue, pursuant to IC 6-8.1-6-1, for the purpose of applying for reinstatement of its authority to transact business in Indiana. The Department has made the determinations checked below as to the taxpayer's compliance with Indiana tax laws administered by the Department.

According to the taxpayer's application, the taxpayer is not required to be registered or licensed by the Department for the taxes listed below. The Department has not determined whether the taxpayer is required to be registered or licensed for any other taxes administered by the Department.

The Department has received sufficient security for the taxpayer's compliance with Indiana tax laws.

Kevin D. Miller, Commissioner
Indiana Department of Revenue

By: Diane Brenton, Assistant Commissioner
Compliance Division

By: [redacted]

Form completed by the Department

The Department has received sufficient security for the taxpayer's compliance with Indiana tax laws. The taxpayer's Application for Reinstatement (ST-41) is attached. The Department has not determined whether the taxpayer is required to be registered or licensed for any other taxes administered by the Department.

Indiana Secretary of State Filing Office cannot hold liable errors made by the filer in this office.

NOTICE OF CHANGE OF PRINCIPAL OFFICE ADDRESS

Todd Room
Corporation Division
302 W. Washington St. Rm. E018
Indianapolis, IN 46204
(317) 232-6576

NO FILING FEE

Pacific Life Insurance Co | Nebraska
700 Newport Center Drive, Newport Beach, CA 92660
1209 N Orange Street, Suite 800, Wilmington, DE 19801

The principal office address of the above business entity is changed to the following, effective this 1st day of May, 2019.

Todd Root | Assistant Secretary

Indiana Secretary of State
Filing Number: 19030012350
Filing Date: 05/02/2019
Effective Date: 05/02/2019

COPY

CIGNA CORPORATION
1601 Chestnut Street
Philadelphia, PA 19192

March 3, 2010

FILED #20061119023 RG 30 OF 32 VOL S-01357
FILED 03/03/2010 12:32 PM PAGE 02236
SECRETARY OF THE STATE
CONNECTICUT RECORDING OF THE STATE

Connecticut Secretary of State
30 Trinity Street
Hartford, CT 06106

Re: CIGNA Health and Life Insurance Company

Dear Sir/Madam:

I currently have the above-referenced name reserved for use in Connecticut. I hereby transfer the reservation to CT Corporation System.

Thank you for your assistance.

Very truly yours,

Jennifer A. Sloan

1

STATE OF CONNECTICUT
OFFICE OF THE SECRETARY OF THE STATE } ss. HARTFORD

I hereby certify that this is a true copy of record in this Office

In Testimony whereof, I have hereunto set my hand, and affixed the Seal of said State, at Hartford, this 5th day of March A.D. 2010

SECRETARY OF THE STATE

Department of Corporations

F96000028814

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000066813 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : 120100000085
Phone : (850)222-1092
Fax Number : (850)878-7960

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: (See attached)

COR AMND/RESTATE/CORRECT OR O/D RESIGN
ALTA HEALTH & LIFE INSURANCE COMPANY

Certificate of Status	1
Certified Copy	0
Page Count	33
Estimated Charge	$43.75

https://efile.sunbiz.org/scripts/efilcovr.exe 7/24/2016

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AIG Health & Life Insurance Company
Name of Corporation

DOCUMENT NUMBER: P05000128814

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer A. Brook
Name of Contact Person

CT Corp Corporation
Firm/Company

301 Chestnut Street
Address

Philadelphia, PA 19106
City/State and Zip Code

jennifer.brook@wolterskluwer.com
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer A. Brook at (215) 761-4244
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount.

☐ $35.00 Filing Fee ☐ $43.75 Filing Fee & Certificate of Status ☐ $52.50 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ $61.25 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mar. Amendment Cover Letter

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I
(I-3 MUST BE COMPLETED)

FROM: [illegible]
(Document number of corporation (if known))

1. [illegible] Health A I F 3 Insurance Company
(Name of corporation as it appears on the records of the Department of State)

2. [illegible] (Incorporated under laws of)

3. June 4, 1993 (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETED ONLY FOR APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? March 5, 2013.

5. CIGNA Health and Life Insurance Company
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated" or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

Connecticut
(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, as they existed not more than 90 days prior to delivery of the application to the Department of State, by the proper officer of the entity having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

[signature]
(Signature of the chairman, president, or other officer of the board of directors of the corporation, or other officer or other representative if directed, by that fiduciary)

Shannon Mapp
(Typed or printed name of person signing)

Corporate Secretary
(Title of person signing)

(1) Required if applicable.

SECRETARY OF THE STATE
30 TRINITY STREET
P.O. BOX 150470
HARTFORD, CT 06115-0470

MARCH 5, 2010

CT CORPORATION SYSTEM
ONE CORPORATE CENTER
HARTFORD, CT 06103

RE: Acceptance of Business Filing

This letter is to confirm the acceptance of a filing for the following business:

CIGNA HEALTH AND LIFE INSURANCE COMPANY

Work Order Number: 2010056722 001
Business Filing Number: 0004174493
Type of Request: CERTIFICATE OF REDOMESTICATION
File Date/Time MAR 05 2010 12:30 PM
Effective Date/Time:
Work Order Payment Received: 925.00
Payment Received: 4300.50
Credit to Account: 5948.38
Customer Id: 0C0037625
Business Id: 0991480

TONIA ALLEN
Commercial Recording Division
860-509-6003
WWW.CONCORD-SOTS.CT.GOV

CERTIFICATE OF REDOMESTICATION

INSURANCE COMPANY REDOMESTICATION TO CONNECTICUT

Office of the Secretary of the State

MAILING ADDRESS:
Corporate Recording Division
Connecticut Secretary of the State
P.O. Box 150470
Hartford, CT 06115-0470
860-509-6001

DELIVERY ADDRESS:
Corporate Recording Division
Connecticut Secretary of the State
30 Trinity Street
Hartford, CT 06106
860-509-6001

Certificate of Authority to transact insurance business in Connecticut and a certified copy of the original Articles of Incorporation must be filed with this certificate.
Filing Fee: $150.00 (Make check payable to the Secretary of the State)

For Office Use Only — Make Checks Payable To The Secretary of the State

[illegible] 1/1/03 PG 01 OF 02 TOT: 0.00 1379
RECD 03/05/2003 11:30:00 20603 02007
SECRETARY OF THE STATE
CORPORATIONS DEPARTMENT HARTFORD, CT

1. NAME OF INSURANCE COMPANY:
Atlantic Mutual Life Insurance Company

2. CHARTER HISTORY OF CORPORATION (including date and place of incorporation, name changes information and information regarding changes of domestic state):

The corporation was originally incorporated on [illegible] as "Orange State Life Insurance Company" under the laws of the State of Florida. On June 13, 1986, the corporate name was changed to "Home Life Financial Assurance Corporation." On August 1, 1994, the corporation redomesticated to the State of Florida from the State of Ohio. On March 31, 1995, the corporation changed its corporate name to "Atlantic Mutual Life Insurance Company" and converted to a corporation formed under the laws of Ohio to the State of Indiana. On July 31, 1999, the corporation changed its name to "Atlantic Mutual Life Insurance Company."

3. APPROVALS:

The corporation's redomestication to Connecticut was approved by the Insurance Commissioner of the State of

Indiana
(State from which corporation is redomesticating)

The corporation's redomestication was approved by the Insurance Commissioner of the State of Connecticut as evidenced by the Commissioner's Certificate of Approval attached hereto.

(Please reference on line 3 if additional approvals are needed)

[illegible]

AMENDED AND RESTATED ARTICLES OF INCORPORATION

OF

AETNA HEALTH AND LIFE INSURANCE COMPANY

SECTION 1. The corporate name of the corporation shall be CIGNA Health and Life Insurance Company.

SECTION 2. In accordance with Connecticut General Statutes Section 38a-85a, the corporation shall adopt the State of Connecticut as its corporate domicile and shall be subject to the authority and jurisdiction of the State of Connecticut with all the powers granted by the general statutes, as now enacted or hereafter amended, to corporations formed under the Connecticut Business Corporation Act. The corporation shall be a continuation of the body corporate incorporated in the State of Florida on May 2, 1963. The corporation shall continue on the May 2, 1963 as the date of incorporation.

SECTION 3. The business of the corporation shall be life insurance, endowments, annuities, accident insurance, health insurance and any other business or type of business which any other corporation now or hereafter chartered by Connecticut and empowered to do a health or life insurance business may now or hereafter lawfully do. The corporation is specifically empowered to accept and to cede reinsurance and retrocession of any risks or hazards. The corporation may exercise such powers outside of Connecticut to the extent permitted by the laws of the particular jurisdiction. Policies or other contracts may be issued, stipulated to be with or without participation in profits and with or without a seal.

SECTION 4. The corporation shall be authorized to issue 2,000,000 shares of common stock with a par value of two dollars ($2) per share. The capital stock of the corporation shall be transferable in accordance with the bylaws and a transfer agent may be employed.

SECTION 5. The annual meeting of the shareholders of the corporation shall be held at such time and place as may be determined from time to time by or in accordance with the bylaws. If the corporation shall fail to hold its annual meeting at the time specified for the meeting, or any postponement thereof, the corporation shall not be dissolved nor shall its rights be impaired thereby, but a special meeting of the shareholders shall be called; and at such meeting directors to fill the places of the directors whose terms shall have expired may be elected and any other proper business may be transacted. At all meetings of the shareholders each shareholder shall be entitled to vote in person or by an attorney duly authorized by a written proxy, and each share of stock represented at the meeting shall be entitled to one vote.

SECTION 6. The corporation's principal place of business shall be at 900 College Grove Road, Bloomfield, Connecticut 06152, or at some other place within the State of Connecticut, and the corporation may establish and maintain other offices and agencies in other locations within or without the State. The property and affairs of the corporation shall be managed under the direction of a board of directors. The directors shall have concurrent power with the stockholders to make, alter, amend, change, add to or repeal the bylaws of the corporation. The number of directors of the corporation shall be as from time to time fixed by, or in the manner provided in, the bylaws of the corporation. Directors will be elected by a plurality of the votes cast at each annual meeting of shareholders of the corporation and each director so elected shall hold office until the next annual meeting of shareholders of the corporation or until such director's successor is duly elected and qualified, or until such director's earlier death, resignation or removal. If any vacancy occurs in the board of directors, such vacancy may be filled by a majority of the remaining directors, whether or not such directors constitute a quorum, for the unexpired portion of the term, and if the number of directors is increased by vote of the board of directors between meetings of shareholders, the additional directors may be elected by the board of Directors for terms expiring with the next annual meeting thereafter. Unless the bylaws provide for a lesser or greater quorum as may be permitted by law, a majority of the authorized number of directors, as fixed by the board of directors from time to time, shall constitute a quorum.

SECTION 7. Connecticut General Life Insurance Company shall be the corporation's registered agent. The registered agent's address is 900 College Grove Road, Bloomfield, Connecticut 06152.

SECTION 8. The personal liability of a person who is or was a director of the corporation to the corporation or its shareholders for monetary damages for breach of duty as a director shall be limited to the amount of compensation received by the director for serving the corporation during the year of the violation if such breach did not (a) involve a knowing and culpable violation of law by the director, (b) enable the director or an associate, as defined in Section 33-840 of the Connecticut Business Corporation Act as in effect on the effective date hereof or as it may be amended from time to time (the "Act"), to receive an improper personal economic gain, (c) show a lack of good faith and a conscious disregard for the duty of the director of the corporation under circumstances in which the director was aware that his conduct or omission created an unjustifiable risk of serious injury to the corporation, (d) constitute a sustained and unexcused pattern of inattention that amounted to an abdication of the director's duty to the corporation, or (e) create liability under Section 33-757 of the Act. Any lawful repeal or modification of this Section 8 or the adoption of any provision inconsistent herewith by the board of directors and the shareholders of the corporation shall not, with respect to a person who is or was a director, adversely affect any limitation of liability, right or protection existing at or prior to the effective date of such repeal, modification or adoption of a provision inconsistent herewith. This limitation of liability of any person who is or was a director provided for in this Section 8 shall not be exclusive of any other limitation of elimination of liability contained in, or which may be provided to any such person under, Connecticut law as in effect on the effective date hereof or as thereafter amended.

SECTION 9. The corporation may indemnify or advance expenses to a person who is or was a director, officer, employee or agent of the corporation, or who is or was serving at the corporation's request as a director, officer, partner, trustee, employee or agent of another corporation, a partnership, joint venture, trust, an employee benefit plan or other entity, to the extent permitted under Connecticut law as in effect on the effective date hereof or as thereafter amended, including, without limitation, pursuant to Section 33-636(b)(5) of the Act, for liability of any such person for any actions taken, or any failure to take any actions, except for conduct as set out in items (a) through (e) of Section 8, above. The corporation shall indemnify or advance expenses to any such person to the extent required by the bylaws of the corporation, as amended from time to time.

State of Connecticut

Insurance Department

This is to Certify, that

- the redomestication of Ace Health & Life Insurance Company, a Indiana Company, pursuant to Section 38a-38a Connecticut General Statutes, is approved, and
- the attached Certificate of Redomestication and Amended and Restated Articles of Incorporation effecting and name and change of domicile is approved.

Witness my hand and official seal at HARTFORD,

this 3rd day of March, 2020

Insurance Commissioner

INDIANA SECRETARY OF STATE
BUSINESS SERVICES DIVISION
CORPORATIONS CERTIFIED COPIES

INDIANA SECRETARY OF STATE
BUSINESS SERVICES DIVISION
302 West Washington Street, Room E018
Indianapolis, IN 46204

FILING [illegible]
FILED [illegible]
SECRETARY OF THE STATE
[illegible] SECRETARY OF THE STATE

[illegible]

January 1[illegible], 2010

Company Requested: ALTA HEALTH & LIFE INSURANCE COMPANY
Control Number: [illegible]

Date	Transaction	# Pages
[illegible]	Articles of Incorporation	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	Notice of Change of Registered Office or Registered Agent	[illegible]
[illegible]	Restatement of Articles of Incorporation	6
[illegible]	Change of Officer	1
[illegible]	Change of Principal Address	1
[illegible]	Administrative Dissolution	1
[illegible]	Application for Reinstatement	[illegible]
[illegible]	Change of Principal Address	1

State of Indiana
Office of the Secretary of State

I hereby certify that this is a true and complete copy of this 22 page document filed in this office.

Dated: January 1[illegible], 2010
Certification Number: [illegible]

Secretary of State

Certification Number: [illegible]

The Indiana Secretary of State certifies that this copy is on file in this office.

Indiana Secretary of State
Filing No: [illegible]
Filing Date: 3/21/1996
Effective Date: 3/21/1996

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF INCORPORATION

OF

[illegible]

I, SUE ANNE GILROY, Secretary of State of Indiana, hereby certify that Articles of Incorporation of the above corporation have been presented to me at my office accompanied by the fees prescribed by law; that I have found such Articles conform to law; all as prescribed by the provisions of the Indiana Business Corporation Law, as amended.

NOW, THEREFORE, I hereby issue to such corporation this Certificate of Incorporation, and further certify that the corporation existence will begin March 21, 1996.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Twenty-First day of March, 1996.

Secretary

Certification Number: [illegible]

This is a true copy of State filing of the articles listed in this check.

Indiana Secretary of State
Filing Number: 9603031230
Filing Type: Articles of Amendment
Effective Date: 05/31/1996

19960312 30

APPROVED

ARTICLES OF INCORPORATION AND REINCORPORATION

OF

APPROVED AND FILED
SECRETARY OF STATE

AMERICAN HEALTH & LIFE INSURANCE COMPANY

PREAMBLE

The undersigned corporation, desiring to transfer its corporate domicile from the State of Ohio to the State of Indiana pursuant to the approval of the Superintendent of Insurance and to be recognized as a corporation from its original date of incorporation of May 1, 1963 in the State of Florida

The undersigned corporation was incorporated on May 1, 1963 under the laws of the State of Florida under the name Orange State Life Insurance Company. On June 15, 1982, the corporation's name was changed to Sterne Life Financial Assurance Corporation. On August 1, 1994, the corporation transferred its corporate domicile from the State of Florida to the State of Ohio

These Articles of Incorporation and Reincorporation supersede the existing Articles of Incorporation of Sterne Life Financial Assurance Corporation.

ARTICLE A

NAME OF THE CORPORATION

The name of the corporation is

AMERICAN HEALTH & LIFE INSURANCE COMPANY

ARTICLE B

PRINCIPAL OFFICE

The address of the Corporation's principal office in the State of Indiana is 151 Monument Circle, Indianapolis, Indiana 46204. The name of its registered agent at such address is Sandra Miller.

ARTICLE C

PURPOSES

The Corporation is organized under the Indiana Business Corporation Law, Chapter 287 of the Acts of 1989, as amended, and the purposes for which it is organized are:

The Florida Secretary of State hereby certifies that the copy annexed hereto is a true copy of the document on file in this office.

Florida Department of State
Division of Corporations
Filing Date: 03/21/1989
Effective Date: 03/21/1989

To foster the lives of persons and to make every insurance applicable thereto as economical, efficient and equitable as possible, to provide insurance against loss of or damage to property, against liability for injuries to persons or property, against death or injury of employees, and to engage in any other lawful act or activity for which corporations may be organized under the Business Corporation Act of Florida.

To insure against bodily injury or death by accident and against disablement resulting from disease and every insurance appertaining thereto.

All to the extent permitted and prescribed by the Department of Insurance.

ARTICLE II

TERM OF EXISTENCE

The term for which the Corporation shall continue is perpetual.

ARTICLE III

SHARES

The total number of shares which the Corporation has authority to issue is 2,000,000 shares of Common Stock (the "Common Shares") with a par value of $1.00 each.

ARTICLE IV

PAID-IN CAPITAL

The amount of paid-in capital is Two Million, Five Hundred Twenty Thousand Dollars ($2,520,000)

ARTICLE V

PLACE OF BUSINESS

The location of the Corporation shall be established at the registered office given.

ARTICLE VI

DATA RESPECTING OFFICERS AND DIRECTORS

The names and addresses of the persons elected to serve as Officers and Directors at the time of this relevant event and until the next Annual Meeting of the Shareholders or until their

Page 4 of 23 Certificate Number: 901C11302983

This Preliminary Secretary of State Filing Office cover sheet is not to be copied by any party to the filing.

Filing Secretary of State
Packet: 1000081333
Filing Date/Time: 03/21/1995
Effective Date: 03/21/1995

Restated and Revised Articles of Incorporation of

Dwayne D. Penrose 8043 Sycamore Drive Cincinnati, Ohio 45241	Stephen D. Steinbrenner 4745 Derby Hills Drive Cincinnati, Ohio 45243	William J. Williams, Jr. 231 Scarry Acres Cincinnati, Ohio 45255
Robert C. Blair 113 Twelvetrees Court Cincinnati, Ohio 45246	Patricia A. White 31 Ashland Court Millburn, N.J. 07078	Wayne D. Burns 38 Lenox Shoreline Middletown, NJ 07748
Jeremiah J. Donovan 161 Natoma Avenue Belle Mead, NJ 08502		

ARTICLE 1

PERPETUITY AND REGULATION OF ACTIVITIES AND CONDUCT OF AFFAIRS OF CORPORATION

Section 1.1. The Corporation shall have the right to engage in all lines of activity which are incidental to the purposes for which it is formed, not forbidden by the laws of the State of Indiana, and shall have the powers set out in the Indiana Business Corporation Law, as amended.

Section 1.2. The number of Directors of the Corporation shall not be less than Five (5) nor more than twenty-one (21), the exact number of Directors to be determined from time to time, in such manner as the By-Laws may prescribe.

ARTICLE 2

AMENDMENT OF ARTICLES OF INCORPORATION

Section 2.1. Action by Directors. On [illegible], a resolution was adopted by the Board of Directors of the Corporation proposing to the Shareholders of the Corporation entitled to vote in respect of the Amendment that the provisions and terms of the Articles of Incorporation be amended so as to read as set forth in these Articles of Incorporation and Restatement and directing that such Shareholder vote entitled to be cast [illegible] adoption or rejection of Articles of Incorporation and Restatement, unless the same were to be approved by written consent.

Section 2.2. Action by Shareholders. At a duly-called meeting held [illegible] the holder of more [illegible] one hundred sixty thousand shares of the Corporation, being all of the shares of the Corporation entitled to vote in respect of the Amendment, adopted the Amendment.

Section 2.3. Compliance with Legal Requirements. The manner of the adoption of the Amendment, and the vote by which it was adopted, constitute full legal compliance with the

Page 1 of 23

Copyright Notice (c) 2013 [illegible]

The Indiana Secretary of State has affixed the following copy of the Articles below.

Indiana Secretary of State
Document: [illegible]
Filing Time: [illegible]
Effective Date: [illegible]

provisions of the Indiana Nonprofit Law, the Articles of Incorporation and the By-Laws of the Corporation.

ARTICLE IX

Meetings of stockholders may be held within or without the State of Indiana, as the by-laws may provide. The books of the Corporation may be kept outside the State of Indiana at such place or places as may be designated from time to time by the Board of Directors or in the by-laws of the Corporation.

ARTICLE X

The Corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation in the manner or hereafter prescribed herein or by the laws of the State of Indiana, and all rights conferred upon stockholders herein are granted subject to this reservation.

James A. Wells

Jeannette I. Hamilton

Regina Rains

Subscribed and sworn to before me this [illegible] day of [illegible], 1994.

Notary Public

[illegible]

Page 3 of 3

Certification Number: [illegible]

The Indiana Secretary of State's Filing Office certifies that the copy is on file in his office.

Indiana Secretary of State
Filing Date: 03/31/1995
Effective Date: 03/31/1995

STATE OF INDIANA
OFFICE OF THE ATTORNEY GENERAL

PAMELA CARTER
Attorney General

March 31, 1995

CERTIFICATION

I have examined the Articles of Incorporation and Reincorporation of Anchor Health and Life Insurance Company and I certify that they conform to the provisions of the Indiana Insurance Law and are not inconsistent with the State and Federal Constitutions.

Respectfully submitted,

PAMELA CARTER
Attorney General of Indiana
Atty No. 0004361-49

Gordon E. Wilson, Jr.
Deputy Attorney General
Atty No. 0003041-49

Page 1 of 29

Certification Number: 20120130000016

The Indiana Secretary of State Filing Office Certified that this copy is an exact reproduction.

Indiana Secretary of State
Packet: 1960031230
Filing Date: 03/01/1996
Effective Date: 03/01/1996

1996031230

CERTIFICATE - CHANGE IN PRINCIPAL OFFICE

To: Indiana Department of Insurance
311 W. Washington Street, Suite 300
Indianapolis, IN 46204

To: Indiana Secretary of State
201 State House
Indianapolis, IN 46204

This will certify that pursuant to authorization of the Board of Directors, the Principal Office of Anthem Insurance Companies has changed to 120 E. 116th Meridian Street, Suite 350, Indianapolis, Indiana 46253.

S.R. Compton, Vice President and Treasurer

R.G. Schultz, Assistant Secretary

STATE OF Colorado)
) ss.
COUNTY OF Arapahoe)

On this 1st day of March 1996 the undersigned personally appeared before me, known to me to be the persons whose names are subscribed as Steven R. Compton and Richard G. Schultz, and acknowledged that they executed the foregoing instrument and that the foregoing statements are true and correct.

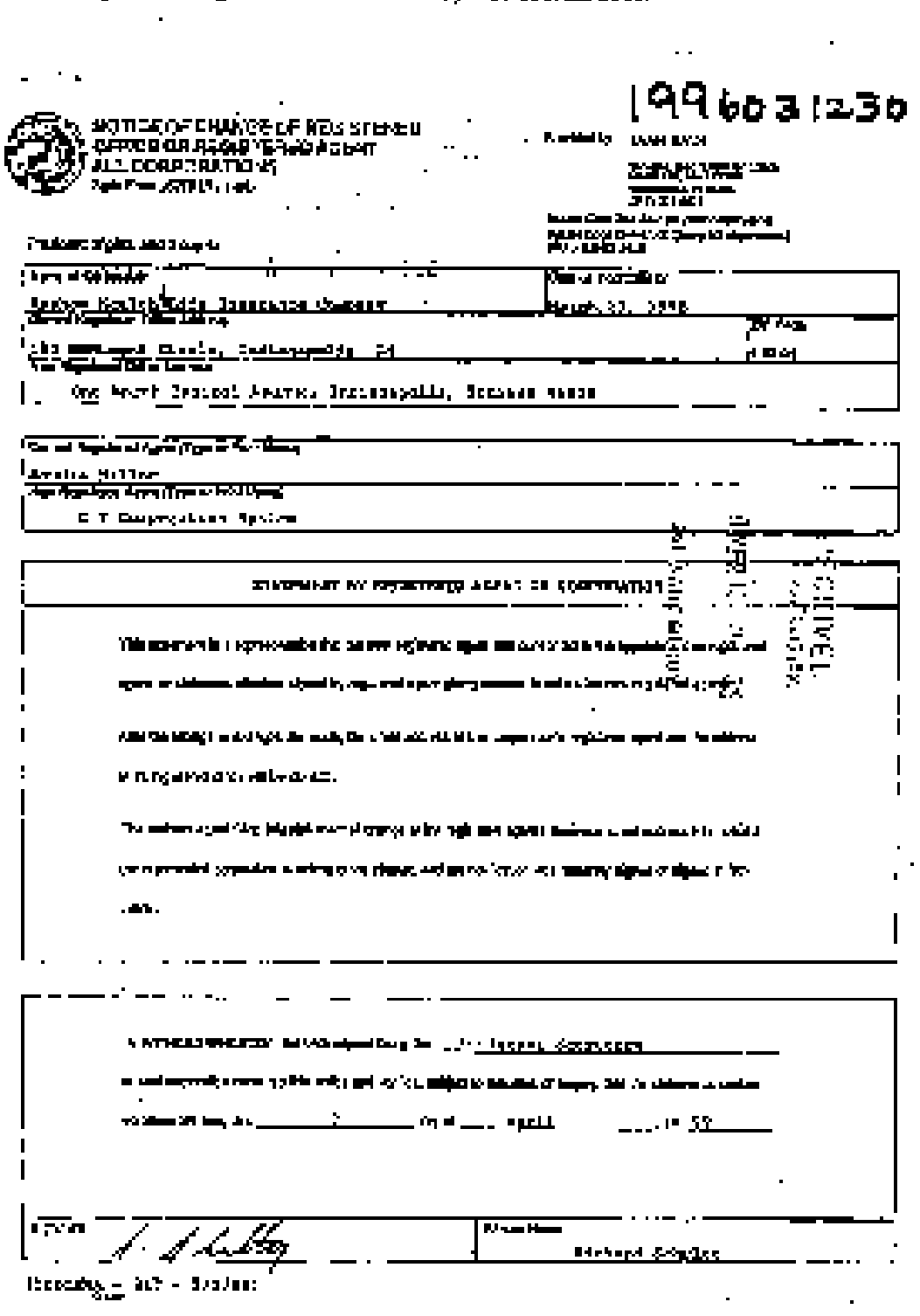
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal.

Notary Public

My Commission Expires April 2, 2000

Page 1 of 2

Confirmation Number: 2013011357555



The Florida Secretary of State hereby certifies that the following is a true and correct copy of the document on file in this office.

19960312300

FILED
96 MAY 15 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF CONSENT TO ACT
AS REGISTERED AGENT

Pursuant to Florida Statutes, hereby accepts the appointment to serve as registered agent for the above stated corporation.

[Name of Corporation]

5-15, 1996

[Signature]

[Printed Name and Title]

The Florida Secretary of State has no certified record of this copy on file in this office.

APPROVED AND FILED SECRETARY OF STATE

APPROVED
DEPARTMENT OF INSURANCE

JUN 30 1998

AMENDED AND RESTATED ARTICLES OF INCORPORATION

OF

ALTA HEALTH & LIFE INSURANCE COMPANY

RECAMDLD

The Corporation was originally incorporated on May 2, 1962 under the name of Florida Heritage Life Insurance Company. On June 16, 1982, the Corporation's name was changed to Alamo Life Insurance Corporation. On August 1, 1984, the Corporation domesticated as a corporate domicile from the State of Florida to the State of Ohio. On March 21, 1995, the Corporation's name was changed to Anthem Alliance Life Insurance Company and its corporate domicile was transferred from the State of Ohio to the State of Indiana.

These Restated Articles of Incorporation supersede the existing Articles of Incorporation and Redomestication of Anthem Health & Life Insurance Company.

ARTICLE A

NAME OF THE CORPORATION

The name of the Corporation is ALTA HEALTH & LIFE INSURANCE COMPANY

ARTICLE B

PRINCIPAL OFFICE

The address of the Corporation's principal office in the State of Indiana is 1840 North Meridian Street, Suite 300, Indianapolis, Indiana 46202

ARTICLE C

PURPOSES

The Corporation is organized under the Indiana Insurance Law, Chapter 102 of the Acts of 1935, as amended, and the purpose for which it is organized are:

To insure individuals and to make every insurance appertaining thereto or connected therewith, including any insurance appertaining to personal disability or physical disability resulting from sickness or disease, or against accidental death combined with a policy for life insurance and to grant, purchase or dispose of annuities.

To insure against bodily injury or death by accident and against disablement resulting from sickness and every insurance appertaining thereto.

All to the extent permitted and authorized by the Department of Insurance.

ARTICLE D

TERM OF EXISTENCE

The term for which the Corporation shall continue is perpetual.

ARTICLE E

SHARES

The total number of shares which the Corporation has authority to issue is 2,000,000 shares of common stock with a par value of $2.00 each, for total authorized capital of $4,000,000.

ARTICLE F

PAID-IN CAPITAL

The amount of paid-in capital is $2,[illegible].

ARTICLE G

PLAN OF BUSINESS

The business of the Corporation shall be conducted on the legal reserve stock plan.

ARTICLE H

DIRECTORS AND OFFICERS

The following are the names and addresses of the directors of the Corporation who have been elected to serve until the next annual meeting of shareholders, or until their successors are elected and qualified.

Director's Name	Address
Mitchell T.G. Graye	8515 E. Orchard Road Englewood, Colorado 80111
William T. McCallum	8515 E. Orchard Road Englewood, Colorado 80111

The initial Secretary of State filing, effective and has therefore only one file in this office.

Director's Name	Address
Elicia H. Miller	8506 E. Orchard Road Englewood, Colorado 80111
James D. Metz	8506 E. Orchard Road Englewood, Colorado 80111
Michael R. Quigley	10401 N. Meridian Street, Suite 350 Indianapolis, Indiana 46290
Martin Rosenbaum	8516 E. Orchard Road Englewood, Colorado 80111
James A. Wolfe	1 Centennial Avenue Piscataway, New Jersey 08854

The following are the names and business addresses of the principal officers of the Corporation who have been elected to serve until the next annual meeting of directors, or until their successors are elected and qualified:

Officer's Name	Position(s)	Address
William T. McCallum	Chairman of the Board	8516 E. Orchard Road Englewood, Colorado 80111
James D. Metz	Vice Chairman of the Board Chief Executive Officer	8506 E. Orchard Road Englewood, Colorado 80111
James A. Wolfe	President	1 Centennial Avenue Piscataway, New Jersey 08854
Michael T.S. Quigley	Executive Vice President and Chief Financial Officer	8516 E. Orchard Road Englewood, Colorado 80111
John T. Hughes	Senior Vice President and Chief Investment Officer	8515 E. Orchard Road, Englewood, Colorado 80111
D. Craig Lennox	Senior Vice President, General Counsel and Secretary	8516 E. Orchard Road Englewood, Colorado 80111
Glen R. Dubeck	Vice President and Treasurer	8515 E. Orchard Road, Englewood, Colorado 80111
James L. McCallum	Vice President and Actuary	8516 E. Orchard Road, Englewood, Colorado 80111

ARTICLE I

PROVISIONS FOR REGULATION OF BUSINESS AND CONDUCT OF AFFAIRS OF CORPORATION

Section 1.1. The Corporation shall have the right to engage in all lines of activity allowed by or helpful to the purposes for which it is formed, not forbidden by the laws of the State of Indiana, and shall have the capacity to act, the authority and all of the general rights, privileges and powers conferred by Section 88 of Chapter 163 of the Acts of 1986, as amended.

Section 1.2. The number of Directors of the Corporation shall not be less than five nor more than twenty-one. The exact number of Directors shall be determined, from time to time, in such manner as the By-Laws may prescribe.

ARTICLE J

MANNER OF ADOPTION AND VOTE

Section 1.1. Action by Directors. On June 15, 1998, a resolution was adopted by the Board of Directors of the Corporation proposing to the sole shareholder of the Corporation that the provisions and terms of the Articles of Incorporation and Restatement be amended as set forth in these Restated Articles of Incorporation.

Section 1.2. Action by Sole Shareholder. On June 15, 1998, a resolution was adopted by the sole shareholder of the Corporation, adopting these Restated Articles of Incorporation.

Section 1.3. Compliance with Legal Requirements. The manner of the adoption of the Restated Articles of Incorporation, and the vote by which they were adopted, constitute full legal compliance with the provisions of the Indiana Business Law, the Articles of Incorporation and Restatement and the By-Laws of the Corporation.

4

The Florida Secretary of State hereby certifies that this copy is an exact copy of this office.

FILING # [illegible] 21 OF 30 VOL. 5 01579
FILED 03:[illegible] 12:39 PM PAGE 93527.
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

ARTICLE IX

The Corporation reserves the right to amend, alter, change or repeal any provision contained in these Restated Articles of Incorporation in the manner now or hereafter prescribed herein and by the laws of the State of Florida, and all rights conferred upon stockholders herein are granted subject to this reservation.

J.D. Webb
Vice Chairman and
Chief Executive Officer

D.C. Lummus
Senior Vice President,
General Counsel and Secretary

Subscribed and sworn before me this 28th day of June, 1988.

Notary Public

My Commission expires April 9, 1989

The Honorable Secretary of State Filing Office must Post this Notice to the Public Office.

ALTA

19960329230

Indiana Secretary of State
P.O. Box 5001
Indianapolis, IN 46255

RE: Alta Health & Life Insurance Company

Dear Sirs/Mesdames:

This letter is sent to inform you of a change in the presidency of Alta Health & Life Insurance Company. Effective January 1, 2001 James White retired from his position as President, J. D. Hoey was elected Chairman and Chief Executive Officer and appointed to fill the presidency. The resignation could not be currently available with your office because of the position as President and Chief Executive Officer.

Also, please note that our corporate office has been changed to the city name above and our postal zip code has changed. The address is: 5600 West Oakland Road, Commercial Village, MD 46250.

Thank you for providing this information to our business entity file.

Sincerely,

Connie Page
Legal Assistant

Page 1 of 2

Certification Number: 20020113555A1

The undersigned Secretary of State of Indiana hereby certifies that this copy is on file in this office.

Indiana Secretary of State
Packet: [illegible]
Filing Date: [illegible]
Effective Date: [illegible]

[illegible]

February 8, 2001

Sue Anne Gilroy
Indiana Secretary of State
P.O. Box 3101
Indianapolis, IN 46255

APPROVED
AND
FILED
IN THE OFFICE OF THE

Re: Alta Title & Title Insurance Company

Dear Ms. Gilroy:

This letter is sent to inform you of a change in the presidency of Alta Health & Life Insurance Company. Effective January 1, 2001 Jerry Wilson retired from his position as President. J. D. Shaw, the current Chairman and Chief Executive Officer was appointed to fill the presidency. His biographical affidavit is currently on file with your office because of his previous positions as Director and Officer of the corporation.

Also, please note that our corporate office has had a change in its city name, due to postal reorganization. The address is 1818 Oak Orchard Road, Greenwood Village, CO 80111.

Thank you for adding this information to the Corporate records. Sincerely,

Connie Page
Legal Assistant

Page 1 of 2

Certificate Number: [illegible]

The Indiana Secretary of State certifies that this copy is an official document.

INDIANA SECRETARY OF STATE

SYSTEM GENERATED
ADMINISTRATIVE DISSOLUTION/REVOCATION

Pursuant to the provisions set forth in Indiana Code Title 23
the entity has been Administratively Dissolved or
the Certificate of Authority revoked.

A certified copy of this document authenticates the date of
the Administrative Dissolution/Revocation.

The Indiana Secretary of State has caused this document to be delivered to the Office of the Secretary of State.

Indiana Secretary of State
Filed #: 1999031233
Filing Date: 05/21/2002
Effective Date: 05/21/2002

Office of the Secretary of State

CERTIFICATE OF REINSTATEMENT

of

ALTA HEALTH & LIFE INSURANCE COMPANY

I, SUE ANNE GILROY, Secretary of State of Indiana, hereby certify that Application of Reinstatement of the above Non-Profit Domestic Corporation has been approved in the due form by my office, accompanied by the documents required by Law and that the corporation is properly entitled to the reinstatement as prescribed by the provisions of the Indiana Business Corporation Law.

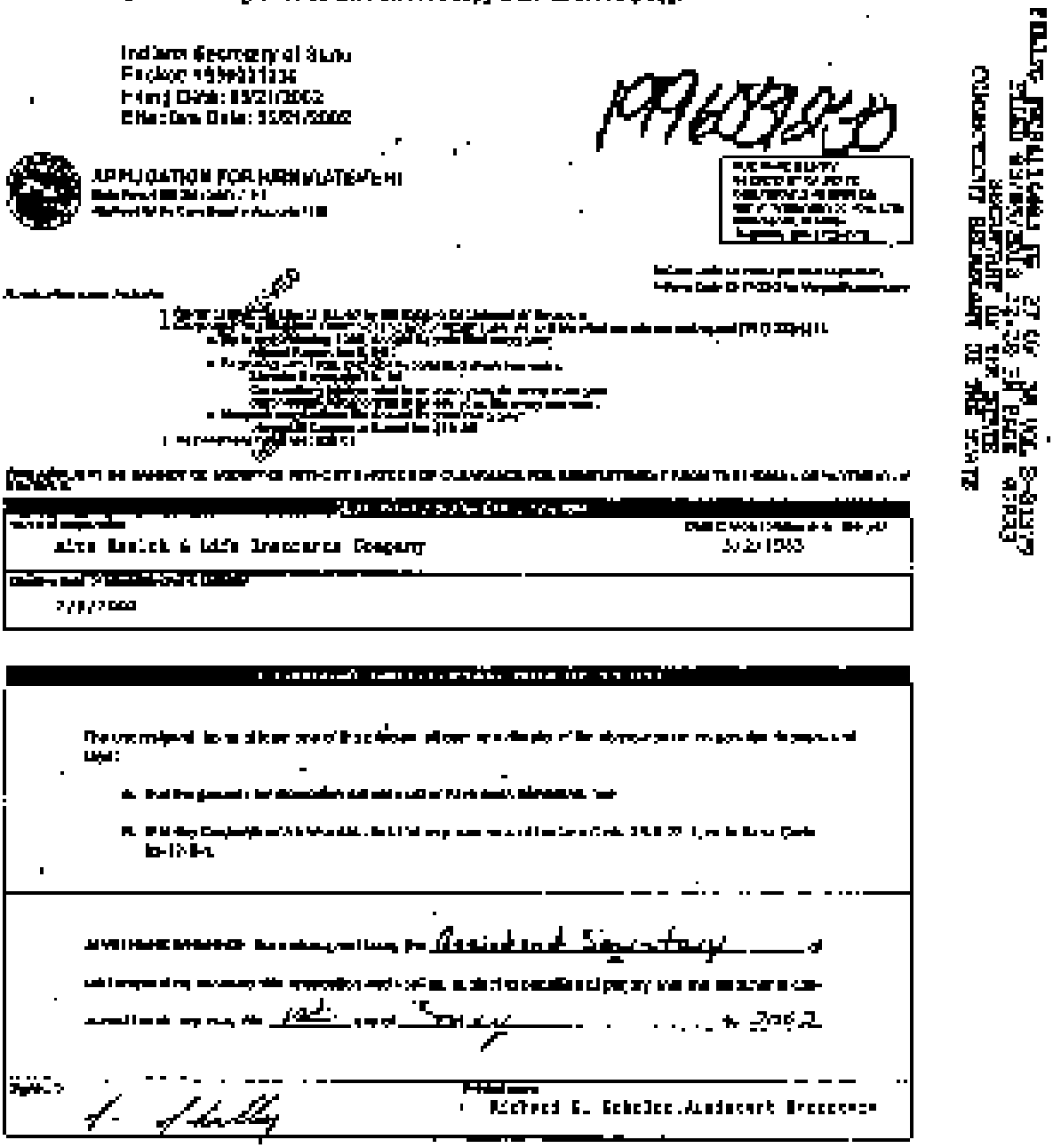
IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the State of Indiana, at the City of Indianapolis, this May 21, 2002

In Witness Whereof, I have caused to be affixed my official seal of the State of Indiana, at the City of Indianapolis, this May 21, 2002

SUE ANNE GILROY,
SECRETARY OF STATE

Page 30 of 75

Certification Number: 231007-135566



Indiana Secretary of State
Filing Date: 05/21/2002
Effective Date: 05/21/2002

APPLICATION FOR REINSTATEMENT

Aetna Casualty & Life Insurance Company

5/21/2002

Richard E. Schaller, Assistant Secretary

Page 21 of 22

Document Number: 2011051136[illegible]

The Indiana Secretary of State filing office certifies that this page is part of the following document.

Indiana Secretary of State
Inactive: 9315111120
Filing Date: 11/21/2002
Effective Date: 11/21/2002

FILED
CORPORATIONS DIVISION
SECRETARY OF STATE

Indiana Department of Revenue
CERTIFICATE OF CLEARANCY
FOR REINSTATEMENT

RECEIVED
APR 2 8 2022
LAW DEPT

AD-1111 (Rev. 1-07)
Sale

House of Constables

Adult Health & Life Insurance Company
8516 East Orchard Road
Greenwood Village, CO 80111

Federal ID#
581031071
FEIN
C903240430
Date Issued (Month-Day-Year)
04/12/2022

TO: Box Access Only
Secretary of State
Corporations Division

This corporation owned Alcoholic Beverage Permit(s) from the Department of State Revenue, Alcoholic Beverage Division, and is applying for reinstatement. The corporation is applying for a Certificate of Reinstatement from the Secretary of State, and requires a Certificate of Clearance from the Department of Revenue stating all taxes and other amounts owed by the corporation have been paid.

According to our records, the corporation's ownership and control has not changed since the last approved application. Any change in ownership, control, or location must be approved by the Alcoholic Beverage Division before the change occurs. Failure to report changes may result in revocation of the permit. Changes can be reported to the Department of State Revenue via the Internet at www.in.gov/dor/business/taxes.htm. Click on Business Tax Services, then Business Tax Online. The corporation may also report changes by mail or in person at the Department of State Revenue, Alcoholic Beverage Division, Indiana Government Center South, 302 West Washington Street, Room E-114, Indianapolis, IN 46204.

The Certificate of Clearance should be mailed to the Box Access Only address listed above.

Deborah L. Miller, Commissioner
Indiana Department of Revenue

Chief Revenue Administrator
Compliance Division

BY:

Instructions to the corporation:

The Indiana Secretary of State requires a Certificate of Clearance from the Department of State Revenue before reinstating your Application for Certificate of Authority. Once the Secretary of State has reinstated your Application for Certificate of Authority, you will be notified.

Page 22 of 23

Control Number: 20210511200665

AH&L.

F96000002814

[illegible]

October 18, 1999

Florida Secretary of State
Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

[illegible]

RE: Name Change of Anthem Health & Life Insurance Company
To Alta Health & Life Insurance Company
NAIC No: 67369

To Whom It May Concern:

Pursuant to instructions from the Department of Insurance in connection with the above name change, enclosed please find the following:

1. Completed application for amendment.
2. Certificate of Compliance from the State of Indiana; and
3. Check for $35 filing fee and check for $8.75 for certified copy.

It is my understanding that once you have approved the name change, you will issue a Certificate of Good Standing. We will then submit it to the Department of Insurance in support of our request for a new Certificate of Authority in the name of Alta Health & Life Insurance Company.

Kindly contact me should you have any questions concerning this matter.

Sincerely,

Audrey Davidson Cunningham

ADC:km
Enclosures

[illegible]

& PAYNE NOV 24 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

October 28, 1999

Aubrey Davidson Cunningham
% ANTHEM HEALTH & LIFE INSURANCE COMPANY
Post Office Box 1326
Piscataway, NJ 08855-1326

SUBJECT: ANTHEM HEALTH & LIFE INSURANCE COMPANY
Ref. Number: F99000002814

We have received your document for ANTHEM HEALTH & LIFE INSURANCE COMPANY and check(s) totaling $43.75. However, your check(s) and document are being returned for the following:

An original, duly authenticated certificate from the state of incorporation/organization evidencing the amendment, must be submitted with the application. The certificate must have been issued within the past 90 days.

Please return the enclosed check for $43.75 or a newly issued check with your corrected document.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor Letter Number: 899A00061953

AH&L.

[illegible]

November 16, 1999

Louise Flemming-Jackson
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Anthem Health & Life Insurance Company
Ref. No.: P96000012814

You indicated that you needed proof that the name was changed from Anthem Health & Life Insurance Company to Alta Health & Life Insurance Company. Enclosed please find the following:

1. Certificate of Similarity dated August 26, 1999 from Indiana and our letter dated June 15, 1999 requesting the name change;
2. Checks totaling $43.75; and
3. Application to file Amendment pursuant to s.607.1504, F.S.

I trust that this will be sufficient to issue a certificate of good standing.

Please contact me immediately if you have any questions.

Sincerely,

Audrey Davidson Cunningham

ADC:kcn
[illegible]

Enclosures

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

1. Anthem Health & Life Insurance Company
Name of corporation as it appears on the records of the Department of State

2. Indiana
Incorporated under laws of

3. June 4, 1996
Date authorized to do business in Florida

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? June 10, 1996

5. Alta Health & Life Insurance Company
Name of corporation after the amendment, adding suffix "corporation", "company" or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation.

6. If the amendment changes the period of duration, indicate new period of duration.

N/A
New Duration

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

N/A
New Jurisdiction

FILED
95 NOV 23 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[signature] Signature | 4/30/95 Date

Audrey Hess [illegible] Cunningham
Typed or printed name

Counsel
Title

Certificate of Similarity
11-9-33

INSURANCE DEPARTMENT

STATE OF INDIANA

office of

COMMISSIONER OF INSURANCE

Indianapolis, Indiana August 26, 1999

I, Sally McCarty, Commissioner of Insurance of the state of Indiana, do hereby certify that I have caused to have compared the annexed copy of the Restated Articles of Incorporation of Alta Health & Life Insurance Company, dated June 30, 1999 with the original on file at this Department and find the same to be a correct transcript of the whole of said original.

SEAL

In witness whereof, I have hereunto set my hand and affixed my official seal this day and year first above written.

Sally McCarty

Insurance Commissioner

APPROVED
DEPARTMENT OF INSURANCE
JAN 31 1999
STATE OF INDIANA
INSURANCE COMMISSIONER

APPROVED
AND
FILED
JAN 31 1999
SECRETARY OF STATE

RESTATED ARTICLES OF INCORPORATION
OF
ALTA HEALTH & LIFE INSURANCE COMPANY

PREAMBLE

The Corporation was originally incorporated on May 2, 1933 under the laws of the State of Florida as Orange State Life Insurance Company. On June 15, 1962, the Corporation's name was changed to Illinois Life Insurance Corporation. On August 1, 1994, the Corporation transferred its corporate domicile from the State of Florida to the State of Ohio. On March 21, 1996, the Corporation's name was changed to Anthem Health & Life Insurance Company and its corporate domicile was transferred from the State of Ohio to the State of Indiana.

These Restated Articles of Incorporation supersede the existing Articles of Incorporation and Redomestication of Anthem Health & Life Insurance Company.

ARTICLE A

NAME OF THE CORPORATION

The name of the Corporation is ALTA HEALTH & LIFE INSURANCE COMPANY.

ARTICLE B

PRINCIPAL OFFICE

The address of the Corporation's principal office in the State of Indiana is 10401 North Meridian Street, Suite 350, Indianapolis, Indiana 46290.

ARTICLE C

PURPOSES

The Corporation is organized under the Indiana Insurance Law, Chapter 152 of the Acts of 1935, as amended, and the purposes for which it is organized are:

To assure the lives of persons and to make every insurance appertaining thereto or connected therewith, including insurance against permanent mental or physical disability resulting from accident or disease, or against sickness; each combined with a policy for life insurance and to grant, purchase or dispose of annuities.

insurance against bodily injury or death by accident and against disablement resulting from sickness and every insurance appertaining thereto.

All to the extent permitted and authorized by the Department of Insurance

ARTICLE D

TERM OF EXISTENCE

The term for which the Corporation shall continue is perpetual

ARTICLE E

SHARES

The total number of shares which the Corporation has authority to issue is 2,500,000 shares of common stock with a par value of $2.00 each, for total authorized capital of $4,000,000

ARTICLE F

PAID-IN CAPITAL

The amount of paid-in capital is $2,325,000.

ARTICLE G

PLAN OF BUSINESS

The business of the Corporation shall be conducted on the legal reserve stock plan

ARTICLE H

DIRECTORS AND OFFICERS

The following are the names and addresses of the directors of the Corporation who have been elected to serve until the next annual meeting of shareholders, or until their successors are elected and qualified:

Director's Name	Address
Mitchell T.G. Graye	5515 E. Orchard Road Englewood, Colorado 80111
William T. McCallum	5515 E. Orchard Road Englewood, Colorado 80111

Director's Name	Address
Steven H. Miller	8505 E. Orchard Road Englewood, Colorado 80111
James D. Volz	8505 E. Orchard Road Englewood, Colorado 80111
Michael R. Quigley	10401 N. Meridian Street, Suite 550 Indianapolis, Indiana 46290
Merrill Rosenbaum	8505 E. Orchard Road Englewood, Colorado 80111
James A. White	1 Centennial Avenue Piscataway, New Jersey 08854

The following are the names, positions and addresses of the principal officers of the Corporation who have been elected to serve until the next annual meeting of directors, or until their successors are elected and qualified:

Officer's Name	Position Held	Address
William T. McCallum	Chairman of the Board	8515 E. Orchard Road Englewood, Colorado 80111
James D. Volz	Vice Chairman and Chief Executive Officer	8505 E. Orchard Road Englewood, Colorado 80111
James A. White	President	1 Centennial Avenue Piscataway, New Jersey 08854
Mitchell T.G. Graves	Executive Vice President and Chief Financial Officer	8515 E. Orchard Road Englewood, Colorado 80111
John T. Hughes	Senior Vice President and Chief Investment Officer	8515 E. Orchard Road, Englewood, Colorado 80111
D. Craig Lennox	Senior Vice President, General Counsel and Secretary	8515 E. Orchard Road, Englewood, Colorado 80111
Glen R. Derhardt	Vice President and Treasurer	8515 E. Orchard Road, Englewood, Colorado 80111
James L. McQueen	Vice President and Actuary	8515 E. Orchard Road, Englewood, Colorado 80111

ARTICLE I

PROVISIONS FOR REGULATION OF BUSINESS AND CONDUCT OF AFFAIRS OF CORPORATION

Section I.1. The Corporation shall have the right to engage in all lines of activity allied with or incidental to the purposes for which it is formed, not forbidden by the laws of the State of Indiana, and shall have the capacity to act, the authority and all of the general rights, privileges and powers referred to in Section 23 of Chapter 152 of the Acts of 1933, as amended.

Section I.2. The number of Directors of the Corporation shall not be less than five nor more than twenty-one. The exact number of Directors to be determined, from time to time, in such manner as the By-Laws may prescribe.

ARTICLE J

MANNER OF ADOPTION AND VOTE

Section J.1 Action by Directors. On June 15, 1999, a resolution was adopted by the Board of Directors of the Corporation proposing to the sole shareholder of the Corporation that the provisions and terms of its Articles of Incorporation and Redomestication be amended so as to read as set forth in these Restated Articles of Incorporation.

Section J.2. Action by Sole Shareholder. On June 15, 1999 a resolution was adopted by the sole shareholder of the Corporation, adopting these Restated Articles of Incorporation.

Section J.3. Compliance with Legal Requirements. The manner of the adoption of the Restated Articles of Incorporation, and the vote by which it was adopted, constitute full legal compliance with the provisions of the Indiana Business Corporation Law, the Articles of Incorporation and Redomestication and the By-Laws of the Corporation.

ARTICLE K

The Corporation reserves the right to amend, alter, change or repeal any provision contained in these Restated Articles of Incorporation in the manner now or hereinafter prescribed herein and by the laws of the State of Indiana, and all rights conferred upon stockholders herein are granted subject to this reservation.

J.D. Veltz
Vice Chairman and
Chief Executive Officer

D.C. Lennox
Senior Vice President,
General Counsel and Secretary

Subscribed and sworn before me this 25th day of June, 1998.

Notary Public

My commission expires April 9, 2001.

Department of Insurance

State of Indiana

Office of

Insurance Commissioner

Indianapolis, Indiana August 27, 1999

I, Sally McCamy Insurance Commissioner of the State of Indiana, do hereby certify that the Alta Health & Life Insurance Company has complied with all the requirements of the laws of this State applicable to said Company and is authorized to transact its appropriate business of Stock Life Insurance Class I (a) (b) (c) in this State, in accordance with the laws thereof

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of my office at Indianapolis, Indiana, the day and year written above.

SEAL

Insurance Commissioner

87389

Department of Insurance

State of Indiana

OFFICE OF

Insurance Commissioner

CERTIFICATE OF AUTHORITY

Indianapolis, Indiana July 30, 1999

Whereas, The *Allie Health & Life Insurance Company* of *Indianapolis, Indiana* having complied with all the requirements of the laws regulating Stock Life Insurance Companies doing business in the State of Indiana.

Therefore, as Insurance Commissioner of the State of Indiana, by virtue of authority vested in me by law, I do hereby authorize, empower and license the above named company to transact its appropriate business of

Classes I (a) (b) (c)

through its duly authorized agents in the State of Indiana, in accordance with the laws thereof which are applicable to said Company.

IN TESTIMONY WHEREOF, I hereunto subscribe my name and affix the seal of my office the date written above.

INSURANCE COMMISSIONER

F96000028314
SRC 8-02-69

Anthem Health

Anthem Life & Life Insurance Company
[illegible]
[illegible]
[illegible]
Jeremiah J. Hanrahan
General Counsel

May 29, 1996

500001869135
-05/29/96--01027--009
*****35.00 *****35.00

Susan Payne
Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Home Life Financial Assurance Corporation (HLFAC)

Dear Ms. Payne:

Enclosed please find the requested material along with the $35 fee.

Also enclosed is a copy of the Florida Consent Order of Domestication evidencing Home Life Financial Assurance Corporation's Redomestication to Ohio, a copy of the Ohio Certificate of Compliance, evidencing incorporation under the laws of Ohio (before redomesticating to Indiana) and the certified Indiana approval allowing HLFAC to become an Indiana domiciled company and to change its name to Anthem Health & Life Insurance Company.

Should you require anything further, please feel free to contact me.

FILED
96 JUN -4 PM 12:52

Very truly yours,

Jeremiah J. Hanrahan

JJH:kmj
(letter)

Non-profit Division - this corp. not involved
from Columbus - Ohio.
Exp 6/4/96

Enclosures

FILING 35
R. AGENT
CERTIFICATE
CUS
INVESTIGATION
TOTAL 35

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. [illegible] FINANCIAL ASSURANCE CORPORATION
(Name of corporation must include the word "ACCUMULATION," "COMPANY," "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership and not so construed in decisions of courts of this state)

2. OHIO (State or country under the laws of which it is incorporated)

3. 36-[illegible] (FEI number, if applicable)

4. May 5, 1983 (Date of incorporation)

5. perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. August 31, 1994 (or a foreign insurer) redomesticated from Florida as [illegible], filed in FL 9/6/94 (Date first transacted business in Florida, if prior to filing this application, and where, e.g.)

7. One Commerce Square
[illegible], OH 43266-1126
(Current mailing address)

8. Business of Insurance (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: Insurance Commissioner

Office Address: Capitol Building

Tallahassee, Florida, 32399
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[illegible]
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other officials having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: See Attached

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: See Attached

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 on the application)

14. Jeremiah J. Hanrahan, Assistant Secretary
(Typed or printed name and capacity of person signing application)

12. Names and addresses of officers and/or directors: (Street address ONLY - PO Box NOT acceptable):

A. Directors (Street address only - PO Box NOT acceptable)

Chairman: Stefan F. Bruedmer
4040 Vincennes Circle
Indianapolis, IN 46268

Director: James A. White
One Centennial Avenue
Piscataway, NJ 08855-1326

Director: Alan D. Ford
One Centennial Avenue
Piscataway, NJ 08855-1326

Director: Max E. Deal
4040 Vincennes Circle
Indianapolis, IN 46268

Director: Sandra Miller
4040 Vincennes Circle
Indianapolis, IN 46268

II Officers (Street address only - PO Boxes NOT acceptable

President	Drew A. White One Centennial Avenue Piscataway, NJ 08855-1328
Chairman and Chief Executive Officer	Stefan F. Brueckner 4040 Vincennes Circle Indianapolis, IN 46268
Chief Accory:	Alan D. Ford One Centennial Avenue Piscataway, NJ 08855-1328
Treasurer:	George D. Morris 120 Monument Circle Indianapolis, IN 46204
Assistant Treasurer:	Max L. Bell 4040 Vincennes Circle Indianapolis, IN 46268
Corporate Secretary:	Nancy Purcell 120 Monument Circle Indianapolis, IN 46204
Assistant Secretary:	Sandra Miller 4040 Vincennes Circle Indianapolis, IN 46268
Assistant Secretary, Assistant Treasurer:	Jeremiah J. Hanrahan One Centennial Avenue Piscataway, NJ 08855-1328

[illegible]

State of Florida

DEPARTMENT OF INSURANCE AND TREASURER

Tallahassee, Florida

September 21, 1994

I, the undersigned, Insurance Commissioner of the State of Florida, do hereby certify that

the annexed copies of the Consent Order, Case No. 08496-94-C-SSM

HOME LIFE FINANCIAL ASSURANCE CORPORATION

has been compared with the original on file in this department and that it is a correct transcript therefrom and of the whole of said original.

SEAL

IN TESTIMONY WHEREOF, I hereto subscribe my name, and affix the Seal of my Office, at Tallahassee the day and year first above written.

Tom Gallagher

Insurance Commissioner and Treasurer

SFO FORM NO. 6-9

FILED

AUG 31 1994

TOM GALLAGHER
TREASURER AND
INSURANCE COMMISSIONER
Received by: [illegible]

OFFICE OF THE TREASURER
DEPARTMENT OF INSURANCE
The Capitol, Tallahassee, Florida 32399-0311

TOM GALLAGHER
TREASURER
INSURANCE COMMISSIONER
FIRE MARSHAL

IN THE MATTER OF:

CASE NO.: 0218S-94-C-8GN

An Application for Order of
Domestication of HOME LIFE
FINANCIAL ASSURANCE CORPORATION,
a domestic insurer
_____/

ORDER OF DOMESTICATION
PURSUANT TO SECTIONS 628.525 and
628.530, FLORIDA STATUTES

THIS CAUSE came to be considered upon a filing by HOME LIFE FINANCIAL ASSURANCE CORPORATION, a domestic insurer with the Department of Insurance on or about July 22, 1994 and an Consent Order approving the acquisition of the domestic insurer by OHIO Holding Company, an Ohio Corporation dated June 29, 1993. Paragraph 4 of the Consent Order provided in essence that HOME LIFE FINANCIAL ASSURANCE CORPORATION shall redomesticate to another state within 12 months after final entry of the Consent Order. HOME LIFE FINANCIAL ASSURANCE CORPORATION now desires to redomesticate to Ohio pursuant to Sections 628.525 and 628.530, Florida Statutes. The Ohio Department of Insurance On July 22, 1994 entered an Order approving the domestication of said insurer to Ohio. After a complete review of the entire record, and upon consideration thereof and being otherwise fully advised in the premises, the Treasurer and Insurance Commissioner, as head of the Department of Insurance, finds as follows:

1. The Treasurer and Insurance Commissioner, as head of the Department of Insurance, has jurisdiction over the subject matter and of the parties herein.

2. HOME LIFE FINANCIAL ASSURANCE CORPORATION, a domestic insurer, is admitted to Ohio as a foreign insurer.

3. The transfer of domicile is in the best interests of the policyholders of this state.

IT IS THEREFORE ORDERED:

1. The application for an order of domestication of HOME LIFE FINANCIAL ASSURANCE CORPORATION, a domestic insurer, to the State of Ohio, be and the same is hereby approved; and

2. HOME LIFE FINANCIAL ASSURANCE CORPORATION is hereby authorized, to transact business as a foreign insurer in the State of Florida.

DONE AND ORDERED at Tallahassee, Florida, this 31st day of August, 1994.

BERT CLARK
Assistant Treasurer and
Insurance Commissioner

STATE OF OHIO

DEPARTMENT OF INSURANCE

CERTIFICATE OF COMPLIANCE

Whereas, HOME LIFE FINANCIAL ASSURANCE CORP located at CINCINNATI in the State of OHIO and incorporated under the laws of OHIO has complied with the laws of this State applicable to such organizations, it hereby is authorized to transact in this State, in accordance with the laws thereof, until the first day of July 1996, the business of

insurance pursuant to Section 3911.01 of the Ohio Revised Code.

September 13, 1995

In witness whereof, I have signed my name and caused my seal to be affixed at Columbus, Ohio, this day and date.

Harold J. Mangee

Director of Insurance of Ohio

#58:0311071

CAM 22-0820

Florida Office of Insurance Regulation

CIGNA HEALTH AND LIFE INSURANCE COMPANY

Is hereby authorized to transact insurance in the State of Florida.

This certificate signifies that the company has satisfied all requirements of Florida Insurance Code for the issuance of a Life And Health Insurer Certificate Of Authority and remains subject to the laws of Florida.

Date of Issuance: February 17, 1964

No. 10 - 591031071

Kevin M. McCarty
Commissioner
Office of Insurance Regulation

Certificate of Authority

AL60458

STATE OF FLORIDA

OFFICE OF

INSURANCE COMMISSIONER AND TREASURER

THIS IS TO CERTIFY THAT:

CIGNA DENTAL HEALTH OF FLORIDA INC
1520 SW 1ST ST/SALES ADMIN/4TH FLOOR
MIAMI, FLORIDA 33169

HAS DULY QUALIFIED PURSUANT TO CHAPTER 636, FLORIDA STATUTES FOR A PREPAID LIMITED HEALTH SERVICE ORGANIZATION CERTIFICATE OF AUTHORITY AND IS HEREBY AUTHORIZED TO WRITE THE FOLLOWING LINE(S) OF BUSINESS.

0451 DENTAL PLANS

06	01 04	10	06	4504191 01	500.00	66007			

TREASURER
INSURANCE COMMISSIONER
FIRE MARSHAL

Detail by Entity Name

Foreign Profit Corporation
CIGNA HEALTH AND LIFE INSURANCE COMPANY

Filing Information

Document Number	F96000002814
FEI/EIN Number	59-1031071
Date Filed	06/04/1996
State	CT
Status	ACTIVE
Last Event	AMENDMENT AND NAME CHANGE
Event Date Filed	03/24/2010
Event Effective Date	NONE

Principal Address

900 Cottage Grove Road
Bloomfield, CT 06002

Changed: 06/25/2020

Mailing Address

900 Cottage Grove Road
Bloomfield, CT 06002

Changed: 06/25/2020

Registered Agent Name & Address

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

Name Changed: 03/17/2003

Address Changed: 04/07/2014

Officer/Director Detail

Name & Address

Title DIRECTOR

BUCKLEY, TIMOTHY

900 Cottage Grove Road
Bloomfield, CT 06002

Title DIRECTOR

HUGGINS, JULIA
900 Cottage Grove Road
Bloomfield, CT 06002

Title DIRECTOR

ROTTKAMP, JOHN
900 Cottage Grove Road
Bloomfield, CT 06002

Title DIRECTOR, MEMBER OF INVESTMENT COMMITTEE, ACTUARY

RUSSELL, DAVID
900 Cottage Grove Road
Bloomfield, CT 06002

Title DIRECTOR, CHAIRMAN OF EXECUTIVE COMMITTEE, CHAIRMAN OF INVESTMENT COMMITTEE

SATALINE, JR., FRANK
900 Cottage Grove Road
Bloomfield, CT 06002

Title DIRECTOR, MEMBER OF INVESTMENT COMMITTEE

SNOW, CHRISTOPHER
900 Cottage Grove Road
Bloomfield, CT 06002

Title PRESIDENT

HUGGINS, JULIA
900 Cottage Grove Road
Bloomfield, CT 06002

Title VICE PRESIDENT, ASSISTANT TREASURER

HART, JOANNE
900 Cottage Grove Road
Bloomfield, CT 06002

Title VICE PRESIDENT, ASSISTANT TREASURER

FLEMING, MARK
900 Cottage Grove Road
Bloomfield, CT 06002

Title TREASURER

LAMBERT, SCOTT
900 Cottage Grove Road
Bloomfield, CT 06002

Title DIRECTOR

GORMAN, STEPHANIE
900 Cottage Grove Road
Bloomfield, CT 06002

Title DIRECTOR

MCGOLDRICK, FRANCIS
900 Cottage Grove Road
Bloomfield, CT 06002

Title DIRECTOR

SMITH, VICTORIA
900 Cottage Grove Road
Bloomfield, CT 06002

Title SECRETARY

STADELMAN, JILL
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

ABATE, ANTHONY
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

ALLEN, GREGORY
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT SECRETARY

ANDERSON, TRACEY
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT VICE PRESIDENT

ARCISZEWSKI, TODD
900 Cottage Grove Road
Bloomfield, CT 06002

Title ACTUARY

ARMSTRONG, LINDSAY
900 Cottage Grove Road
Bloomfield, CT 06002

Title VICE PRESIDENT

AUSTIN, KAREN
900 Cottage Grove Road
Bloomfield, CT 06002

Title VICE PRESIDENT

BARNES, GREGORY
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

BARNETT, PETER
900 Cottage Grove Road
Bloomfield, CT 06002

Title VICE PRESIDENT

BERARDO, JEFF
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT SECRETARY

BERNIER, RHIANNON
900 Cottage Grove Road
Bloomfield, CT 06002

Title VICE PRESIDENT

BLAKESLEE, ERIC
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT SECRETARY

BORDEN, EVA
900 Cottage Grove Road
Bloomfield, CT 06002

Title VICE PRESIDENT

BRISSETT, STEPHEN

900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT VICE PRESIDENT

BRUNDIN, KELLY
900 Cottage Grove Road
Bloomfield, CT 06002

Title VICE PRESIDENT

BUTLER, MARK
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT SECRETARY

CELMER, SUSAN
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

CETTI, WILLIAM
900 Cottage Grove Road
Bloomfield, CT 06002

Title VICE PRESIDENT

CHAMPAGNE, PAUL
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT VICE PRESIDENT

CIMINI, CRAIG
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT VICE PRESIDENT

COLBORN, CHRISTOPHER
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT VICE PRESIDENT

COLLINS, PETER
900 Cottage Grove Road
Bloomfield, CT 06002

Title VICE PRESIDENT

CROMPTON, MICHAEL
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

CROOKE, STEVEN
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

CULP, GARY
900 Cottage Grove Road
Bloomfield, CT 06002

Title ACTUARY

DANZIGER, LAUREN
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT VICE PRESIDENT

DEMONTEVERDE, MICHELLE
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT VICE PRESIDENT

DE ROSA, CHRISTOPHER
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT SECRETARY

EPPINGER SAWALLESH, ALISON
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

EVELYN, BONNIE
900 Cottage Grove Road
Bloomfield, CT 06002

Title ACTUARY

FARVER, KAREN
900 Cottage Grove Road
Bloomfield, CT 06002

Title VICE PRESIDENT

FITZPATRICK, JAMES
900 Cottage Grove Road
Bloomfield, CT 06002

Title VICE PRESIDENT

FUNDERBURK, KIMBERLY
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT SECRETARY

GAO, DIFEI
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT VICE PRESIDENT

GERHARD, GLENN
900 Cottage Grove Road
Bloomfield, CT 06002

Title ACTUARY

GIRTON, MICHELLE
900 Cottage Grove Road
Bloomfield, CT 06002

Title VICE PRESIDENT

CUSHING, GISELLE
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT SECRETARY

GORODETZER, KRISTEN
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

GRAY, RICHARD
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

PIARROT, THERESA

900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

HAMM, KENNETH
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT VICE PRESIDENT

HENDSEY, BRADLEY
900 Cottage Grove Road
Bloomfield, CT 06002

Title VICE PRESIDENT

HOLGERSON, BRYAN
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

HICKEY, JAMES
900 Cottage Grove Road
Bloomfield, CT 06002

Title HOLMES

HOLMES, RALPH
900 Cottage Grove Road
Bloomfield, CT 06002

Title VICE PRESIDENT

HOLZLI, TIMOTHY
900 Cottage Grove Road
Bloomfield, CT 06002

Title VICE PRESIDENT

HOPKINS, LORI
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

JEFFREYS, MARC
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT SECRETARY

JOBE, ELIZABETH
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP, ASSISTANT VICE PRESIDENT

JOHNSON, ROBERT
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

JONES, STEPHEN
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

JORDAL, KRISTIN
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP, CHIEF MEDICAL OFFICER

JOSEPHS,, SCOTT , M.D.
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

KANE, WILLIAM
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

KENYON, MATTHEW
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

KHAN M.D., M.M., ASLAM
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

KOBUS, DAVID
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

KOCHER, RYAN
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

KOWALCZYK, THOMAS
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

KRONBERG, DEBORAH
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

KRUPP, TARA
900 Cottage Grove Road
Bloomfield, CT 06002

Title ACTUARY

KU, KELLY
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT VICE PRESIDENT

LABONTE, TRACY
900 Cottage Grove Road
Bloomfield, CT 06002

Title ACTUARY, VICE PRESIDENT -DERIVATIVES

LABONTE, TRACY
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT VICE PRESIDENT

LANGEVIN, KENNETH
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT SECRETARY

LEE, JENNIFER

900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT VICE PRESIDENT

LESTER, TYLER
900 Cottage Grove Road
Bloomfield, CT 06002

Title ACTUARY

LEVENBACH, GARY
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

LEWIS, EDWARD
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT SECRETARY

LEZON, ALISON
900 Cottage Grove Road
Bloomfield, CT 06002

Title VICE PRESIDENT

LIPSON, GREG
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT SECRETARY

LOUGH, LISA
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT SECRETARY

LUKASIAK, STACIE
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT VICE PRESIDENT, ACTUARY

MALONE, GREGORY
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

MARSELLA, BRIAN
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT VICE PRESIDENT

MATHEWS, RANDY
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT VICE PRESIDENT

MATTESON, CHAD
900 Cottage Grove Road
Bloomfield, CT 06002

Title VICE PRESIDENT

MAZLISH, LEONARD
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT SECRETARY

METROW, SUSAN
900 Cottage Grove Road
Bloomfield, CT 06002

Title ACTUARY

MILBRANDT, TROY
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

MIRABELLA, MORRIS
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

MIRANDA, EDGAR
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

MONACO, PETER
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

MONAHAN, FRANK
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT VICE PRESIDENT

MOREAU, JENNIFER
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

MORRIS, MATTHEW
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

MOTTER, ERIC
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT VICE PRESIDENT

MULLINS, NANCY
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT VICE PRESIDENT

NAIK, MANISH
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

NEMECEK, DOUGLAS
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT SECRETARY

NIXON, ALENA
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

NOVACK, RICHARD

900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT SECRETARY

OLEKSAK, KEVIN
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

O'NEIL, KATHLEEN
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

OUGH, BRIAN
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

PARETE, NANDO
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT DIRECTOR

PERROTTA, GLORIA
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

PITTS, CHARLES
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

POTTER, CHRISTOPHER
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT SECRETARY, ASSISTANT DIRECTOR

QUENTAL, ANN
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT VICE PRESIDENT

RAPISARDI, EUGENE
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP, ASSISTANT TREASURER

REYNOLDS, DREW
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

RICHARDS, THOMAS
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

ROBLE, JOHN
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

ROOKER, TODD
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT VICE PRESIDENT

ROSANO, JOHN
900 Cottage Grove Road
Bloomfield, CT 06002

Title CFO, ASSISTANT VICE PRESIDENT, ACTUARY

ROTTKAMP, JOHN
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

SAATHOFF, STEPHEN
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

SADLER, JASON
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

SANCHEZ, YESENIA
900 Cottage Grove Road
Bloomfield, CT 06002

Title SENIOR VICE PRESIDENT

SATALINE, FRANK, Jr.
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT VICE PRESIDENT

SCARDELLETTE, FREDERICK
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT SECRETARY

SCATURO, JOANNE
900 Cottage Grove Road
Bloomfield, CT 06002

Title ACTUARY

SCHAEFFER, PAUL
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP, ASSISTANT TREASURER

SCHEIBE, DAVID
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT SECRETARY

SCHMEHL, SANDRA J.
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

SCHMUDE, MONICA
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

SECCHIA, RICHARD

900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT VICE PRESIDENT

SHANE, BARRY
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

SHEPARD, KIMBERLY
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

SHERIDAN, TIMOTHY
900 Cottage Grove Road
Bloomfield, CT 06002

Title VICE PRESIDENT

SHERRY, WENDY
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

SILVAY, KENNETH
900 Cottage Grove Road
Bloomfield, CT 06002

Title ACTUARY

SKRIPOL, REBECCA
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

SMITH, DEBRA
900 Cottage Grove Road
Bloomfield, CT 06002

Title Director

SMITH, VICTORIA
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

SPILLANE, DANIEL
900 Cottage Grove Road
Bloomfield, CT 06002

Title VICE PRESIDENT

STACY, ADAM
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

STEWART, KATHLEEN
900 Cottage Grove Road
Bloomfield, CT 06002

Title ACTUARY

SWANSON, DAVID
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

THOMAS, LANCE
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT VICE PRESIDENT

TIMM, KATHLEEN
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT SECRETARY

TORRES, ERIKA
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

TOTTERDALE , MATTHEW , II
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

TRIPLETT , MICHAEL , Sr.
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT SECRETARY

UNNERSTALL, CHRISTOPHER
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT VICE PRESIDENT

UTTERBACK, CHARLES
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT VICE PRESIDENT

VANGELI, MARIO
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT VICE PRESIDENT

VERTEFEUILLE, MARK
900 Cottage Grove Road
Bloomfield, CT 06002

Title ACTUARY

WALKER, NATALIE
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP

WEBB, JOHN
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT SECRETARY

WEGRZYNIAK , HEATHER
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT VICE PRESIDENT

WELCH, PETER
900 Cottage Grove Road
Bloomfield, CT 06002

Title ASSISTANT SECRETARY

WILLIAMS, ROSINA

900 Cottage Grove Road
Bloomfield, CT 06002

Title ACTUARY

WORTHINGTON, MATTHEW
900 Cottage Grove Road
Bloomfield, CT 06002

Title ACTUARY

ZWICK, ROBERT
900 Cottage Grove Road
Bloomfield, CT 06002

Title VP, VALUATION ACTUARY

YABLECKI, JAMES
900 Cottage Grove Road
Bloomfield, CT 06002

Annual Reports

Report Year	Filed Date
2020	06/25/2020
2021	04/30/2021
2022	04/21/2022

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06/04/1996 -- Foreign Qualification	View image in PDF format

Company Directory: Search Results

This information is current as of 6/8/2022

CIGNA HEALTH AND LIFE INSURANCE COMPANY

FEIN	59-1031071
Florida Company Code	05404
NAIC Company Code	67369
Company Type	LIFE AND HEALTH INSURER
Home State	CT
Web Site	http://WWW.CIGNA.COM
Authorization Type	CERTIFICATE OF AUTHORITY
Authorization Status	ACTIVE
First Licensed in Florida Date	02/17/1964

Addresses

Type	Address	Phone
ADMINISTRATIVE	900 COTTAGE GROVE ROAD, BLOOMFIELD CT 06002 United States	(860) 226-6000
HOME	900 COTTAGE GROVE ROAD, BLOOMFIELD CT 06002 United States	
MAILING	1601 CHESTNUT STREET TL14A, PHILADELPHIA PA 19192 United States	(215) 761-6810
CLAIMS WEBSITE	http://www.cigna.com	0No Phone
LOCATION OF RECORDS	900 COTTAGE GROVE ROAD, BLOOMFIELD CT 06002 United States	(860) 226-6000

Authorized Lines of Business

Line of Business	Type

LIFE	DIRECT AND REINSURANCE
ACCIDENT AND HEALTH	DIRECT AND REINSURANCE
CREDIT LIFE	DIRECT AND REINSURANCE
DISCOUNT MEDICAL PLAN	DIRECT AND REINSURANCE
CREDIT DISABILITY	DIRECT AND REINSURANCE
GROUP LIFE AND ANNUITIES	DIRECT AND REINSURANCE
VARIABLE LIFE	DIRECT AND REINSURANCE
VARIABLE ANNUITIES	DIRECT AND REINSURANCE

New Search

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EXAMPLES

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Floricorp

then the search will return all the names that have "Floricorp" in any part of the record. For example:

FLORICORP, INC.
FLORICORP PROPERTY AND CASUALTY COMPANY
SOUTHERN FLORICORP UNLIMITED

If you entered

Floricorp P

you would get only

FLORICORP PROPERTY AND CASUALTY COMPANY

Note that even though the whole name is searched, the service still looks for an exact match. So if you entered

FLORICORP,

(i.e., with a comma) you would only get

FLORICORP, INC.

Office of Insurance Regulation

200 East Gaines Street
Tallahassee, Fl 32399
(850) 413-3140

Insurance Commissioner
David Altmaier

Detail by Entity Name

Florida Profit Corporation
CIGNA DENTAL HEALTH OF FLORIDA, INC.

Filing Information

Document Number	G29835
FEI/EIN Number	59-1611217
Date Filed	03/11/1983
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	08/14/1998
Event Effective Date	NONE

Principal Address

1571 Sawgrass Corporate Parkway
Suite 140
Sunrise, FL 33323

Changed: 06/25/2020

Mailing Address

1571 Sawgrass Corporate Parkway
Suite 140
Sunrise, FL 33323

Changed: 06/25/2020

Registered Agent Name & Address

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name Changed: 04/27/1992

Address Changed: 04/27/1992

Officer/Director Detail

Name & Address

Title DIRECTOR

BENEDICT, AMIE
1571 Sawgrass Corporate Parkway
Suite 140
Sunrise, FL 33323

Title DIRECTOR

MEADE, JASON
1571 Sawgrass Corporate Parkway
Suite 140
Sunrise, FL 33323

Title DIRECTOR

SCARDELLETTE, FREDERICK
1571 Sawgrass Corporate Parkway
Suite 140
Sunrise, FL 33323

Title PRESIDENT

SCARDELLETTE, FREDERICK
1571 Sawgrass Corporate Parkway
Suite 140
Sunrise, FL 33323

Title VICE PRESIDENT

BENEDICT, AMIE
1571 Sawgrass Corporate Parkway
Suite 140
Sunrise, FL 33323

Title VICE PRESIDENT

FLEMING, MARK
1571 Sawgrass Corporate Parkway
Suite 140
Sunrise, FL 33323

Title VICE PRESIDENT

HART, JOANNE
1571 Sawgrass Corporate Parkway
Suite 140
Sunrise, FL 33323

Title VICE PRESIDENT

LAMBERT, SCOTT

1571 Sawgrass Corporate Parkway
Suite 140
Sunrise, FL 33323

Title VICE PRESIDENT

MIRABELLA, MORRIS
1571 Sawgrass Corporate Parkway
Suite 140
Sunrise, FL 33323

Title VICE PRESIDENT

O'NEIL, KATHLEEN
1571 Sawgrass Corporate Parkway
Suite 140
Sunrise, FL 33323

Title VICE PRESIDENT

REYNOLDS, DREW
1571 Sawgrass Corporate Parkway
Suite 140
Sunrise, FL 33323

Title SECRETARY

STADELMAN, JILL
1571 Sawgrass Corporate Parkway
Suite 140
Sunrise, FL 33323

Title TREASURER

LAMBERT, SCOTT
1571 Sawgrass Corporate Parkway
Suite 140
Sunrise, FL 33323

Title VP

CUSHING, GISELLE
1571 Sawgrass Corporate Parkway
Suite 140
Sunrise, FL 33323

Title VP

PUJA, LAKDAWALA
1571 Sawgrass Corporate Parkway
Suite 140
Sunrise, FL 33323

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2022	03/31/2022

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03/16/1995 -- ANNUAL REPORT	View image in PDF format

Company Directory: Search Results

This information is current as of 6/8/2022

CIGNA DENTAL HEALTH OF FLORIDA, INC.

FEIN	59-1611217
Florida Company Code	66007
NAIC Company Code	52021
Company Type	PRE-PAID LIMITED HEALTH SERVICE ORGANIZATION
Home State	FL
Web Site	http://WWW.CIGNA.COM
Authorization Type	CERTIFICATE OF AUTHORITY
Authorization Status	ACTIVE
First Licensed in Florida Date	03/11/1974

Addresses

Type	Address	Phone
ADMINISTRATIVE	1571 SAWGRASS CORPORATE PARKWAY SUITE 300, SUNRISE FL 33323 United States	(954) 514-6600
HOME	1571 SAWGRASS CORPORATE PARKWAY SUITE 300, SUNRISE FL 33323 United States	
MAILING	1571 SAWGRASS CORPORATE PARKWAY SUITE 300, SUNRISE FL 33323 United States	(860) 226-5634
CLAIMS WEBSITE		(800) 244-6224
LOCATION OF RECORDS	1571 SAWGRASS CORPORATE PARKWAY SUITE 300, SUNRISE FL 33323	(954) 514-6600

	United States	

Authorized Lines of Business

Line of Business	Type
DENTAL SERVICE PLAN CORPORATION (PREPAID DENTAL)	DIRECT AND REINSURANCE

New Search

DISCLAIMER

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EXAMPLES

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Floricorp

then the search will return all the names that have "Floricorp" in any part of the record. For example:

FLORICORP, INC.
FLORICORP PROPERTY AND CASUALTY COMPANY
SOUTHERN FLORICORP UNLIMITED

If you entered

Floricorp P

you would get only

FLORICORP PROPERTY AND CASUALTY COMPANY

Note that even though the whole name is searched, the service still looks for an exact match. So if you entered

FLORICORP,

(i.e., with a comma) you would only get

FLORICORP, INC.

Office of Insurance Regulation

200 East Gaines Street
Tallahassee, Fl 32399
(850) 413-3140

Insurance Commissioner
David Altmaier

City of Fort Lauderdale
Group DHMO and DPPO Dental Plan Benefits
RFP #12702-525

Section IX - References Current Clients

Provide references for **four (4) current clients**. We would prefer that these be Florida public sector employers with more than 500 subscribers.

1. Name of Company City of Miami Beach
   Total Number of Full Time Employees 1,822
   Name & Title of Contact Marvin Adams, Employee Benefits Manager
   Email address Marvin.Adams@miamibeachfl.gov
   Telephone number 305-670-7000 ext 26723
   Fax number Not available
   Type of benefits provided DPPO & DHMO
   Number of employees covered DPPO – 1,713 / DHMO - 774
   Plan inception date 10/1/2016
2. Name of Company City of Coral Springs
   Total Number of Full Time Employees 901
   Name & Title of Contact Dale Pazdra, Assistant City Manager
   Email address DPazdra@coralsprings.org
   Telephone number 954-344-1152
   Fax number 954-344-1151
   Type of benefits provided DPPO & DHMO
   Number of employees covered DPPO – 768 / DHMO - 207
   Plan inception date 1/1/2006
3. Name of Company City of Hollywood
   Total Number of Full Time Employees 2,512
   Name & Title of Contact Tammie Hechler, Director of Human Resources
   Email address Thechler@hollywoodfl.org
   Telephone number 954-921-3218
   Fax number Not applicable
   Type of benefits provided DPPO
   Number of employees covered 2,029
   Plan inception date 1/1/2017

4. Name of Company City of Miami

   Total Number of Full Time Employees 2,265

   Name & Title of Contact Ann Marie Sharpe, ARM-P, Director of Risk Management

   Email address ASharpe@miamigov.com

   Telephone number 305-416-1381

   Fax number 305-416-1710

   Type of benefits provided DPPO & DHMO

   Number of employees covered DPPO – 1,153 / DHMO - 823

   Plan inception date 1/1/2008

Terminated Clients

Please provide two (2) references from former clients with whom your company may no longer have the contract or contract expired within the past 12 months. We would prefer these be Florida public sector employers with more than 500 subscribers.

1. Name of Company City of Hialeah

   Total Number of Full Time Employees 887

   Name & Title of Contact Lourdes Munder, Risk Management Specialists

   Email address LMunder@hialeahfl.gov

   Telephone number 305-883-8075

   Fax number Not applicable

   Type of benefits provided DPPO

   Number of employees covered 754

   Contract term 1/1/2020 – 12/31/2021

2. Name of Company Cigna does not have another Terminated case that meets the RFP requirement.

   Total Number of Full Time Employees

   Name & Title of Contact

   Email address

   Telephone number

   Fax number

   Type of benefits provided

   Number of employees covered

   Contract term

City of Fort Lauderdale
12702-525
City of Fort Lauderdale

5.2.16 Proposing Company History

Proposers indicate number of years the company has offered group dental plans.

DHMO

We have specialized in a dental management program since 1974 when Florida granted Dental Health, Inc. a Certificate of Authority to provide managed dental care. In 1984, Dental Health, Inc. became a subsidiary of Cigna Corporation, marking the first entry of a major national insurance organization into the managed dental care field.

DPPO

The DPPO plan was introduced in July 1996, and licensed at varying times in states throughout the U.S.

5.2.17 Statement of Minimum Qualifications

Proposer must provide documentation of minimum qualifications as outlined in this RFP.

2.16 Minimum Qualifications

In order to be considered, a Proposer must, as of the proposal return date specified in this RFP and throughout the duration of its program, meet the following applicable minimum qualifications. Proposer must provide documentation of existing qualifications in the proposal.

Dental Maintenance Organization

- **Authorized by the Florida Department of Financial Services to provide goods and services requested in this RFP.**
  Confirmed. We have provided proof of authorization in Section 14.0 Authorization to Provide Services.
- **Comply with any requirements imposed upon the Proposer by the Florida Department of Insurance with respect to quality assurance.**

  Confirmed.

Insurance Company and PPO Dental Plan

- **Licensed by the State of Florida Department of Insurance to provide goods and services requested in this RFP; and**

  Confirmed. We have provided proof of authorization in Section 14.0 Authorization to Provide Services.

- **All insurance policies shall be from insurers authorized to write insurance policies in the State of Florida and that possess an A.M. Best rating of "A-" VII or better. All insurance policies are subject to approval by the City's Risk Manager.**

  Confirmed. On March 25, 2021, A.M. Best affirmed the financial strength rating of "A" and maintained the Stable outlook on Cigna Corporation's key US life/health subsidiaries, including CHLIC. A.M. Best has rated CHLIC a financial size "XV" since 1994.

Proposer shall satisfy each of the following requirements cited below. Failure to do so may result in the proposal being deemed non-responsive.

2.16.1 Before awarding a contract, the City reserves the right to require that a Proposer submit such evidence of qualifications as the City may deem necessary. Further, the City may consider any evidence of the financial, technical, and other qualifications and abilities of a firm or principals, including previous experiences of same with the City and performance evaluation for services, in making the award in the best interest of the City.

Noted.

2.16.2 Firm or principals shall have no record of judgments, pending lawsuits against the City or criminal activities involving moral turpitude and not have any conflicts of interest that have not been waived by the City Commission.

Noted.

2.16.3 Neither firm nor any principal, officer, or stockholder shall be in arrears or in default of any debt or contract involving the City, (as a party to a contract, or otherwise); nor have failed to perform faithfully on any previous contract with the City.

Noted.

2.16.4 Firm and those performing the work must be appropriately licensed and registered in the State of Florida.

Noted.

IMPORTANT NOTICE: The group insurance policy in this PDF (the "Policy") is validly issued by Cigna Health and Life Insurance Company in the state identified on the cover page of the Policy (the "Policy Issuance State") and shall be governed by its laws. For your convenience, the Policy is hereby transmitted electronically to you, as representative of the policyholder, in lieu of physical delivery of a paper copy of the Policy in the Policy Issuance State. Your receipt of this electronic transmission constitutes official delivery of the Policy in the Policy Issuance State no less than if a paper copy of the Policy were physically delivered at a policyholder address in the Policy Issuance State. If you prefer, a paper copy of the Policy will be delivered to a policyholder address that you identify in the Policy Issuance State.

This notice is not part of the policy.

Cigna Health and Life Insurance Company

Mailing Address: Hartford, Connecticut 06152
Home Office: Bloomfield, Connecticut

CIGNA HEALTH AND LIFE INSURANCE COMPANY

POLICYHOLDER: SAMPLE FLORIDA POLICY

ADDRESS: City, Florida

ACCOUNT/GROUP NUMBER: 0000000

Group Insurance Policy and Policy Number	Effective Date	Anniversary Date
CIGNA DENTAL PREFERRED PROVIDER INSURANCE 0000000-DPPO	01/01/2022	01/01

This policy is issued in Florida and shall be governed by its laws.

This Policy contains the terms under which the Insurance Company agrees to insure certain Employees and pay benefits.

The Insurance Company and the Policyholder have agreed to all of the terms of this policy.

Anna Krishtul
Anna Krishtul, Corporate Secretary

Matthew G. Manders
Matthew G. Manders, President

Wilbur E. Parsell
Wilbur E. Parsell, Registrar

04-10

HP-POL60

Cigna Health and Life Insurance Company

POLICY CONTENTS

CERTIFICATE CONTENTS

Cigna Health and Life Insurance Company

THE INSURANCE SCHEDULE

The terms set forth herein and in the Certificate(s) listed below describe the insurance underwritten by the Insurance Company. These Certificates are included in and made a part of the policy(ies). Each Certificate is identified by a Certificate Number (CN).

Any reference in the certificate to "you" or "yours" refers to the Employee.

An Employee in any of the classes shown below may be insured but only for the policy(ies) listed for his Employee Class. The Effective Date shown below is the date on which a policy becomes effective for an Employee Class.

An Employee will become eligible and insured in accordance with the terms of the "Eligibility" and "Effective Date" sections of the Certificate.

GROUP POLICY(IES)		EMPLOYEE CLASS	
Certificate Number	Policy(ies)	Eligible Employees	Effective Date
CN001	CIGNA DENTAL PREFERRED PROVIDER INSURANCE 0000000-DPPO	Each Employee as reported to the insurance company by your Employer	01/01/2022

PREMIUMS

PREMIUM PAYMENT. The first premium will be due on the Effective Date. After that, premium will be due monthly unless the Policyholder and the Insurance Company agree on some other method of premium payment. The Policyholder and the Insurance Company may agree to change the method of premium payment from time to time. Premiums are payable at the Home Office of the Insurance Company or to an authorized agent of the Insurance Company.

PREMIUM DUE DATE. After the Effective Date, the Premium Due Date will be the first of the month. The Anniversary Date will be the first of the month when the policy becomes effective. If the Policyholder and the Insurance Company agree that premiums will be paid on a quarterly, semiannual or annual basis, the Premium Due Date will be at the appropriate regular interval, quarterly, semiannually or annually. Premiums must be received at the Home Office or by an authorized agent of the Insurance Company on the Premium Due Date or the policy will be cancelled except as set forth in the Grace Period.

MONTHLY STATEMENT DATE. If premiums are to be paid monthly, the Monthly Statement Date will be the same as the Premium Due Date. If premiums are to be paid on a quarterly, semiannual or annual basis, the Monthly Statement Date will be the day in each month with the same number as the Premium Due Date.

MONTHLY PREMIUM STATEMENT. If premiums are due monthly, a Monthly Premium Statement will be prepared as of the Premium Due Date. This Monthly Premium Statement will show the premium due. If premiums are due quarterly, semiannually or annually, a Monthly Premium Statement will be prepared as of the Monthly Statement Date for the time from the Monthly Statement Date to the next Premium Due Date. This Monthly Statement will reflect any pro rata premium charges and credits due to changes in the number of insured persons and changes in insurance amounts that took place in the preceding month.

SIMPLIFIED ACCOUNTING. To simplify the accounting process, premium adjustments will be made on the Monthly Statement Date that is the same as or next follows the date that:

- A person becomes insured.
- The amount of insurance on a person changes, but not due to a revision of The Schedule.
- A person ceases to be insured.

MONTHLY PREMIUM RATE FOR DENTAL INSURANCE. The monthly premium rate for Dental Insurance is determined by written agreement between the Policyholder and Cigna Health and Life Insurance Company.

DENTAL INSURANCE PREMIUM. The monthly premium for Dental Insurance will be calculated as follows:

- Multiply the number of Employees insured on the Premium Due Date in each rate class by the premium rate in effect on that date for that class.
- Add the results.

CHANGE IN METHOD OF PREMIUM PAYMENT. If premiums are to be paid other than monthly, the method of calculation is the same. However, the rate for each class is first changed to quarterly, semiannual or annual rates by multiplying them by 2.9852, 5.9557 or 11.8227, respectively. All results are taken to the nearer cent. If the Policyholder and

the Insurance Company agree to a change in the method of premium payment or to a change in the Anniversary Date, a pro rata adjustment will be made in the premium due.

CHANGES IN PREMIUM RATES. Any premium rate may be changed by the Insurance Company from time to time with at least 45 days advance written notice. No such change will be made until 12 months after the Effective Date. An increase will not be made more often than once in a 12-month period. If an increase in premium rates takes place on a date that is not a Premium Due Date, a pro rata premium will be due on the date of the increase. The pro rata premium will apply for the increase from the date of the increase to the next Premium Due Date. If a decrease in premium rates takes place on a date that is not a Premium Due Date, a pro rata credit will be granted. The pro rata credit will apply for the decrease from the date of the decrease to the next Premium Due Date.

The Insurance Company may change rates immediately if, following the latter of the effective date or renewal date, the enrolled population either increases or decreases by 10% or more.

As of any Anniversary Date after the policy has been in force for 12 months, the Insurance Company may grant a credit in such amount as it may determine, based on experience. The experience under this policy may be combined with the experience under other contracts issued by the Insurance Company or its affiliates and covering the policyholder or its employees.

The Insurance Company may change rates immediately if, in its opinion, its liability is altered by any change in state or federal law or by a revision in the insurance under the policy. Any such change in rates will take effect on the effective date of the change in law or change in the insurance.

CANCELLATION OF POLICY

The Policyholder may cancel the policy at any time by giving written notice to the Insurance Company.

The Insurance Company may cancel the policy due to the following reasons only:

- with at least 90 days prior written notice, if the Insurance Company ceases to offer coverage of this type, in accordance with applicable state or federal law;
- as of any Premium Due Date, if the premium is not received at the Home Office or by an authorized agent of the Insurance Company when due;
- immediately, if the Employer has performed an act or practice that constitutes fraud or has intentionally misrepresented a material fact;
- as of any Premium Due Date, if the number of insured Employees or if the number of insured Dependents fails to meet the minimum required per group participation rules; or for failure to comply with any other material plan provision relating to Employer contributions or group participation rules;
- if the Insurance Company withdraws from the health insurance market with prior written notice and in accordance with applicable state or federal law;
- in accordance with any applicable state law, if it is determined that the size of the Employer group has changed, making such group eligible for a guaranteed issued small group product;
- in accordance with any applicable state or federal law, if prior notice is given to the Employer;
- as to an Employer member of an association to which this policy is issued, when the Employer's membership in the association ceases, in accordance with applicable state or federal law.

Coverage will cease at midnight on the date on which termination occurs, unless otherwise stated above.

Uniform Modification of Coverage. At renewal, the provisions of this policy may be modified to reflect product revisions which have been uniformly made to this product.

GRACE PERIOD. If, before a Premium Due Date, the Policyholder has not given written notice to the Insurance Company that the policy is to be canceled, a Grace Period of 31 days will be granted for the payment of each premium after the initial premium. The policy will stay in effect during that time. If any premium is not received at the home office or by an authorized agent of the Insurance Company by the end of the Grace Period, the policy will automatically be canceled at the end of the Grace Period; except that, if the Policyholder has given written notice in advance of an earlier date of cancellation, the policy will be canceled as of the earlier date. The Policyholder will be liable to the Insurance Company for any unpaid premium for the time the policy was in force.

MISCELLANEOUS PROVISIONS

EXECUTION OF POLICY. The policy is executed at the Home Office of the Insurance Company. The Post Office address of the Insurance Company is Hartford, Connecticut.

CONSIDERATION. The policy is issued to the Policyholder in consideration of the application and payment of premiums.

INSURANCE DATA. The Policyholder will give the Insurance Company all of the data that it needs to calculate the premium and all other data that it may reasonably require. Failure of the Policyholder to give this data will not void or continue an Employee's insurance. The Insurance Company has the right to examine the Policyholder's records relative to these benefits at any reasonable time while the policy is in effect. It also has this right until all rights and obligations under the policy are finally determined.

MALE PRONOUN. The male pronoun as used herein will be deemed to include the female.

PROVISIONS

ENTIRE CONTRACT. The entire contract will be made up of the policy, the application of the Policyholder, a copy of which is attached to the policy and all subsequent versions of the policy, and the applications, if any, of the Employees.

POLICY CHANGES. Changes may be made in the policy only by amendment signed by the Policyholder and by the Insurance Company acting through its President, Vice President, Secretary, or Assistant Secretary. No agent may change or waive any terms of the policy.

STATEMENTS NOT WARRANTIES. All statements made by the Policyholder or by an insured Employee will, in the absence of fraud, be deemed representations and not warranties. No statement made by the Policyholder or by the Employee to obtain insurance will be used to avoid or reduce the insurance unless it is made in writing and is signed by the Policyholder or the Employee and a copy is sent to the Policyholder, the Employee or his Beneficiary.

NOTICE OF CLAIM. Written notice of claim must be given to the Insurance Company within 30 days after the occurrence or start of the loss on which claim is based.

If notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written notice was given as soon as was reasonably possible.

CLAIM FORMS. When the Insurance Company receives the notice of claim, it will give to the claimant, or to the Policyholder for the claimant, the claim forms it uses for filing proof of loss. If the claimant does not get these claim forms within 15 days after the Insurance Company receives notice of claim, he will be considered to have met the proof of loss requirements if he submits written proof of loss within 90 days after the date of loss. This proof must describe the occurrence, character and extent of the loss for which claim is made.

PROOF OF LOSS. Written proof of loss must be given to the Insurance Company within 90 days after the date of the loss for which claim is made. If written proof of loss is not given in that time, the claim will not be invalidated nor reduced if it is shown that written proof of loss was given as soon as was reasonably possible.

PHYSICAL EXAMINATION. The Insurance Company, at its own expense, will have the right to examine any person for whom claim is pending as often as it may reasonably require.

LEGAL ACTIONS. No action at law or in equity will be brought to recover on the policy until at least 60 days after proof of loss has been filed with the Insurance Company. No action will be brought at all unless brought within 5 years after the time within which proof of loss is required by the policy.

TIME LIMITATIONS. If any time limit set forth in the policy for giving notice of claim or proof of loss, or for bringing any action at law or in equity is less than that permitted by the law of the state in which the Employee lives when the policy is issued, then the time limit provided in the policy is extended to agree with the minimum permitted by the law of that state.

CERTIFICATES. The Insurance Company will issue to the Policyholder for delivery to each insured Employee an individual certificate. The Policyholder will be responsible for distributing the certificates to its Employees. The certificate will show the benefits provided under the policy. It will set forth any changes in benefits due to age and to whom benefits will be paid. Nothing in the certificate will change or void the terms of the policy.

NOTICE OF TERMINATION OF ELIGIBILITY. Written notice of the termination of eligibility of any Employee or Dependent must be given to the Insurance Company within (60) days of the loss of eligibility. If such notice is not received by the Insurance Company within (60) days of the date of loss of eligibility for an Employee or Dependent, then the Employer shall be responsible for all claims for that Employee or Dependent incurred through the (60th) day prior to the Insurance Company's receipt of notice of termination of eligibility for the Employee or Dependent.

Group Contract

and
Cigna Dental Health

Member Services 1.800.Cigna24
(Reaches all Regional locations)

Cigna Dental Health Plan of Arizona, Inc.
Cigna Dental Health of Colorado, Inc.
Cigna Dental Health of Delaware, Inc.
Cigna Dental Health of Florida, Inc. (**a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes)**
Cigna Dental Health of Kansas, Inc. (Kansas and Nebraska)
Cigna Dental Health of Kentucky, Inc. (Kentucky and Illinois)
Cigna Dental Health of Maryland, Inc.
Cigna Dental Health of New Jersey, Inc.
Cigna Dental Health of North Carolina, Inc.
Cigna Dental Health of Ohio, Inc.
Cigna Dental Health of Pennsylvania, Inc.
Cigna Dental Health of Virginia, Inc.
Regional Offices
P.O. Box 453099
Sunrise, Florida 33345-3099

THIS IS A LEGAL CONTRACT BETWEEN THE ABOVE MENTIONED GROUP AND THE Cigna DENTAL COMPANIES LISTED ABOVE. IT IS ISSUED IN CONSIDERATION OF THE PRE-CONTRACT APPLICATION AND PAYMENT OF THE PREMIUMS/PREPAYMENT FEES AS THEY ARE DUE. READ YOUR GROUP CONTRACT CAREFULLY.

85600 08.11.05

TABLE OF CONTENTS

A. DEFINITIONS

Capitalized terms in this contract (the "Contract"), unless otherwise defined, shall have the meanings set forth below.

Cigna Dental: The Cigna Dental Health organization that provides dental benefits in your state as listed on the face page of this Contract.

Covered Persons: Subscribers and their Dependents who are enrolled in the Dental Plan.

Dental Plan: Managed dental care plan to be provided pursuant to this Contract.

Dependent: Those Covered Persons which are named as Dependents of a Subscriber, as further defined in the applicable Plan Booklet, Evidence of Coverage and/or Certificate of Coverage.

Evidence of Coverage: Subscriber's dental plan booklet or certificate of coverage which summarizes the dental plan and covered benefits. The Evidence of Coverage is attached hereto and made a part of this Contract as if fully set forth herein.

Group: Employer, labor union, association, or other organization named on the title page of this Contract.

Patient Charge Schedule: List of covered services and associated patient charges, which is attached hereto and incorporated herein by reference, and as it may be revised during the term of this Contract.

Pre-Contract: The Cigna Dental Pre-Contract Application which designates certain terms and conditions of coverage and which is attached hereto and made a part hereof by reference.

Premiums/Prepayment Fees: The fees/premiums stated in the Pre-Contract which the Group must remit to Cigna Dental for Covered Persons each calendar month during the term of this Contract.

Subscriber: Employee or member of the Group who is enrolled in the Dental Plan.

B. THE DENTAL PLAN

1. Cigna Dental shall provide dental benefits to Subscribers and Dependents in accordance with the terms of this Contract and as set out in the attached Pre-Contract, Evidence of Coverage, applicable State Riders, and Patient Charge Schedule.

2. The terms and conditions of the Evidence of Coverage including State Riders, applicable Patient Charge Schedule, and any amendments or revisions thereto, are incorporated into this Contract by reference and made a part hereof as if fully set forth herein. Each Subscriber shall receive an Evidence of Coverage outlining the terms, exclusions and limitations of the coverage provided hereunder. Any conflicts between the Group Contract and Evidence of Coverage shall be resolved according to the terms most favorable to the Subscriber.

3. The relationship between Cigna Dental Health and a Network Dentist is an independent contractor relationship. All contracts between Cigna Dental Health and Network Dentists state that under no circumstances shall any Covered Person be liable to any Network Dentist for any sums owed to the Network Dentist by Cigna Dental Health, notwithstanding any delay by Cigna Dental Health in paying the Network Dentist any such sums. Cigna Dental Health shall provide reasonable notice to the Group of any termination, breach of contract, or inability to perform of any Network Dentist if Cigna Dental Health determines that Covered Persons may be materially and adversely affected thereby.

C. PREMIUMS/PREPAYMENT FEES

In consideration of the services to be rendered and made available by Cigna Dental pursuant to this Contract, the Group shall remit to Cigna Dental the Premium/Prepayment Fee for the initial month of coverage on or before the first day of said month accompanied by a list of persons to be covered under the Dental Plan. On or before the twelfth (12th) day of each month during the term of this Contract, Cigna Dental will send the Group an alphabetized list of Subscribers and a statement of Premiums/Prepayment Fees due for that month of coverage. On or before the twenty-fifth (25th) day of each month during the term of this Contract, the Group shall remit the Premium/Prepayment Fee to Cigna Dental with an updated list indicating Covered Persons to be added to or deleted from the Dental Plan and any changes in type of coverage. Alternative payment mechanisms developed for the Group by Cigna Dental shall supersede the terms of this Paragraph.

Premiums/Prepayment Fees are guaranteed for an initial period of twelve (12) months (unless otherwise extended in the Pre-Contract). However, Premiums/Prepayment Fees may be adjusted by Cigna Dental upon 30 days' notice to the Group if, in Cigna Dental's sole opinion, its liability is altered by any state or federal law.

D. GRACE PERIOD/REINSTATEMENT

1. Cigna Dental shall provide written notice of non-receipt of payment on or before the twelfth (12th) day of the month following the month for which Premiums/Prepayment Fees remain due and owing. Group shall have an additional thirty-one (31) days for the payment of any Premium/Prepayment Fee except the first. The Contract shall remain in full force and effect during this Grace Period. If the Premium/Prepayment Fees are not remitted by the end of the Grace Period, the Contract will terminate on the last day of the Grace Period. The Group will remain liable to Cigna Dental for any Premium/Prepayment Fees accrued during the Grace Period.

2. If proper payment is received by Cigna Dental on or before the expiration of the Grace Period, the Contract shall remain in full force and effect. If the Contract terminates due to non-payment of the required Premiums/Prepayment Fees, the Group may request that Cigna Dental reinstate the Contract. The Group must make this request and pay all past due and current Premiums/Prepayment Fees to Cigna Dental within fifteen (15) days after the expiration of the applicable Grace Period.

3. If Cigna Dental elects to reinstate this Contract, the coverage provided herein will resume as of the date of termination with no gap in coverage. If Cigna Dental elects not to reinstate the Contract, it will notify the Group of such decision in writing. In such event, any unearned Premium/Prepayment Fees submitted with the request for reinstatement will be returned to the Group.

4. Cigna Dental's reinstatement of the Contract or waiver of the right to terminate this Contract pursuant to this Section shall not constitute a waiver of any future right to terminate for nonpayment of Premium/Prepayment Fees.

E. EFFECTIVE DATE/TERM & RENEWAL

The Group's effective date of coverage under the Dental Plan (the "Effective Date") shall be the date listed on the Pre-Contract, for and in consideration of Cigna Dental's receipt of the Premium/Prepayment Fees.

The original term of this Contract shall extend from the Effective Date until the expiration of the initial Premium/Prepayment Fee Guarantee as set forth in the Pre-Contract (the "Expiration Date"). This Contract shall be automatically renewed on an annual basis effective the day following the Expiration Date (the "Renewal Date") unless otherwise terminated as provided herein. The Patient Charge Schedule shall be in effect for a minimum of one year.

The Premium/Prepayment Fee and Patient Charge Schedule shall be reviewed and may be adjusted on an annual basis at the anniversary of the Renewal Date upon sixty (60) days' notice from Cigna Dental.

F. ELIGIBILITY

1. The Group shall determine which of its employees, associates or members are eligible to enroll in the Dental Plan. The Group shall be responsible for providing eligibility information to Cigna Dental on a timely basis as provided in Section C hereinabove. Where the Group provides eligibility information of any kind, including but not limited to electronic data, tapes or software, the data must be accurate and accessible.

2. The Group will have at least one open enrollment period every eighteen (18) months. Such open enrollment periods are required for as long as the Contract exists unless Cigna Dental and the Group mutually agree to a shorter period of time. Subscribers and Dependents may be disenrolled only during the Group's open enrollment periods unless there has been a life status change such as divorce or termination.

3. In the event a Covered Person is eligible for benefits pursuant to the requirements of the Family and Medical Leave Act of 1993 or the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), the Group shall be responsible for collecting the Subscriber's portion of the Premium/Prepayment Fees, if any, for which the Subscriber would have been responsible if Subscriber had not taken the leave or become qualified for COBRA coverage.

G. COMPLIANCE WITH THE FEDERAL OMNIBUS BUDGET RECONCILIATION ACT OF 1993

The parties agree, as follows, to perform the terms of this Contract in accordance with the requirements of the Federal Omnibus Budget Reconciliation Act of 1993:

1. Cigna Dental shall not take into account that a Covered Person is eligible for or is provided medical assistance under 12 U.S.C. §1396a (section 1902 of the Social Security Act) in covering or providing benefits to or on behalf of said Covered Person under the Dental Plan.

2. If a Subscriber who is eligible for family coverage under the Dental Plan is required by a court or administrative order to provide dental coverage for his or her child:

(a) Cigna Dental Health and the Group:

(i) Shall not deny enrollment of the child in the Dental Plan on any of the following grounds:

a) The child was born out of wedlock,

b) The child is not claimed as a dependent on the Subscriber's federal income tax return, or

c) The child does not reside with the Subscriber or in the Dental Plan's service area.

(ii) Shall allow the Subscriber to enroll the child in the Dental Plan under family coverage, without regard to any enrollment season restrictions, provided that the child is otherwise eligible for Dental Plan coverage.

(iii) Shall enroll the child in the Dental Plan under the family coverage upon application of the child's other parent or the Department of Human Resources in connection with its administration of the Medical Assistance or Child Support Enforcement Program if the Subscriber fails to enroll the child.

(iv) Except as otherwise provided herein, shall not terminate the child's Dental Plan coverage unless Cigna Dental and the Group are provided satisfactory written evidence that:
a) The court or administrative order is no longer in effect, or
b) The child is or will be enrolled in comparable dental coverage through another dental plan, which coverage will take effect no later than the effective date of termination.

(b) The Group shall withhold from Subscriber's compensation the Subscriber's share, if any, of Premiums for Dental Plan coverage and shall pay the appropriate Premiums to Cigna Dental pursuant to the terms of this Contract.

(c) If the Subscriber is not the child's custodial parent, Cigna Dental and the Group shall:

(i) Provide such information to the custodial parent as may be necessary for the child to obtain benefits under the Dental Plan.
(ii) Permit the custodial parent or dentist (with custodial parent's approval) to submit claims for Covered Services without the approval of the non-custodial parent.
(iii) Make payments, pursuant to this Contract, on the claims submitted under clause (b) of this paragraph directly to the

custodial parent, the dentist, or the Department of Human Resources.

(d) Cigna Dental shall not impose on any State agency that has been assigned the rights of an individual eligible for medical assistance under Medicaid and covered under the Dental Plan requirements that are different from requirement applicable to an agent or assignee of any other individual covered under the Dental Plan.

3. If a Subscriber who is eligible for family coverage under the Dental Plan is required by a court or administration order to provide dental coverage for his or her child who does not reside in the Dental Plan's service area, the following alternatives for coverage are available:

(a) If the Group offers its employees a choice between the Dental Plan or indemnity dental coverage, the family shall be covered under the Dental Plan and the child shall be treated at the Subscriber's Dental Office in the Dental Plan's service area, except as provided herein for emergencies and specialty referrals; or the family shall be covered under the indemnity dental coverage.

(b) If the Group does not offer its employees any indemnity dental coverage and an affiliate of Cigna Dental has a network of dentists in the service area within which the child resides, the child shall be covered under a contract between the Group and the affiliate of Cigna Dental and the Subscriber shall be covered under a contract between the Group and Cigna Dental.

(c) If the Group does not offer its employees any indemnity dental coverage and an affiliate of Cigna Dental does not have a network in the service area within which the child resides, the family shall be covered by an indemnity dental policy which the Group shall obtain or the family shall be covered under the Dental Plan and the child shall be treated at the Subscriber's Dental Office in the Dental Plan's service area, except as provided herein for emergencies and specialty referrals.

(d) Except as otherwise restricted by federal law, the Subscriber shall be permitted to change his or her dental coverage election (between the Dental Plan and indemnity dental coverage) without regard to any enrollment reason restrictions.

4. A child who is less than 18 years of age and is placed for adoption with a Subscriber shall be entitled to benefits under the same terms and conditions that apply to the Subscriber's natural, Dependent children, irrespective of whether the adoption has become final. Cigna Dental shall not restrict Dental Plan coverage of any dependent child adopted by or placed for adoption with a Subscriber solely on the basis of any pre-existing condition of the child at the time that the child would otherwise become eligible for coverage under the Dental Plan if the adoption or placement for adoption occurs while the Subscriber is

eligible for coverage under the Dental Plan. As used in this paragraph, "placement for adoption" means the assumption and retention by a Subscriber of a legal obligation for total or partial support of a child in anticipation of the adoption of the child. The child's placement with Subscriber terminates upon the termination of such legal obligations.

5. A subscriber's foster child shall be treated the same as a newborn child and shall be eligible for coverage on the same basis, under the terms of this Contract, upon placement in Subscriber's home. As used in this paragraph, "Foster child" means a minor over whom a Subscriber has been appointed (1) guardian by a court of competent jurisdiction in the state or (2) the primary or sole custodian by order of a court of competent jurisdiction. As used in this paragraph, "placement in the Subscriber's home" means physically residing with a Subscriber who has been appointed guardian or custodian as long as that Subscriber has assumed the legal obligation for total or partial support of the foster child with the intent that the foster child reside with the Subscriber on a more than temporary or short-term basis.

H. ADMINISTRATION AND RECORDS

1. The Group shall cooperate with Cigna Dental with respect to soliciting and enrolling persons eligible to enroll in the Dental Plan and in obtaining authorized payroll withholding from Subscribers to the extent that the applicable Premium/Prepayment Fees exceed the Group's contribution, if any, on Subscriber's behalf.

2. The Group shall provide to Cigna Dental enrollment information, including copies of all signed enrollment and change forms. Cigna Dental shall be permitted to inspect the Group's records which have a bearing on coverage of Covered Persons hereunder, including but not limited to records pertaining to eligibility, enrollment, payment of Premiums/Prepayment Fees and administration of benefits hereunder, and shall be permitted to make copies thereof at any reasonable time upon reasonable prior notice to the Group.

3. Cigna Dental shall keep administrative records of all Covered Persons, but shall not be liable for any obligation dependent upon information from the Group prior to the receipt of such information in a form satisfactory to Cigna Dental. Incorrect information furnished by the Group may be corrected if Cigna Dental shall not have acted in reliance upon such information to its prejudice.

4. Cigna Dental is entitled to receive from each dentist who renders service to a Covered Person hereunder all information reasonably necessary to fulfill the terms of this Contract. Covered Persons, by their enrollment in the Dental Plan, authorize each dentist who renders service to the Covered Person to disclose to Cigna Dental all facts pertaining to such service and to render to Cigna Dental reports and/or copies of records pertaining to such service for Cigna Dental administrative or quality management purposes.

I. TERMINATION OF CONTRACT

In addition to termination for nonpayment of Premium/Prepayment Fees as set out in Section D hereinabove, either the Group or Cigna Dental may

terminate this Contract for any reason, including low participation, effective as of any Renewal Date by providing a minimum of sixty (60) days' prior written notice to the other party.

In the event of termination of this Contract by either Cigna Dental or the Group, the Group shall provide a notice of termination to each Covered Person. Upon the request of Cigna Dental, Group agrees to provide Cigna Dental proof of such notice and the date of such notice.

In the event of termination of this Contract, Cigna Dental shall within thirty (30) days return to the Group the pro rata portion of Premium/Prepayment Fees, if any, which correspond to any unexpired period for which payment has been received, if any, less amounts due to Cigna Dental. Cigna Dental will pay covered claims incurred by Covered Persons prior to termination. This subsection shall not apply to termination by Cigna Dental made as a result of fraud or deception in the use of services or facilities, or knowingly permitting such fraud or deception by another.

J. NOTICE

Any notice required by this Contract shall be in writing and mailed with postage fully prepaid and addressed to the Group at the address listed on the Pre-Contract and to Cigna Dental at:

P.O. Box 453099
Sunrise, Florida 33345-3099
Attn: Contracts Administration

The Group shall disseminate to Covered Persons any notice from Cigna Dental of material matters no later than thirty (30) days after receipt thereof.

K. ASSIGNMENT

Group shall not assign this Contract or its rights hereunder nor delegate its duties hereunder without the prior written consent of Cigna Dental.

L. AMENDMENTS TO CONTRACT

Except as otherwise provided herein, Cigna Dental may amend this Contract by giving the Group sixty (60) days' prior written notice of the proposed amendment. Failure of the Group to object in writing to any such proposed amendment within such notice period shall constitute the Group's acceptance of the amendment as of its effective date. Except as otherwise provided herein, changes in the Premium/Prepayment Fees or Patient Charge Schedule shall be effective as of the Renewal Date following proper notice.

In the event that federal, state, or municipal laws or regulations should change, alter or modify the present services, levels of premiums to Cigna Dental, standards of eligibility of Covered Persons, or any operations of Cigna Dental such that the terms, benefits and conditions of this Contract must be modified accordingly, Cigna Dental shall have the right to amend this Contract upon 30 days' written notice to the Group.

Except as otherwise provided herein, this Contract may be amended only in writing as approved by both the Group and Cigna Dental. Only a duly authorized officer of Cigna Dental has the authority to amend this Contract.

M. ENTIRE CONTRACT

This Contract, including the attached Plan Booklet/Evidence of Coverage/Certificate of Coverage, State Riders, Patient Charge Schedule, Pre- Contract Application, and any amendments thereto, represents the entire agreement between the parties with respect to the subject matter. Having executed the Pre-Contract, the Group shall be deemed to have accepted the terms of this Contract unless written notice is given to Cigna Dental within twenty (20) days of receipt hereof. The invalidity or unenforceability of any Section or sub-Section of this Contract shall not affect the validity or enforceability of the remaining Sections or sub-Sections hereof.

N. GOVERNING LAW

This Contract shall be construed for all purposes as a legal document and shall be interpreted and enforced in accordance with laws of the state in which the Subscriber receives services under the Dental Plan and with pertinent federal laws and regulations. Any provision required to be in the Contract by relevant state statute or regulation shall bind Cigna Dental whether or not contained herein. In the event this Contract contains any provisions not in conformity with relevant and applicable state or federal laws, the Contract shall not be rendered invalid but shall be construed and applied as if it were in full compliance with the applicable law.

O. INCONTESTABILITY

In the absence of fraud, all statements contained in a written application made by a Subscriber are considered representations and not warranties. Coverage can be voided: (a) during the first two years for material misrepresentations contained in a written enrollment form; and, (b) after the first two years, for fraudulent misstatement contained in a written enrollment form.

CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.

BY: _____

TITLE: _____

DATE: _____

CIGNA DENTAL HEALTH OF COLORADO, INC.

BY: _____

TITLE: _____

DATE: _____

CIGNA DENTAL HEALTH OF DELAWARE, INC.

BY: _____

TITLE: _____

DATE: _____

CIGNA DENTAL HEALTH OF FLORIDA, INC.

BY: _____

TITLE: _____

DATE: _____

CIGNA DENTAL HEALTH OF KANSAS, INC. (Kansas and Nebraska)

BY: _____

TITLE: _____

DATE: _____

CIGNA DENTAL HEALTH OF KENTUCKY, INC. (Kentucky and Illinois)

BY: _____

TITLE: _____

DATE: _____

CIGNA DENTAL HEALTH OF MARYLAND, INC.

BY: _____

TITLE: _____

DATE: _____

CIGNA DENTAL HEALTH OF NORTH CAROLINA, INC.

BY: _____

TITLE: _____

DATE: _____

CIGNA DENTAL HEALTH OF NEW JERSEY, INC.

BY: _____

TITLE: _____

DATE: _____

CIGNA DENTAL HEALTH OF OHIO, INC.

BY: _____

TITLE: _____

DATE: _____

CIGNA DENTAL HEALTH OF PENNSYLVANIA, INC.

BY: _____

TITLE: _____

DATE: _____

CIGNA DENTAL HEALTH OF VIRGINIA, INC.

BY: _____

TITLE: _____

DATE: _____

08/11/05

Group Contract

and
Cigna HealthCare of Connecticut, Inc.

Cigna HealthCare of Connecticut, Inc.
900 Cottage Grove Road
Hartford, CT 06152

Cigna Dental Health, Inc.
1571 Sawgrass Corporate Parkway, Suite 140
Sunrise, FL 33323
Phone: 1.800.Cigna24

THIS IS A LEGAL CONTRACT BETWEEN THE ABOVE MENTIONED GROUP AND CIGNA HEALTHCARE OF CONNECTICUT, INC. IT IS ISSUED IN CONSIDERATION OF THE PRE-CONTRACT APPLICATION AND PAYMENT OF THE PREMIUMS AS THEY ARE DUE.

CIGNA HEALTHCARE OF CONNECTICUT, INC. DELEGATES CERTAIN ADMINISTRATIVE AND MANAGEMENT RESPONSIBILITIES UNDER THIS AGREEMENT TO ITS AFFILIATE CIGNA DENTAL HEALTH, INC.

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A. DEFINITIONS

Capitalized terms in this contract (the "Contract"), unless otherwise defined, shall have the meanings set forth below.

Cigna Dental - Cigna Dental Health, Inc., on behalf of Cigna HealthCare of Connecticut, Inc. (said corporations are affiliates and are herein after referred to as "Cigna Dental"), contracts with participating general dentists for the provision of dental care. Cigna Dental Health, Inc. also provides management and information services to members and participating dental offices.

Covered Persons: Subscribers and their Dependents who are enrolled in the Dental Plan.

Dental Plan: Managed dental care plan to be provided pursuant to this Contract.

Dependent: Those Covered Persons which are named as Dependents of a Subscriber, as further defined in the Plan Booklet.

Group: Employer, labor union, association, or other organization named on the title page of this Contract.

Patient Charge Schedule: List of covered services and associated patient charges, which is attached hereto and incorporated herein by reference, and as it may be revised during the term of this Contract.

Plan Booklet: Subscriber's dental plan booklet which summarizes the dental plan and covered benefits. The Plan Booklet is attached hereto and made a part of this Contract as if fully set forth herein.

Pre-Contract: The Cigna HealthCare Pre-Contract Application which designates certain terms and conditions of coverage and which is attached hereto and made a part hereof by reference.

Premiums: The premiums stated in the Pre-Contract which the Group must remit directly or indirectly to Cigna HealthCare of Connecticut, Inc. for Covered Persons each calendar month during the term of this Contract.

Subscriber: Employee or member of the Group who is enrolled in the Dental Plan.

B. THE DENTAL PLAN

1. Cigna Dental shall provide dental benefits to Subscribers and Dependents in accordance with the terms of this Contract and as set out in the attached Pre-Contract, Plan Booklet, and Patient Charge Schedule.
2. The terms and conditions of the Plan Booklet, applicable Patient Charge Schedule, and any amendments or revisions thereto, are incorporated into this Contract by reference and made a part hereof as if fully set forth herein. Each Subscriber shall receive a Plan Booklet outlining the terms, exclusions and limitations of the coverage provided hereunder. Any conflicts between the Group Contract and Plan Booklet shall be resolved according to the terms most favorable to the Subscriber.

3. The relationship between Cigna Dental and a Network Dentist is an independent contractor relationship. All contracts between Cigna Dental and Network Dentists state that under no circumstances shall any Covered Person be liable to any Network Dentist for any sums owed to the Network Dentist by Cigna Dental, notwithstanding any delay by Cigna Dental in paying the Network Dentist any such sums. Cigna Dental shall provide reasonable notice to the Group of any termination, breach of contract, or inability to perform of any Network Dentist if Cigna Dental determines that Covered Persons may be materially and adversely affected thereby.

C. PREMIUMS

In consideration of the services to be rendered and made available by Cigna Dental pursuant to this Contract, the Group shall remit to Cigna Dental the Premium for the initial month of coverage on or before the first day of said month accompanied by a list of persons to be covered under the Dental Plan. On or before the twelfth (12th) day of each month during the term of this Contract, Cigna Dental will send the Group an alphabetized list of Subscribers and a statement of Premiums due for that month of coverage. On or before the twenty-fifth (25th) day of each month during the term of this Contract, the Group shall remit the Premium to Cigna Dental with an updated list indicating Covered Persons to be added to or deleted from the Dental Plan and any changes in type of coverage. Alternative payment mechanisms developed for the Group by Cigna Dental shall supersede the terms of this Paragraph.

Premiums are guaranteed for an initial period of twelve (12) months (unless otherwise extended in the Pre-Contract). However, Premiums may be adjusted by Cigna Dental upon 30 days' notice to the Group if, in Cigna Dental's sole opinion, its liability is altered by any state or federal law.

If the Group terminates an employee for any reason other than layoff, or an employee voluntarily terminates employment, the Group may elect to no longer pay the group health policy premium for such employee (and dependents) after the date of such employee's termination (except in the case of a collective bargaining agreement requiring continued payment). If the Group makes such election, and notifies Cigna Dental and the terminated employee not later than seventy-two hours after the termination, Cigna Dental shall credit the Group the amount of any premium prepaid for any period after the date of such employee's termination. The credit shall be applied to the Group's next month's premium; or in the event of policy termination the credit shall be refunded to the Group. It is the Group's responsibility to remit to the terminated employee his/her portion of the credited premium.

D. GRACE PERIOD/REINSTATEMENT

1. Cigna Dental shall provide written notice of non-receipt of payment on or before the twelfth (12th) day of the month following the month for which Premiums remain due and owing. Group shall have an additional thirty-one (31) days for the payment of any Premium except the first. The Contract shall remain in full force and effect during this Grace Period. If the Premiums are not remitted by the end of the Grace Period, the Contract will terminate on the last day of the Grace Period. The

Group will remain liable to Cigna Dental for any Premium accrued during the Grace Period.

2. If proper payment is received by Cigna Dental on or before the expiration of the Grace Period, the Contract shall remain in full force and effect. If the Contract terminates dues to non-payment of the required Premiums, the Group may request that Cigna Dental reinstate the Contract. The Group must make this request and pay all past due and current Premiums to Cigna Dental within fifteen (15) days after the expiration of the applicable Grace Period.

3. If Cigna Dental elects to reinstate this Contract, the coverage provided herein will resume as of the date of termination with no gap in coverage. If Cigna Dental elects not to reinstate the Contract, it will notify the Group of such decision in writing. In such event, any unearned Premium submitted with the request for reinstatement will be returned to the Group.

4. Cigna Dental's reinstatement of the Contract or waiver of the right to terminate this Contract pursuant to this Section shall not constitute a waiver of any future right to terminate for nonpayment of Premium.

E. EFFECTIVE DATE/TERM & RENEWAL

The Group's effective date of coverage under the Dental Plan (the "Effective Date") shall be the date listed on the Pre-Contract, for and in consideration of Cigna Dental's receipt of the Premium.

The original term of this Contract shall extend from the Effective Date until the expiration of the initial Premium Guarantee as set forth in the Pre-Contract (the "Expiration Date"). This Contract shall be automatically renewed on an annual basis effective the day following the Expiration Date (the "Renewal Date") unless otherwise terminated as provided herein. The Patient Charge Schedule shall be in effect for a minimum of one year.

The Premium and Patient Charge Schedule shall be reviewed and may be adjusted on an annual basis at the anniversary of the Renewal Date upon sixty (60) days' notice from Cigna Dental.

F. ELIGIBILITY

1. The Group shall determine which of its employees, associates or members are eligible to enroll in the Dental Plan. The Group shall be responsible for providing eligibility information to Cigna Dental on a timely basis as provided in Section C hereinabove. Where the Group provides eligibility information of any kind, including but not limited to electronic data, tapes or software, the data must be accurate and accessible.

2. The Group will have at least one open enrollment period of not less than thirty (30) days every eighteen (18) months. Such open enrollment periods are required for as long as the Contract exists unless Cigna Dental and the Group mutually agree to a shorter period of time. Subscribers and Dependents may be disenrolled only during the Group's open enrollment periods

unless there has been a life status change such as divorce or termination.

3. In the event a Covered Person is eligible for benefits pursuant to the requirements of the Family and Medical Leave Act of 1993 or the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), the Group shall be responsible for collecting the Subscriber's portion of the Premium, if any, for which the Subscriber would have been responsible if Subscriber had not taken the leave or become qualified for COBRA coverage.

G. COMPLIANCE WITH THE FEDERAL OMNIBUS BUDGET RECONCILIATION ACT OF 1993

The parties agree, as follows, to perform the terms of this Contract in accordance with the requirements of the Federal Omnibus Budget Reconciliation Act of 1993:

1. Cigna Dental shall not take into account that a Covered Person is eligible for or is provided medical assistance under 12 U.S.C. §1396a (section 1902 of the Social Security Act) in covering or providing benefits to or on behalf of said Covered Person under the Dental Plan.

2. If a Subscriber who is eligible for family coverage under the Dental Plan is required by a court or administrative order to provide dental coverage for his or her child:

(a) Cigna Dental and the Group:

(i) Shall not deny enrollment of the child in the Dental Plan on any of the following grounds:

a) The child was born out of wedlock,

b) The child is not claimed as a dependent on the Subscriber's federal income tax return, or

c) The child does not reside with the Subscriber or in the Dental Plan's service area.

(ii) Shall allow the Subscriber to enroll the child in the Dental Plan under family coverage, without regard to any enrollment season restrictions, provided that the child is otherwise eligible for Dental Plan coverage.

(iii) Shall enroll the child in the Dental Plan under the family coverage upon application of the child's other parent or the Department of Human Resources in connection with its administration of the Medical Assistance or Child Support Enforcement Program if the Subscriber fails to enroll the child.

(iv) Except as otherwise provided herein, shall not terminate the child's Dental Plan coverage unless Cigna Dental and the Group are provided satisfactory written evidence that:

a) The court or administrative order is no longer in effect, or

b) The child is or will be enrolled in comparable dental coverage through another dental plan, which coverage will take effect no later than the effective date of termination.

(b) The Group shall withhold from Subscriber's compensation the Subscriber's share, if any, of Premiums for Dental Plan coverage and shall pay the appropriate Premiums to Cigna Dental pursuant to the terms of this Contract.

(c) If the Subscriber is not the child's custodial parent, Cigna Dental and the Group shall:

(i) Provide such information to the custodial parent as may be necessary for the child to obtain benefits under the Dental Plan.
(ii) Permit the custodial parent or dentist (with custodial parent's approval) to submit claims for Covered Services without the approval of the non-custodial parent.
(iii) Make payments, pursuant to this Contract, on the claims submitted under clause (b) of this paragraph directly to the custodial parent, the dentist, or the Department of Human Resources.

(d) Cigna Dental shall not impose on any State agency that has been assigned the rights of an individual eligible for medical assistance under Medicaid and covered under the Dental Plan requirements that are different from requirement applicable to an agent or assignee of any other individual covered under the Dental Plan.

3. If a Subscriber who is eligible for family coverage under the Dental Plan is required by a court or administration order to provide dental coverage for his or her child who does not reside in the Dental Plan's service area, the following alternatives for coverage are available:

(a) If the Group offers its employees a choice between the Dental Plan or indemnity dental coverage, the family shall be covered under the Dental Plan and the child shall be treated at the Subscriber's Dental Office in the Dental Plan's service area, except as provided herein for emergencies and specialty referrals; or the family shall be covered under the indemnity dental coverage.

(b) If the Group does not offer its employees any indemnity dental coverage and an affiliate of Cigna Dental has a network of dentists in the service area within which the child resides, the child shall be covered under a contract between the Group and the affiliate of Cigna Dental and the

Subscriber shall be covered under a contract between the Group and Cigna Dental.

(c) If the Group does not offer its employees any indemnity dental coverage and an affiliate of Cigna Dental does not have a network in the service area within which the child resides, the family shall be covered by an indemnity dental policy which the Group shall obtain or the family shall be covered under the Dental Plan and the child shall be treated at the Subscriber's Dental Office in the Dental Plan's service area, except as provided herein for emergencies and specialty referrals.

(d) Except as otherwise restricted by federal law, the Subscriber shall be permitted to change his or her dental coverage election (between the Dental Plan and indemnity dental coverage) without regard to any enrollment reason restrictions.

4. A child who is less than 18 years of age and is placed for adoption with a Subscriber shall be entitled to benefits under the same terms and conditions that apply to the Subscriber's natural, Dependent children, irrespective of whether the adoption has become final. Cigna Dental shall not restrict Dental Plan coverage of any dependent child adopted by or placed for adoption with a Subscriber solely on the basis of any pre-existing condition of the child at the time that the child would otherwise become eligible for coverage under the Dental Plan if the adoption or placement for adoption occurs while the Subscriber is eligible for coverage under the Dental Plan. As used in this paragraph, "placement for adoption" means the assumption and retention by a Subscriber of a legal obligation for total or partial support of a child in anticipation of the adoption of the child. The child's placement with Subscriber terminates upon the termination of such legal obligations.

5. A subscriber's foster child shall be treated the same as a newborn child and shall be eligible for coverage on the same basis, under the terms of this Contract, upon placement in Subscriber's home. As used in this paragraph, "Foster child" means a minor over whom a Subscriber has been appointed (1) guardian by a court of competent jurisdiction in the state or (2) the primary or sole custodian by order of a court of competent jurisdiction. As used in this paragraph, "placement in the Subscriber's home" means physically residing with a Subscriber who has been appointed guardian or custodian as long as that Subscriber has assumed the legal obligation for total or partial support of the foster child with the intent that the foster child reside with the Subscriber on a more than temporary or short-term basis.

H. ADMINISTRATION AND RECORDS

1. The Group shall cooperate with Cigna Dental with respect to soliciting and enrolling persons eligible to enroll in the Dental Plan and in obtaining authorized payroll withholding from Subscribers to the extent that the applicable Premium exceed the Group's contribution, if any, on Subscriber's behalf.

2. The Group shall provide to Cigna Dental enrollment information, including copies of all signed enrollment and change forms. Cigna Dental shall be permitted to inspect the Group's records which have a bearing on coverage of Covered Persons hereunder, including but not limited to records pertaining to eligibility, enrollment, payment of Premiums and administration of benefits hereunder, and shall be permitted to make copies thereof at any reasonable time upon reasonable prior notice to the Group.

3. Cigna Dental shall keep administrative records of all Covered Persons, but shall not be liable for any obligation dependent upon information from the Group prior to the receipt of such information in a form satisfactory to Cigna Dental. Incorrect information furnished by the Group may be corrected if Cigna Dental shall not have acted in reliance upon such information to its prejudice.

4. Cigna Dental is entitled to receive from each dentist who renders service to a Covered Person hereunder all information reasonably necessary to fulfill the terms of this Contract. Covered Persons, by their enrollment in the Dental Plan, authorize each dentist who renders service to the Covered Person to disclose to Cigna Dental all facts pertaining to such service and to render to Cigna Dental reports and/or copies of records pertaining to such service for Cigna Dental administrative or quality management purposes.

I. TERMINATION OF CONTRACT

In addition to termination for nonpayment of Premium as set out in Section D hereinabove, either the Group or Cigna Dental may terminate this Contract for any reason, including low participation, effective as of any Renewal Date by providing a minimum of sixty (60) days' prior written notice to the other party.

In the event of termination of this Contract by either Cigna Dental or the Group, the Group shall within 15 days provide a notice of termination to each Covered Person. Upon the request of Cigna Dental, Group agrees to provide Cigna Dental proof of such notice and the date of such notice.

In the event of termination of this Contract, Cigna Dental shall within thirty (30) days return to the Group the pro rata portion of Premium, if any, which correspond to any unexpired period for which payment has been received, if any, less amounts due to Cigna Dental. Cigna Dental will pay covered claims incurred by Covered Persons prior to termination. This subsection shall not apply to termination by Cigna Dental made as a result of fraud or deception in the use of services or facilities, or knowingly permitting such fraud or deception by another.

J. NOTICE

Any notice required by this Contract shall be in writing and mailed with postage fully prepaid and addressed to the Group at the address listed on the Pre-Contract and to Cigna Dental at:

P.O. Box 453099

Sunrise, FL 33345-3099
Attn: Contracts Administration

The Group shall disseminate to Covered Persons any notice from Cigna Dental of material matters no later than thirty (30) days after receipt thereof.

K. ASSIGNMENT

Group shall not assign this Contract or its rights hereunder nor delegate its duties hereunder without the prior written consent of Cigna Dental.

L. AMENDMENTS TO CONTRACT

Except as otherwise provided herein, Cigna Dental may amend this Contract by giving the Group sixty (60) days' prior written notice of the proposed amendment. Failure of the Group to object in writing to any such proposed amendment within such notice period shall constitute the Group's acceptance of the amendment as of its effective date. Except as otherwise provided herein, changes in the Premium or Patient Charge Schedule shall be effective as of the Renewal Date following proper notice.

In the event that federal, state, or municipal laws or regulations should change, alter or modify the present services, levels of premiums to Cigna Dental, standards of eligibility of Covered Persons, or any operations of Cigna Dental such that the terms, benefits and conditions of this Contract must be modified accordingly, Cigna Dental shall have the right to amend this Contract upon 30 days' written notice to the Group.

Except as otherwise provided herein, this Contract may be amended only in writing as approved by both the Group and Cigna Dental. Only a duly authorized officer of Cigna Dental has the authority to amend this Contract.

M. ENTIRE CONTRACT

This Contract, including the attached Plan Booklet, Patient Charge Schedule, Pre-Contract Application, and any amendments thereto, represents the entire agreement between the parties with respect to the subject matter. Having executed the Pre-Contract, the Group shall be deemed to have accepted the terms of this Contract unless written notice is given to Cigna Dental within twenty (20) days of receipt hereof. The invalidity or unenforceability of any Section or sub-Section of this Contract shall not affect the validity or enforceability of the remaining Sections or sub-Sections hereof.

N. GOVERNING LAW

This Contract shall be construed for all purposes as a legal document and shall be interpreted and enforced in accordance with laws of the state in which the Subscriber receives services under the Dental Plan and with pertinent federal laws and regulations. Any provision required to be in the Contract by relevant state statute or regulation shall bind Cigna Dental whether or not contained herein. In the event this Contract contains any provisions not in conformity with relevant

and applicable state or federal laws, the Contract shall not be rendered invalid but shall be construed and applied as if it were in full compliance with the applicable law.

O. INCONTESTABILITY

In the absence of fraud, all statements contained in a written application made by a Subscriber are considered representations and not warranties. Coverage can be voided during the first two years for material misrepresentations or, fraudulent misstatements contained in a written enrollment form.

In the absence of fraud, all statements contained in a written application made by a Subscriber are considered representations and not warranties. Coverage can be voided during the first two years for material misrepresentations or, fraudulent misstatements contained in a written enrollment form.

Cigna HealthCare of Connecticut, Inc.

BY:_____

TITLE:_____

DATE:_____

Group Contract

and
Cigna Dental Health

Member Services 1.800.Cigna24

Cigna Dental Health of Texas, Inc.
1640 Dallas Parkway
Plano, Texas 75093

THIS IS A LEGAL CONTRACT BETWEEN THE ABOVE MENTIONED GROUP AND THE CIGNA DENTAL COMPANIES LISTED ABOVE. IT IS ISSUED IN CONSIDERATION OF THE PRE-CONTRACT APPLICATION AND PAYMENT OF THE PREMIUMS AS THEY ARE DUE. READ YOUR GROUP CONTRACT CAREFULLY.

85600.TX 12.22.05

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A. DEFINITIONS

Capitalized terms in this contract (the "Contract"), unless otherwise defined, shall have the meanings set forth below.

Cigna Dental: The Cigna Dental Health organization that provides dental benefits in your state as listed on the face page of this Contract.

Covered Persons: Subscribers and their Dependents who are enrolled in the Dental Plan.

Dental Plan: Managed dental care plan to be provided pursuant to this Contract.

Dependent: Those Covered Persons which are named as Dependents of a Subscriber, as further defined in the applicable Plan Booklet, Evidence of Coverage and/or Certificate of Coverage.

Evidence of Coverage: Subscriber's dental plan booklet or certificate of coverage which summarizes the dental plan and covered benefits. The Evidence of Coverage is attached hereto and made a part of this Contract as if fully set forth herein.

Group: Employer, labor union, association, or other organization named on the title page of this Contract.

Patient Charge Schedule: List of covered services and associated patient charges, which is attached hereto and incorporated herein by reference, and as it may be revised during the term of this Contract.

Pre-Contract: The Cigna Dental Pre-Contract Application which designates certain terms and conditions of coverage and which is attached hereto and made a part hereof by reference.

Premiums: The premiums stated in the Pre-Contract which the Group must remit to Cigna Dental for Covered Persons each calendar month during the term of this Contract.

Subscriber: Employee or member of the Group who is enrolled in the Dental Plan.

B. THE DENTAL PLAN

1. Cigna Dental shall provide dental benefits to Subscribers and Dependents in accordance with the terms of this Contract and as set out in the attached Pre-Contract, Evidence of Coverage, applicable State Riders, and Patient Charge Schedule.

2. The terms and conditions of the Evidence of Coverage including State Riders, applicable Patient Charge Schedule, and any amendments or revisions thereto, are incorporated into this Contract by reference and made a part hereof as if fully set forth herein. Each Subscriber shall receive an Evidence of Coverage outlining the terms, exclusions and limitations of the coverage provided hereunder. Any conflicts between the Group Contract and Evidence of Coverage shall be resolved according to the terms most favorable to the Subscriber.

3. The relationship between Cigna Dental Health and a Network Dentist is an independent contractor relationship. All contracts between Cigna Dental Health and Network Dentists state that under no circumstances shall any Covered Person be liable to any Network Dentist for any sums owed to the Network Dentist by Cigna Dental Health, notwithstanding any delay by Cigna Dental Health in paying the Network Dentist any such sums. Cigna Dental Health shall provide reasonable notice to the Group of any termination, breach of contract, or inability to perform of any Network Dentist if Cigna Dental Health determines that Covered Persons may be materially and adversely affected thereby.

C. PREMIUMS

In consideration of the services to be rendered and made available by Cigna Dental pursuant to this Contract, the Group shall remit to Cigna Dental the Premium/Prepayment Fee for the initial month of coverage on or before the first day of said month accompanied by a list of persons to be covered under the Dental Plan. On or before the twelfth (12th) day of each month during the term of this Contract, Cigna Dental will send the Group an alphabetized list of Subscribers and a statement of Premiums due for that month of coverage. On or before the twenty-fifth (25th) day of each month during the term of this Contract, the Group shall remit the Premium/Prepayment Fee to Cigna Dental with an updated list indicating Covered Persons to be added to or deleted from the Dental Plan and any changes in type of coverage. The Group shall be responsible for payment of Premiums for Covered Persons through the last day of the month in which the Group notifies Cigna Dental that Covered Persons deleted from the Dental Plan. Alternative payment mechanisms developed for the Group by Cigna Dental shall supersede the terms of this Paragraph.

Premiums are guaranteed for an initial period of twelve (12) months (unless otherwise extended in the Pre-Contract). However, Premiums may be adjusted by Cigna Dental upon 30 days' notice to the Group if, in Cigna Dental's sole opinion, its liability is altered by any state or federal law.

D. GRACE PERIOD/REINSTATEMENT

1. Cigna Dental shall provide written notice of non-receipt of payment on or before the twelfth (12th) day of the month following the month for which Premiums remain due and owing. Group shall have an additional thirty-one (31) days for the payment of any Premium/Prepayment Fee except the first. The Contract shall remain in full force and effect during this Grace Period. If the Premiums are not remitted by the end of the Grace Period, the Contract will terminate on the last day of the Grace Period. The Group will remain liable to Cigna Dental for any Premium accrued during the Grace Period.

2. If proper payment is received by Cigna Dental on or before the expiration of the Grace Period, the Contract shall remain in full force and effect. If the Contract terminates due to non-payment of the required Premiums, the Group may request that Cigna Dental reinstate the Contract. The Group must make this request and pay all past due and current Premiums to Cigna Dental within fifteen (15) days after the expiration of the applicable Grace Period.

3. If Cigna Dental elects to reinstate this Contract, the coverage provided herein will resume as of the date of termination with no gap in coverage. If Cigna Dental elects not to reinstate the Contract, it will notify the Group of such decision in writing. In such event, any unearned

Premium submitted with the request for reinstatement will be returned to the Group.

4. Cigna Dental's reinstatement of the Contract or waiver of the right to terminate this Contract pursuant to this Section shall not constitute a waiver of any future right to terminate for nonpayment of Premium.

E. EFFECTIVE DATE/TERM & RENEWAL

The Group's effective date of coverage under the Dental Plan (the "Effective Date") shall be the date listed on the Pre-Contract, for and in consideration of Cigna Dental's receipt of the Premium.

The original term of this Contract shall extend from the Effective Date until the expiration of the initial Premium/Prepayment Fee Guarantee as set forth in the Pre-Contract (the "Expiration Date"). This Contract shall be automatically renewed on an annual basis effective the day following the Expiration Date (the "Renewal Date") unless otherwise terminated as provided herein. The Patient Charge Schedule shall be in effect for a minimum of one year.

The Premium/Prepayment Fee and Patient Charge Schedule shall be reviewed and may be adjusted on an annual basis at the anniversary of the Renewal Date upon sixty (60) days' notice from Cigna Dental.

F. ELIGIBILITY

1. The Group shall determine which of its employees, associates or members are eligible to enroll in the Dental Plan. The Group shall be responsible for providing eligibility information to Cigna Dental on a timely basis as provided in Section C hereinabove. Where the Group provides eligibility information of any kind, including but not limited to electronic data, tapes or software, the data must be accurate and accessible.

2. The Group will have at least one open enrollment period every eighteen (18) months. Such open enrollment periods are required for as long as the Contract exists unless Cigna Dental and the Group mutually agree to a shorter period of time. Subscribers and Dependents may be disenrolled only during the Group's open enrollment periods unless there has been a life status change such as divorce or termination.

3. In the event a Covered Person is eligible for benefits pursuant to the requirements of the Family and Medical Leave Act of 1993 or the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), the Group shall be responsible for collecting the Subscriber's portion of the Premium, if any, for which the Subscriber would have been responsible if Subscriber had not taken the leave or become qualified for COBRA coverage.

G. COMPLIANCE WITH THE FEDERAL OMNIBUS BUDGET RECONCILIATION ACT OF 1993

The parties agree, as follows, to perform the terms of this Contract in accordance with the requirements of the Federal Omnibus Budget Reconciliation Act of 1993:

1. Cigna Dental shall not take into account that a Covered Person is eligible for or is provided medical assistance under 12 U.S.C. §1396a (section 1902 of the Social Security Act) in covering or providing benefits to or on behalf of said Covered Person under the Dental Plan.

2. If a Subscriber who is eligible for family coverage under the Dental Plan is required by a court or administrative order to provide dental coverage for his or her child:

(a) Cigna Dental Health and the Group:

(i) Shall not deny enrollment of the child in the Dental Plan on any of the following grounds:

a) The child was born out of wedlock,

b) The child is not claimed as a dependent on the Subscriber's federal income tax return, or

c) The child does not reside with the Subscriber or in the Dental Plan's service area.

(ii) Shall allow the Subscriber to enroll the child in the Dental Plan under family coverage, without regard to any enrollment season restrictions, provided that the child is otherwise eligible for Dental Plan coverage.

(iii) Shall enroll the child in the Dental Plan under the family coverage upon application of the child's other parent or the Department of Human Resources in connection with its administration of the Medical Assistance or Child Support Enforcement Program if the Subscriber fails to enroll the child.

(iv) Except as otherwise provided herein, shall not terminate the child's Dental Plan coverage unless Cigna Dental and the Group are provided satisfactory written evidence that:
a) The court or administrative order is no longer in effect, or
b) The child is or will be enrolled in comparable dental coverage through another dental plan, which coverage will take effect no later than the effective date of termination.

(b) The Group shall withhold from Subscriber's compensation the Subscriber's share, if any, of Premiums for Dental Plan coverage and shall pay the appropriate Premiums to Cigna Dental pursuant to the terms of this Contract.

(c) If the Subscriber is not the child's custodial parent, Cigna Dental and the Group shall:

(i) Provide such information to the custodial parent as may be necessary for the child to obtain benefits under the Dental Plan.
(ii) Permit the custodial parent or dentist (with custodial parent's approval) to submit claims for Covered Services without the approval of the non-custodial parent.
(iii) Make payments, pursuant to this Contract, on the claims submitted under clause (b) of this paragraph directly to the custodial parent, the dentist, or the Department of Human Resources.

(d) Cigna Dental shall not impose on any State agency that has been assigned the rights of an individual eligible for medical assistance under Medicaid and covered under the Dental Plan requirements that are different from requirement applicable to an agent or assignee of any other individual covered under the Dental Plan.

3. If a Subscriber who is eligible for family coverage under the Dental Plan is required by a court or administration order to provide dental coverage for his or her child who does not reside in the Dental Plan's service area, the following alternatives for coverage are available:

(a) If the Group offers its employees a choice between the Dental Plan or indemnity dental coverage, the family shall be covered under the Dental Plan and the child shall be treated at the Subscriber's Dental Office in the Dental Plan's service area, except as provided herein for emergencies and specialty referrals; or the family shall be covered under the indemnity dental coverage.

(b) If the Group does not offer its employees any indemnity dental coverage and an affiliate of Cigna Dental has a network of dentists in the service area within which the child resides, the child shall be covered under a contract between the Group and the affiliate of Cigna Dental and the Subscriber shall be covered under a contract between the Group and Cigna Dental.

(c) If the Group does not offer its employees any indemnity dental coverage and an affiliate of Cigna Dental does not have a network in the service area within which the child resides, the family shall be covered by an indemnity dental policy which the Group shall obtain or the family shall be covered under the Dental Plan and the child shall be treated at the Subscriber's Dental Office in the Dental Plan's service area, except as provided herein for emergencies and specialty referrals.

(d) Except as otherwise restricted by federal law, the Subscriber shall be permitted to change his or her dental coverage election (between the Dental Plan and indemnity dental coverage) without regard to any enrollment reason restrictions.

5. A child who is less than 18 years of age and is placed for adoption with a Subscriber shall be entitled to benefits under the same terms and conditions that apply to the Subscriber's natural, Dependent children, irrespective of whether the adoption has become final. Cigna Dental shall not restrict Dental Plan coverage of any dependent child adopted by or placed for adoption with a Subscriber solely on the basis of any pre-existing condition of the child at the time that the child would otherwise become eligible for coverage under the Dental Plan if the adoption or placement for adoption occurs while the Subscriber is eligible for coverage under the Dental Plan. As used in this paragraph, "placement for adoption" means the assumption and retention by a Subscriber of a legal obligation for total or

partial support of a child in anticipation of the adoption of the child. The child's placement with Subscriber terminates upon the termination of such legal obligations.

5. A subscriber's foster child shall be treated the same as a newborn child and shall be eligible for coverage on the same basis, under the terms of this Contract, upon placement in Subscriber's home. As used in this paragraph, "Foster child" means a minor over whom a Subscriber has been appointed (1) guardian by a court of competent jurisdiction in the state or (2) the primary or sole custodian by order of a court of competent jurisdiction. As used in this paragraph, "placement in the Subscriber's home" means physically residing with a Subscriber who has been appointed guardian or custodian as long as that Subscriber has assumed the legal obligation for total or partial support of the foster child with the intent that the foster child reside with the Subscriber on a more than temporary or short-term basis.

H. ADMINISTRATION AND RECORDS

1. The Group shall cooperate with Cigna Dental with respect to soliciting and enrolling persons eligible to enroll in the Dental Plan and in obtaining authorized payroll withholding from Subscribers to the extent that the applicable Premium exceed the Group's contribution, if any, on Subscriber's behalf.

2. The Group shall provide to Cigna Dental enrollment information, including copies of all signed enrollment and change forms. Cigna Dental shall be permitted to inspect the Group's records which have a bearing on coverage of Covered Persons hereunder, including but not limited to records pertaining to eligibility, enrollment, payment of Premiums and administration of benefits hereunder, and shall be permitted to make copies thereof at any reasonable time upon reasonable prior notice to the Group.

3. Cigna Dental shall keep administrative records of all Covered Persons, but shall not be liable for any obligation dependent upon information from the Group prior to the receipt of such information in a form satisfactory to Cigna Dental. Incorrect information furnished by the Group may be corrected if Cigna Dental shall not have acted in reliance upon such information to its prejudice.

4. Cigna Dental is entitled to receive from each dentist who renders service to a Covered Person hereunder all information reasonably necessary to fulfill the terms of this Contract. Covered Persons, by their enrollment in the Dental Plan, authorize each dentist who renders service to the Covered Person to disclose to Cigna Dental all facts pertaining to such service and to render to Cigna Dental reports and/or copies of records pertaining to such service for Cigna Dental administrative or quality management purposes.

I. TERMINATION OF CONTRACT

In addition to termination for nonpayment of Premium as set out in Section D hereinabove, either the Group or Cigna Dental may terminate this Contract for any reason, including low participation, effective as of any Renewal Date by providing a minimum of sixty (60) days' prior written notice to the other party.

In the event of termination of this Contract by either Cigna Dental or the Group, the Group shall provide a notice of termination to each Covered

Person. Upon the request of Cigna Dental, Group agrees to provide Cigna Dental proof of such notice and the date of such notice.

In the event of termination of this Contract, Cigna Dental shall within thirty (30) days return to the Group the pro rata portion of Premium, if any, which correspond to any unexpired period for which payment has been received, if any, less amounts due to Cigna Dental. Cigna Dental will pay covered claims incurred by Covered Persons prior to termination. This subsection shall not apply to termination by Cigna Dental made as a result of fraud or deception in the use of services or facilities, or knowingly permitting such fraud or deception by another.

J. NOTICE

Any notice required by this Contract shall be in writing and mailed with postage fully prepaid and addressed to the Group at the address listed on the Pre-Contract and to Cigna Dental at:

P.O. Box 453099
Sunrise, Florida 33345-3099
Attn: Contracts Administration

The Group shall disseminate to Covered Persons any notice from Cigna Dental of material matters no later than thirty (30) days after receipt thereof.

K. ASSIGNMENT

Group shall not assign this Contract or its rights hereunder nor delegate its duties hereunder without the prior written consent of Cigna Dental.

L. AMENDMENTS TO CONTRACT

Except as otherwise provided herein, Cigna Dental may amend this Contract by giving the Group sixty (60) days' prior written notice of the proposed amendment. Failure of the Group to object in writing to any such proposed amendment within such notice period shall constitute the Group's acceptance of the amendment as of its effective date. Except as otherwise provided herein, changes in the Premium or Patient Charge Schedule shall be effective as of the Renewal Date following proper notice.

In the event that federal, state, or municipal laws or regulations should change, alter or modify the present services, levels of premiums to Cigna Dental, standards of eligibility of Covered Persons, or any operations of Cigna Dental such that the terms, benefits and conditions of this Contract must be modified accordingly, Cigna Dental shall have the right to amend this Contract upon 30 days' written notice to the Group.

Except as otherwise provided herein, this Contract may be amended only in writing as approved by both the Group and Cigna Dental. Only a duly authorized officer of Cigna Dental has the authority to amend this Contract.

M. ENTIRE CONTRACT

This Contract, including the attached Plan Booklet/Evidence of Coverage/Certificate of Coverage, State Riders, Patient Charge Schedule, Pre-Contract Application, and any amendments thereto, represents the entire agreement between the parties with respect to the subject matter. Having executed the Pre-Contract, the Group shall be deemed to have accepted the

terms of this Contract unless written notice is given to Cigna Dental within twenty (20) days of receipt hereof. The invalidity or unenforceability of any Section or sub-Section of this Contract shall not affect the validity or enforceability of the remaining Sections or sub-Sections hereof.

N. GOVERNING LAW

This Contract shall be construed for all purposes as a legal document and shall be interpreted and enforced in accordance with laws of the state in which the Subscriber receives services under the Dental Plan and with pertinent federal laws and regulations. Any provision required to be in the Contract by relevant state statute or regulation shall bind Cigna Dental whether or not contained herein. In the event this Contract contains any provisions not in conformity with relevant and applicable state or federal laws, the Contract shall not be rendered invalid but shall be construed and applied as if it were in full compliance with the applicable law.

O. INCONTESTABILITY

In the absence of fraud, all statements contained in a written application made by a Subscriber are considered representations and not warranties. Coverage can be voided: (a) during the first two years for material misrepresentations contained in a written enrollment form; and, (b) after the first two years, for fraudulent misstatement contained in a written enrollment form.

CIGNA DENTAL HEALTH OF TEXAS, INC.

BY: _____

TITLE: _____

DATE: _____

Cigna Dental Health of California, Inc.
400 North Brand Boulevard, Suite 400
Glendale, California 91203

COMBINED EVIDENCE OF COVERAGE AND DISCLOSURE FORM

This Combined Evidence of Coverage and Disclosure Form is intended for your information; it constitutes a summary of the Dental Plan and is included as a part of the agreement between Cigna Dental and your Group (collectively, the "Group Contract"). The Group Contract must be consulted to determine the rates and the exact terms and conditions of coverage.

A specimen copy of the Group Contract will be furnished upon request. If rates or coverages are changed under your Group Contract, your rates and coverage will also change. A prospective customer has the right to view the Combined Evidence of Coverage and Disclosure Form prior to enrollment. It should be read completely and carefully. Customers with special health care needs should read carefully those sections that apply to them. Please read the following information so you will know from whom or what group of dentists dental care may be obtained.

NOTICE: IF YOU OR YOUR FAMILY MEMBERS ARE COVERED BY MORE THAN ONE HEALTH CARE PLAN, YOU MAY NOT BE ABLE TO COLLECT BENEFITS FROM BOTH PLANS. EACH PLAN MAY REQUIRE YOU TO FOLLOW ITS RULES OR USE SPECIFIC DOCTORS OR DENTAL OFFICES, AND IT MAY BE IMPOSSIBLE TO COMPLY WITH BOTH PLANS AT THE SAME TIME. READ ALL OF THE RULES VERY CAREFULLY, INCLUDING THE COORDINATION OF BENEFITS SECTION.

Important Cancellation Information – Please Read the Provision Entitled "Disenrollment from the Dental Plan–Termination of Benefits."

The Dental Plan is subject to the requirements of Chapter 2.2 of Division 2 of the Health and Safety Code and of Division 1 of Title 28 of the California Code of Regulations. Any provision required to be in the Group Contract by either of the above will bind the Dental Plan, whether or not provided in the Group Contract.

READ YOUR PLAN BOOKLET CAREFULLY

Please call Customer Service at 1-800Cigna24 if you have any questions. The hearing impaired may call the state TTY toll-free relay service listed in their local telephone directory.

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TABLE OF CONTENTS

I. DEFINITIONS

Capitalized terms, unless otherwise defined, have the meanings listed below.

Adverse Determination - a decision by Cigna Dental not to approval payment for certain limited specialty care procedures on the basis of clinical necessity or appropriateness of care. Requests for payment approvals that are declined by Cigna Dental based upon clinical necessity or appropriateness of care will be the responsibility of the customer at the dentist's Usual Fees. A licensed dentist will make any such denial. Adverse Determinations may be appealed as described in the Section entitled "What To Do If There Is A Problem."

Cigna Dental - Cigna Dental Health of California, Inc.

Clinical Necessity- to be considered clinically necessary, the treatment or service must be reasonable and appropriate and meet the following requirements:

A. be consistent with the symptoms, diagnosis or treatment of the condition present;
B. conform to professionally recognized standards of dental practice;
C. not be used primarily for the convenience of the customer or dentist of care; and
D. not exceed the scope, duration, or intensity of that level of care needed to provide safe and appropriate treatment.

COBRA – Consolidated Omnibus Budget Reconciliation Act of 1986, as amended. The federal law that gives workers who lose their health benefits the right to choose, under certain circumstances, to continue group health benefits provided by the plan under certain circumstances.

Contract Fees - the fees contained in the Network Specialty Dentist agreement with Cigna Dental.

Copayment – the amount you owe your Network Dentist for any dental procedure listed on your Patient Charge Schedule.

Covered Services - the dental procedures listed on your Patient Charge Schedule.

Dental Office – your selected office of Network General Dentist(s).

Dental Plan – the plan of managed dental care benefits offered through the Group Contract between Cigna Dental and your Group.

Dependent – your lawful spouse; your unmarried child including newborns, children of the non-custodial parent, adopted children, stepchildren, a child for whom you must provide dental coverage under a court order; or, a dependent child who resides in your home as a result of court order or administrative placement who is:

A. less than 26 years old; or

B. over 26 years old, unmarried, if he or she is both:
1. a full-time student enrolled at an accredited educational institution, and

2. primarily supported by you ; or

C. over 26 years old if he or she is both:

1. incapable of self-sustaining employment by reason of a physically or mentally disabling injury, illness or condition; and

2 chiefly dependent upon you (the subscriber) for support and maintenance.

For a dependent child 26 years of age or older who is a full-time student at an educational institution, coverage will be provided for an entire academic term during which the child begins as a full-time student and remains enrolled, regardless of whether the number of hours of instruction for which the child is enrolled is reduced to a level that changes the child's academic status to less than that of a full-time student.

For a child who falls into category C above, you will need to furnish Cigna Dental proof of the child's condition and his or her reliance upon you, within sixty (60) days from the date that you are notified by Cigna Dental to provide this information.
Coverage for dependents living outside a Cigna Dental service area is subject to the availability of an approved network where the dependent resides; provided however, Cigna Dental will not deny enrollment to your dependent who resides outside the Cigna Dental service area if you are required to provide coverage for dental services to your dependent pursuant to a court order or administrative order.

This definition of "Dependent" applies unless modified by your Group Contract.

Emergency Medical Condition - a dental condition of recent onset and severity which would lead a reasonable person possessing an average knowledge of dentistry to believe the condition needs immediate dental procedures necessary to control excessive bleeding, relieve severe pain, or eliminate acute infection.

Group - employer, labor union or other organization that has entered into a Group Contract with Cigna Dental for managed dental services on your behalf.

Network Dentist – a licensed dentist who has signed an agreement with Cigna Dental to provide general dentistry or specialty care services to you. The term, when used, includes both Network General Dentists and Network Specialty Dentists.

Network General Dentist - a licensed dentist who has signed an agreement with Cigna Dental under which he or she agrees to provide dental care services to you.

Network Pediatric Dentist– a licensed Network Specialty Dentist who has completed training in a specific program to provide dental health care for children.

Network Specialty Dentist - a licensed dentist who has signed an agreement with Cigna Dental under which he or she agrees to provide specialized dental care services to you.

Network General Dentist and Network Specialty Dentist include any dental clinic, organization of dentists, or other person or institution licensed by the State of California to deliver or furnish dental care services that has signed an agreement with Cigna Dental to provide general dentistry or specialty care services to you.

Patient Charge Schedule - list of services covered under your Dental Plan and the associated Copayment.

Prepayment Fees – the premium or fees that your Group pays to Cigna Dental, on your behalf, during the term of your Group Contract. These fees may be paid all or in part by you.

Service Area - the geographical area designated by Cigna Dental within which it shall provide benefits and arrange for dental care services.

Subscriber/You - the enrolled employee or customer of the Group.

Usual Fee - the customary fee that an individual dentist most frequently charges for a given dental service.

II. INTRODUCTION TO YOUR CIGNA DENTAL PLAN

Welcome to the Cigna Dental Plan. We encourage you to use your dental benefits. Please note that enrollment in the Dental Plan allows the release of patient records to Cigna Dental or its designee for dental plan operation purposes.

III. ELIGIBILITY/WHEN COVERAGE BEGINS

A. IN GENERAL

To enroll in the Dental Plan, you and your Dependents must live or work in the Service Area and be able to seek treatment for Covered Services within the Cigna Dental Service Area. Other eligibility requirements are determined by your Group.

If you enrolled in the Dental Plan before the effective date of your Group Contract, you will be covered on the first day the Group Contract is effective. If you enrolled in the Dental Plan after the effective date of the Group Contract, you will be covered on the first day of the month following processing of your enrollment unless effective dates other than the first day of the month are provided for in your Group Contract.

Dependents may be enrolled in the Dental Plan at the time you enroll, during an open enrollment, or within 31 days of becoming eligible due to a life status change such as marriage, birth, adoption, placement, or court or administrative order. You may drop coverage for your Dependents only during the open enrollment periods for your Group, unless there is a change in status such as divorce.

If you have family coverage, a newborn child is automatically covered during the first 31 days of life. If you wish to continue coverage beyond the first 31 days, your baby must be enrolled in the Dental Plan and you must begin paying Prepayment Fees, if any additional are due, during that period.

Under the Family and Medical Leave Act of 1993, you may be eligible to continue coverage during certain leaves of absence from work. During such leaves, you will be responsible for paying your Group the portion of the Prepayment Fees, if any, which you would have paid if you had not taken the leave. Additional information is available through your Benefits Representative.

B. NEW ENROLLEE TRANSITION OF CARE

If you or your enrolled Dependents are new enrollees currently receiving services for any of the conditions described hereafter from a non-Network Dentist, you may request Cigna Dental to approval completion of the services by the non-Network Dentist. Cigna Dental does not cover services provided by non-Network Dentists except for the conditions described hereafter that have been approved by Cigna Dental prior to treatment. Rare instances where prolonged treatment by a non-Network Dentist might be indicated will be evaluated on a case-by-case basis by the Dental Director in accordance with professionally recognized standards of dental practice. Approval to complete services started by a non-Network Dentist before you or your enrolled Dependents became eligible for Cigna Dental shall be considered only for the following conditions:

(1) an acute condition. An acute condition is a dental condition that involves a sudden onset of symptoms due to an illness, injury, or other dental problem that requires prompt dental attention and that has a limited duration. Completion of the covered services shall be provided for the duration of the acute condition.

(2) newborn children between birth and age 36 months. Cigna Dental shall provide for the completion of covered services for newborn children between birth and age 36 months for 12 months from the effective date of coverage for a newly covered enrollee.

(3) performance of a surgery or other procedure that is approved by Cigna Dental and has been recommended and documented by the non-Network Dentist to occur within 180 days of the effective date of your Cigna Dental coverage.

C. RENEWAL PROVISIONS

Your coverage under the Dental Plan will automatically be renewed, except as provided in the section entitled "Disenrollment From The Dental Plan – Termination of Benefits." All renewals will be in accordance with the terms and conditions of your Group Contract. Cigna Dental reserves any and all rights to change the Prepayment Fees or applicable Copayments during the term of the Group Contract if Cigna Dental determines Group's information relied upon by Cigna Dental in setting the Prepayment Fees materially changes or is determined by Cigna Dental to be inaccurate.

IV. YOUR CIGNA DENTAL COVERAGE

Cigna Dental maintains its principal place of business at 400 North Brand Boulevard, Suite 400, Glendale, CA 91203, with a telephone number of 1-800Cigna24.

This section provides information that will help you to better understand your Dental Plan. Included is information about how to access your dental benefits and your payment responsibilities.

A. CUSTOMER SERVICE

If you have any questions or concerns about the Dental Plan, Customer Service Representatives are just a toll-free phone call away. They can explain your benefits or help with matters regarding your Dental Office or Dental Plan. For assistance with transfers, specialty referrals, eligibility, emergencies, Covered Services, plan benefits, ID cards, location of Dental Offices, conversion coverage or other matters, call Customer Service from any location at 1-800Cigna24. If you have a question about your treatment plan, we can arrange a second opinion or consultation. The hearing impaired may contact the state TTY toll-free relay service number listed in their local telephone directory.

B. PREPAYMENT FEES

Your Group sends a monthly Prepayment Fee (premium) to Cigna Dental for customers participating in the Dental Plan. The amount and term of this prepayment fee is set forth in your Group Contract. You may contact your Benefits Representative for information regarding any part of this Prepayment Fee to be withheld from your salary or to be paid by you to the Group.

C. OTHER CHARGES - COPAYMENTS

Network General Dentists are typically reimbursed by Cigna Dental through fixed monthly payments and supplemental payments for certain procedures. Network Specialty Dentists are compensated based on a contracted fee arrangement for services rendered. No bonuses or financial incentives are used as inducements to limit services. Network Dentists are also compensated by the Copayments that you pay, as set out in your Patient Charge Schedule. You may request general information about these matters from Customer Service or from your Network Dentist.

Your Patient Charge Schedule lists the dental procedures covered under your Dental Plan, subject to plan exclusions and limitations. Some dental procedures are covered at no charge to you. For other Covered Services, the Patient Charge Schedule lists the Copayments you must pay when you visit your Dental Office. There are no deductibles and no annual dollar limits for services covered by your Dental Plan.

Your Network General Dentist is instructed to tell you about Copayments for Covered Services, the amount you must pay for optional or non-Covered Services and the Dental Office's payment policies. Timely payment is important. It is possible that the Dental Office may add late charges to overdue balances. IMPORTANT: If you opt to receive dental services that are not covered services under this plan, a participating dentist may charge you his or her usual and customary rate for those services. Prior to providing a patient with dental services that are not a covered benefit, the dentist should provide to the patient a treatment plan that includes each anticipated service to be provided and the estimated cost of each service. If you would like more information about dental coverage options, you may call customer services at 1-800Cigna24 or your insurance broker. To fully understand your coverage, you may wish to carefully review this evidence of coverage document.

Your Patient Charge Schedule is subject to change in accordance with your Group Contract. Cigna Dental will give written notice to your Group of any change in Copayments at least 30 days prior to such change. You will be responsible for the Copayments listed on the Patient Charge Schedule that is in effect on the date a procedure is started.

D. FACILITIES- CHOICE OF DENTIST

1. In General

You and your Dependents should have selected a Dental Office when you enrolled in the Dental Plan. If you did not, you must advise Cigna Dental of your Dental Office selection prior to receiving treatment. The benefits of the Dental Plan are available only at your Dental Office, except in the case of an emergency or when Cigna Dental otherwise approves payment for out-of-network benefits.

You may select a network Pediatric Dentist as the Network General Dentist for your dependent child under age 13 by calling Customer Service at 1-800Cigna24 to get a list of network Pediatric Dentists in your Service Area or if your Network General Dentist sends your child under the age of 13 to a network Pediatric Dentist, the network Pediatric Dentist's office will have primary responsibility for your child's care. For children 13 years and older, your Network General Dentist will provide care. If your child continues to visit the Pediatric Dentist upon the age of 13, you will be fully responsible for the Pediatric Dentist's Usual Fees. Exceptions for medical reasons may be considered on a case-by-case basis.

If for any reason your selected Dental Office cannot provide your dental care, or if your Network General Dentist terminates from the network, Cigna Dental will let you know and will arrange a transfer to another Dental Office. Refer to the section titled "Office Transfers" if you wish to change your Dental Office.

To obtain a list of Dental Offices near you, visit our website at my.cigna.com, or call the Dental Office Locator at 1-800Cigna24. It is available 24 hours a day, 7 days per week. If you would like to have the list faxed to you, enter your fax number, including your area code. You may always obtain a current Dental Office Directory by calling Customer Service.

2. Appointments

To make an appointment with your Network Dentist, call the Dental Office that you have selected. When you call, your Dental Office will ask for your identification number and will check your eligibility.

3. Office Transfers

If you decide to change Dental Offices, we encourage you to complete any dental procedure in progress first. To arrange a transfer, call Customer Service at 1-800Cigna24.

To obtain a list of Dental Offices near you, visit our website at my.cigna.com, or call the Dental Office Locator at 1-800Cigna24.

Your transfer request may take up to 5 days to process. Transfers will be effective the first day of the month after the processing of your request. Unless you have an emergency, you will be unable to schedule an appointment at the new Dental Office until your transfer becomes effective. You can check the status of your request by visiting myCigna.com, or by calling us at 1-800Cigna24.

There is no charge to you for the transfer; however, all Copayments which you owe to your current Dental Office must be paid before the transfer can be processed. Copayments for procedures not completed at the time of transfer may be required to be prorated between your current Dental Office and the new Dental Office, but will not exceed the amount listed on your Patient Charge Schedule.

E. YOUR PAYMENT RESPONSIBILITY (General Care)

For Covered Services at your Dental Office, you will be charged the Copayments listed on your Patient Charge Schedule, subject to applicable exclusions and limitations. For services listed on your Patient Charge Schedule provided at any other dental office, you may be charged Usual Fees. For non-Covered Services, you are responsible for paying Usual Fees.

If, on a temporary basis, there is no Network General Dentist available in the Service Area to treat you, Cigna Dental will let you know and you may obtain Covered Services from a non-Network Dentist. You will pay the non-Network Dentist the applicable Copayment for Covered Services. Cigna Dental will pay the non-Network Dentist the difference between his or her Usual Fee and the applicable Copayment. If you seek treatment for Covered Services from a non-Network Dentist without approval from Cigna Dental, you will be responsible for paying the non-Network Dentist his or her Usual Fee.

See Section IV.G, *Specialty Referrals*, regarding payment responsibility for specialty care.

All contracts between Cigna Dental and Network Dentists state that you will not be liable to the Network Dentist for any sums owed to the Network Dentist by Cigna Dental.

F. SPECIALTY CARE

Your Network General Dentist at your Dental Office has primary responsibility for your professional dental care. Because you may need specialty care, the Cigna Dental Network includes the following types of specialty dentists:

- Pediatric Dentists – children's dentistry.
- Endodontists – root canal treatment.
- Periodontists – treatment of gums and bone.
- Oral Surgeons – complex extractions and other surgical procedures.

- Orthodontists – tooth movement.

When specialty care is needed, your Network General Dentist must start the referral process. X-rays taken by your Network General Dentist should be sent to the Network Specialty Dentist.

See Section IV.D, *Facilities- Choice of Dentist*, regarding treatment by a Pediatric Dentist.

G. SPECIALTY REFERRALS

1. IN GENERAL

Payment authorization is not required for coverage of services by a Network Specialty Dentist.

If your Patient Charge Schedule reflects coverage for Orthodontic services, a referral from a Network General Dentist is not required to receive care from a Network Orthodontist. However, your Network General Dentist may be helpful in assisting you to choose or locate a Network Orthodontist.

When Cigna Dental approves payment to the Network Specialty Dentist, the fees or no-charge services listed on the Patient Charge Schedule in effect on the date each procedure is started will apply, except as set out in Section V.A.7, *Orthodontics*.

If a pre-determination of treatment has been approved by Cigna Dental, such treatment by the Network Specialty Dentist must begin within 90 days from the date of Cigna Dental's approval. If you are unable to obtain treatment within the 90-day period, please call Customer Service to request an extension. Your coverage must be in effect when each procedure begins.

If Cigna Dental makes an Adverse Determination of the requested referral (i.e. Cigna Dental does not approval payment to the Network Specialty Dentist for Covered Services), or if the dental services sought are not Covered Services, you will be responsible to pay the Network Specialty Dentist's Usual Fee for the services rendered. If you have a question or concern regarding an approval or a denial, contact Customer Service.

Specialty referrals will be approved by Cigna Dental if the services sought are (i) Covered Services; (ii) rendered to an eligible customer; (iii) within the scope of the Specialty Dentists skills and expertise; and (iv) meet Clinical Necessity requirements. Cigna Dental may request medical information regarding your condition and the information surrounding the dentist's determination of the Clinical Necessity for the request. Cigna Dental shall respond in a timely fashion appropriate for the nature of your condition, not to exceed five business days from Cigna Dental's receipt of the information reasonably necessary and requested by Cigna Dental to make the determination. When you face imminent and serious threat to your health,

including, but not limited to, the potential loss of life, limb, or other major bodily function, or the normal time frame for the decision making process would be detrimental to your life or health or could jeopardize your ability to regain maximum function, the decision to approve, modify, or deny requests shall be made in a timely fashion appropriate for the nature of your condition, not to exceed 72 hours after receipt of the request. Decisions to approve, modify, or deny requests for approval prior to the provision of dental services shall be communicated to the requesting dentist within24 hours of the decision. Decisions resulting in denial, delay, or modification of all or part of the requested dental service shall be communicated to the Customer in writing within 2 business days of the decision. Adverse Determinations may be appealed as described in the Section entitled "What To Do If There Is A Problem/Grievances."

After the Network Specialty Dentist has completed treatment, you should return to your Network General Dentist for cleanings, regular checkups and other treatment. If you visit a Network Specialty Dentist without a referral or if you continue to see a Network Specialty Dentist after you have completed specialty care, it will be your responsibility to pay for treatment at the dentist's Usual Fees.

When your Network General Dentist determines that you need specialty care and a Network Specialty Dentist is not available, as determined by Cigna Dental, Cigna Dental will approve a referral to a non-Network Specialty Dentist. The referral procedures applicable to specialty care will apply. In such cases, you will be responsible for the applicable Copayment for Covered Services. Cigna Dental will reimburse the non-Network Dentist the difference between his or her Usual Fee and the applicable Copayment. For non-Covered Services or services not approved for payment, including Adverse Determinations, you must pay the dentist's Usual Fee. Or, if you seek treatment for Covered Services from a non-Network Dentist without approval from Cigna Dental, you will be responsible for paying the dentist's Usual Fee.

You may request from Customer Service a copy of the process that Cigna Dental uses to authorize, modify, or deny requests for specialty referrals and services.

2. SECOND OPINIONS

If you have questions or concerns about your treatment plan, second opinions are available to you upon request by calling Customer Service. Second opinions will generally be scheduled within 5 days. In the case of an imminent and serious health threat, as determined by Cigna Dental clinicians, second opinions will be rendered within 72 hours. Cigna Dental's policy statement on second opinions may be requested from Customer Service.

V. COVERED DENTAL SERVICES

A. CATEGORIES OF COVERED SERVICES

Dental procedures in the following categories of Covered Services are covered under your Dental Plan when listed on your Patient Charge Schedule and performed by your Network Dentist. Please refer to your Patient Charge Schedule for the procedures covered under each category and the associated Copayment.

1. DIAGNOSTIC/PREVENTIVE

Diagnostic treatment consists of the evaluation of a patient's dental needs based upon observation, examination, x-rays and other tests. Preventive dentistry involves the education and treatment devoted to and concerned with preventing the development of dental disease. Preventive Services includes dental cleanings, oral hygiene instructions to promote good home care and prevent dental disease, and fluoride application for children to strengthen teeth.

While most dental procedures are performed in the dentist's office, the Plan's contracted providers may suggest the use of teledentistry when appropriate for Plan members. Teledentistry provides an opportunity to remotely diagnose and formulate the member's treatment plan. If your dentist or dental provider determine that teledentistry is a viable option, members are encouraged to discuss and understand the nature of care prior to receiving the teledentistry services. Please refer to the Patient Charge Schedule for cost-sharing information for teledentistry visits.

a. Limitation

The frequency of certain Covered Services, like cleanings, is limited. Your Patient Charge Schedule lists any limitations on frequency. If your Network Dentist certifies to Cigna Dental that, due to medical necessity you require certain Covered Services more frequently than the limitation allows, Cigna Dental will waive the limitation.

2. RESTORATIVE (Fillings)

Restorative dentistry involves materials or devices used to replace lost tooth structure or to replace a lost tooth or teeth.

3. CROWN AND BRIDGE

An artificial crown is a restoration covering or replacing the major part, or the whole of the clinical crown of a tooth. A fixed bridge is a prosthetic replacement of one or more missing teeth cemented to the abutment teeth adjacent to the space. The artificial tooth used in a bridge to replace the missing tooth is called a pontic.

a. Complex Rehabilitation/Multiple Crown Units

Complex rehabilitation is extensive dental restoration involving 6 or more "units" of crown, bridge and/or implant supported prosthesis (including crowns and bridges) in the same treatment plan. Using full crowns (caps), fixed bridges and/or implant supported prosthesis (including crowns and bridges) which are cemented in place, your Network General Dentist will rebuild natural teeth, fill in spaces where teeth are missing and establish conditions which allow each tooth to function in harmony with the occlusion (bite). The extensive procedures involved in complex rehabilitation require an extraordinary amount of time, effort, skill and laboratory collaboration for a successful outcome.

Complex rehabilitation will be covered when performed by your Network General Dentist after consultation with you about diagnosis, treatment plan and charges. Each tooth or tooth replacement included in the treatment plan is referred to as a "unit" on your Patient Charge Schedule. The crown, bridge and/or implant supported prosthesis including crowns and bridges charges on your Patient Charge Schedule are for each unit of crown or bridge. You pay the per unit copayment for each unit of crown, bridge and/or implant supported prosthesis (including crowns and bridges) PLUS an additional charge for complex rehabilitation for each unit beginning with the 6th unit when 6 or more units are prescribed in your Network General Dentist's treatment plan. The additional charge for complex rehabilitation will not be applied to the first 5 units of crown or bridge.

Note: Complex Rehabilitation only applies for implant supported prosthesis, when implant supported prosthesis are specifically listed on your Patient Charge Schedule.

b. Limitations

(1) all charges for crown and bridge are per unit (each replacement or supporting tooth equals one unit).
(2) limit 1 every 5 years unless Cigna Dental determines that replacement is necessary because the existing crown or bridge is unsatisfactory as a result of poor quality of care, or because the tooth involved has experienced extensive loss or changes in tooth structure or supporting tissues since the placement of the crown or bridge.

c. Exclusion

(1) there is no coverage for crowns, bridges used solely for splinting. This exclusion will not apply if a crown or bridge is determined by Cigna Dental to be the treatment most consistent with professionally accepted standards of care.
(2) there is no coverage for implant supported prosthesis used solely for splinting unless specifically listed on your Patient Charge Schedule.
(3) there is no coverage for resin bonded retainers and associated pontics.
(4) there is no coverage for the recementation of any inlay,

onlay, crown, post and core, fixed bridge within 180 days of initial placement. Cigna Dental considers recementation within this timeframe to be incidental to and part of the charges for the initial restoration.

(5) the recementation of any implant supported prosthesis including crowns, bridges and dentures within 180 days of initial placement. Cigna Dental considers recementation within this timeframe to be incidental to and part of the charges for the initial restoration unless specifically listed on your Patient Charge Schedule.

4. ENDODONTICS

Endodontics is root canal treatment which may be required when the nerve of a tooth is damaged due to trauma, infection, or inflammation. Treatment consists of removing the damaged nerve from the root of the tooth and filling the root canal with a rubber-like material. Following endodontic treatment, a crown is usually needed to strengthen the weakened tooth.

Exclusions

1. Coverage is not provided for Endodontic treatment of teeth exhibiting a poor or hopeless periodontal prognosis.
2. Coverage is not provided for intentional root canal treatment in the absence of injury or disease to solely facilitate a restorative procedure.

5. PERIODONTICS

Periodontics is treatment of the gums and bone which support the teeth. Periodontal disease is chronic. It progresses gradually, sometimes without pain or other symptoms, destroying the support of the gums and bone. The disease is a combination of deterioration plus infection.

a. Preliminary Consultation

This consultation by your Network General Dentist is the first step in the care process. During the visit, you and your Network General Dentist will discuss the health of your gums and bone.

b. Evaluation, Diagnosis and Treatment Plan

If periodontal disease is found, your Network General Dentist or Network Specialty Dentist will develop a treatment plan. The treatment plan consists of mapping the extent of the disease around the teeth, charting the depth of tissue and bone damage and listing the procedures necessary to correct the disease.

Depending on the extent of your condition, your Network General Dentist or Network Specialty Dentist may recommend any of the following procedures:

(1) **Non-surgical Program**- this is a conservative approach to periodontal therapy. Use of this program depends upon how quickly you heal and how consistently

you follow instructions for home care. This program may include:

- scaling and root planning
- oral hygiene instruction
- full mouth debridement

(2) **Scaling and Root Planning**- this periodontal therapy procedure combines scaling of the crown and root surface with root planning to smooth rough areas of the root. This procedure may be performed by the dental hygienist or your Network General Dentist.

(3) **Osseous Surgery**- bone (osseous) surgery is a procedure used in advanced cases of periodontal disease to restructure the supporting gums and bone. Without this surgery, tooth or bone loss may occur. Two checkups by the Periodontist are covered within the year after osseous surgery.

(4) **Occlusal Adjustment**- occlusal adjustment requires the study of the contours of the teeth, how they bite (occlude) and their position in the arch. It consists of a recontouring of biting surfaces so that direct biting forces are along the long axis of the tooth. If the biting forces are not properly distributed, the bone which supports the teeth may deteriorate.

(5) **Bone Grafts and other regenerative procedures**- this procedure involves placing a piece of tissue or synthetic material in contact with tissue to repair a defect or supplement a deficiency.

c. Limitations

1. Periodontal regenerative procedures are limited to one regenerative procedure per site (or per tooth, if applicable), when covered on the Patient Charge Schedule.

2. Localized delivery of antimicrobial agents is limited to eight teeth (or eight sites, if applicable) per 12 consecutive months, when covered on the Patient Charge Schedule.

d. Exclusions

1. General anesthesia, sedation and nitrous oxide are not covered, unless specifically listed on your Patient Charge Schedule. When listed on your Patient Charge Schedule, IV sedation is covered when medically necessary and provided in conjunction with Covered Services performed by a Periodontist. General anesthesia is not covered when provided by a Periodontist. There is no coverage for general anesthesia or intravenous sedation when used for the purposes of anxiety control or patient management.

2. There is no coverage for Periodontal (gum tissue and supporting bone) surgery of teeth exhibiting a poor or hopeless periodontal prognosis.

3. There is no coverage for the replacement of an occlusal guard (night guard) beyond one per any 24

consecutive month period, when this limitation is noted on the Patient Charge Schedule.

4. There is no coverage for bone grafting and/or guided tissue regeneration when performed at the site of a tooth extraction, unless specifically listed on your Patient Charge Schedule.

5. There is no coverage for bone grafting and/or guided tissue regeneration when performed in conjunction with an apicoectomy or periradicular surgery.

6. There is no coverage for localized delivery of antimicrobial agents when performed alone or in the absence of traditional periodontal therapy.

6. ORAL SURGERY

Oral surgery involves the surgical removal of teeth or associated surgical procedures by your Network General Dentist or Network Specialty Dentist.

a. Limitation

The surgical removal of a wisdom tooth may not be covered if the tooth is not diseased or if the removal is only for orthodontic reasons. Temporary pain from normal eruption is not considered disease. Your Patient Charge Schedule lists any limitations on oral surgery.

b. Exclusion

General anesthesia, sedation and nitrous oxide are not covered unless specifically listed on your Patient Charge Schedule. When listed on your Patient Charge Schedule, general anesthesia and IV sedation are covered when medically necessary and provided in conjunction with Covered Services performed by an Oral Surgeon. There is no coverage for general anesthesia or intravenous sedation when used for the purposes of anxiety control or patient management.

7. ORTHODONTICS (This section is applicable only when Orthodontics is listed on your Patient Charge Schedule.)

a. Definitions - If your Patient Charge Schedule indicates coverage for orthodontic treatment, the following definitions apply:

(1) **Orthodontic Treatment Plan and Records** - the preparation of orthodontic records and a treatment plan by the Orthodontist.

(2) **Interceptive Orthodontic Treatment** - treatment prior to full eruption of the permanent teeth, frequently a first phase preceding comprehensive treatment.

(3) **Comprehensive Orthodontic Treatment** - treatment after the eruption of most permanent teeth, generally the final phase of treatment before retention.

(4) **Retention (Post Treatment Stabilization)** - the period following orthodontic treatment during which you may wear an appliance to maintain and stabilize the new position of the teeth.

b. Copayments

The Copayment for your entire orthodontic case, including retention, will be based upon the Patient Charge Schedule in effect on the date of your visit for Orthodontic Treatment Plan and Records. However, if (a) banding/appliance insertion does not occur within 90 days of such visit, (b) your treatment plan changes, or (c) there is an interruption in your coverage or treatment, a later change in the Patient Charge Schedule may apply.

The Copayment for orthodontic treatment is based upon 24 months of interceptive and/or comprehensive treatment. If you require more than 24 months of treatment in total, you will be charged an additional amount for each additional month of treatment, based upon the Orthodontist's Contract Fee. If you require less than 24 months of treatment, your Copayment will be reduced on a prorated basis.

c. Additional Charges

You will be responsible for the Orthodontist's Usual Fees for the following non-Covered Services:

(1) incremental costs associated with optional/elective materials, including but not limited to ceramic, clear, lingual brackets, or other cosmetic appliances;
(2) orthognathic surgery and associated incremental costs;
(3) appliances to guide minor tooth movement;
(4) appliances to correct harmful habits; and
(5) services which are not typically included in orthodontic treatment. These services will be identified on a case-by-case basis.

d. Orthodontics in Progress

If orthodontic treatment is in progress for you or your Dependent at the time you enroll, call Customer Service at 1-800Cigna24 to find out the benefit to which you are entitled based upon your individual case and the remaining months of treatment.

e. Exclusion

Replacement of fixed and/or removable orthodontic appliances (including fixed and removable orthodontic appliances) that have been lost, stolen, or damaged due to patient abuse, misuse or neglect.

B. EMERGENCY DENTAL CARE - REIMBURSEMENT

An emergency is a dental condition of recent onset and severity which would lead a prudent layperson possessing an average knowledge of dentistry to believe the condition needs immediate dental procedures necessary to control excessive bleeding, relieve severe pain, or eliminate acute infection. Emergency dental care services may include examination, x-rays, sedative fillings, dispensing of antibiotics or pain relief medication or

other palliative services prescribed by the treating dentist. You should contact your Network General Dentist if you have an emergency in your Service Area.

1. **Emergency Care Away From Home**
   If you have an emergency while you are out of your Service Area or you are unable to contact your Network General Dentist, you may receive emergency Covered Services as defined above from any general dentist. Routine restorative procedures or definitive treatment (e.g., root canal) are not considered emergency care. You should return to your Network General Dentist for these procedures. For emergency Covered Services, you will be responsible for the Copayments listed on your Patient Charge Schedule. Cigna Dental will reimburse you the difference between the dentist's usual fee for emergency Covered Services and your Copayment, up to a total of $50 per incident. To receive reimbursement, send the dentist's itemized statement to Cigna Dental at the address listed for your state on the front of this booklet.

2. **Emergency Care After Hours**
   There is a Copayment listed on your Patient Charge Schedule for emergency care rendered after regularly scheduled office hours. This charge will be in addition to other applicable Copayments.

VI. EXCLUSIONS

In addition to the exclusions listed in Section V, listed below are the services or expenses which are also NOT covered under your Dental Plan and which are your responsibility at the dentist's Usual Fees. There is no coverage for:

- services not listed on the Patient Charge Schedule.
- services provided by a non-Network Dentist without Cigna Dental's prior approval (except emergencies, as described in Section V.B.).
- services to the extent you, or your Dependent, are compensated for them under any group medical plan.
- services considered to be unnecessary or experimental in nature or do not meet commonly accepted dental standards..
- surgical placement of a dental implant; repair, maintenance, or removal of a dental implant; implant abutment(s); or any services related to the surgical placement of a dental implant, unless specifically listed on your Patient Charge Schedule.
- cosmetic dentistry or cosmetic dental surgery (dentistry or dental surgery performed solely to improve appearance) unless specifically listed on your Patient Charge Schedule. If bleaching (tooth whitening) is listed on your Patient Charge Schedule, only the use of take-home bleaching gel with trays is covered; all other types of bleaching methods are not covered.

- prescription medications.

- hospitalization, including any associated incremental charges for dental services performed in a hospital. Benefits are available for Network Dentist charges for Covered Services performed at a hospital. Other associated charges are not covered and should be submitted to the medical carrier for benefit determination. If special circumstances arise where a Network Dentist is not available, the Plan will make special arrangements for the provision of covered benefits as necessary for the dental health of the customer.

- procedures, appliances or restorations if the main purpose is to: (1) change vertical dimension (degree of separation of the jaw when teeth are in contact); (2) restore asymptomatic teeth where loss of tooth structure was caused by attrition, abrasion, erosion and/or abfraction and the primary purpose of the restoration is (a) to change the vertical dimension of occlusion; or (b) for cosmetic purposes.

- procedures or appliances for minor tooth guidance or to control harmful habits.

- charges by dental offices for failing to cancel an appointment or canceling an appointment with less than 24 hours notice (i.e. a broken appointment). You will be responsible for paying any broken appointment fee unless your broken appointment was unavoidable due to emergency or exigent circumstances.

- consultations and/or evaluations associated with services that are not covered.

- infection control and/or sterilization. Cigna Dental considers this to be incidental to and part of the charges for services provided and not separately chargeable.

- services to correct congenital malformations, including the replacement of congenitally missing teeth.

As noted in Section V, the following exclusions also apply:

- there is no coverage for crowns, bridges used solely for splinting. This exclusion will not apply if a crown or bridge is determined by Cigna Dental to be the treatment most consistent with professionally accepted standards of care.

- there is no coverage for implant supported prosthesis used solely for splinting unless specifically listed on your Patient Charge Schedule.

- there is no coverage for resin bonded retainers and associated pontics.

- general anesthesia, sedation and nitrous oxide are not covered, unless specifically listed on your Patient Charge Schedule. There is no coverage for general anesthesia or intravenous sedation when used for the purposes of anxiety control or patient management.

- replacement of fixed and/or removable orthodontic appliances (including fixed and removable orthodontic appliances) that have been lost, stolen, or damaged due to patient abuse, misuse or neglect.

- endodontic treatment and/or periodontal (gum tissue and supporting bone) surgery of teeth exhibiting a poor or hopeless periodontal prognosis.

- the recementation of any inlay, onlay, crown, post and core or fixed bridge within 180 days of initial placement. Cigna Dental considers recementation within this timeframe to be incidental to and part of the charges for the initial restoration.

- the recementation of any implant supported prosthesis (including crowns, bridges and dentures) within 180 days of initial placement. Cigna Dental considers recementation within this timeframe to be incidental to and part of the charges for the initial restoration unless specifically listed on your Patient Charge Schedule.

- the replacement of an occlusal guard (night guard) beyond one per any 24 consecutive month period., when this limitation is noted on the Patient Charge Schedule.

- intentional root canal treatment in the absence of injury or disease to solely facilitate a restorative procedure.

- bone grafting and/or guided tissue regeneration when performed at the site of a tooth extraction, unless specifically listed on your Patient Charge Schedule.

- bone grafting and/or guided tissue regeneration when performed in conjunction with an apicoectomy or periradicular surgery.

- localized delivery of antimicrobial agents when performed alone or in the absence of traditional periodontal therapy.

Should any law require coverage for any particular service(s) noted above, the exclusion for that service(s) shall not apply.

VII. LIMITATIONS

In addition to the limitations listed in Section V, listed below are the services or expenses which have limited coverage under your Dental Plans. No payment will be made for expense incurred or services received:

- for or in connection with an injury arising out of, or in the course of, any employment for wage or profit;

- for charges which would not have been made in any facility, other than a Hospital or a Correctional Institution owned or operated run by the United States Government or by a state or municipal government if the person had no insurance;

- to the extent that payment is unlawful where the person resides when the expenses are incurred or the services are received;

- for the charges which the person is not legally required to pay;
- for charges which would not have been made of the person had no insurance;
- due to injuries which are intentionally self-inflicted.

In addition to the above the following limitations will also apply:

- **Clinical Oral Evaluations** – When this limitation is noted on the Patient Charge Schedule, periodic oral evaluations, comprehensive oral evaluations, comprehensive periodontal evaluations, and oral evaluations for patients under three years of age, are limited to a combined total of 4 evaluations during a 12 consecutive month period.
- **Surgical Placement of Implant Services** – When covered on the Patient Charge Schedule, surgical placement of a dental implant; repair, maintenance, or removal of a dental implant; implant abutment(s); or any services related to the surgical placement of a dental implant are limited to one per year with replacement of a surgical implant frequency limitation of one every 10 years.
- **Prosthesis Over Implant** – When covered on the Patient Charge Schedule, a prosthetic device, supported by an implant or implant abutment is considered a separate distinct service(s) from surgical placement of an implant. Replacement of any type of prosthesis with a prosthesis supported by an implant or implant abutment is only covered if the existing prosthesis is at least 5 calendar years old, is not serviceable and cannot be repaired.

Should any law require coverage for any particular service(s) noted above, the limitation for that service(s) shall not apply.

VIII. WHAT TO DO IF THERE IS A PROBLEM/GRIEVANCES

For the purposes of this section, any reference to "you" or "your" also refers to a representative or dentist designated by you to act on your behalf.

Most problems can be resolved between you and your dentist. However, we want you to be completely satisfied with the Dental Plan. That is why we have established a process for addressing your concerns and complaints. The complaint procedure is voluntary and will be used only upon your request. No Plan employee shall retaliate or discriminate against a customer (including seeking disenrollment of the customer) solely on the basis that the customer filed a grievance. Instances of such retaliation or discrimination shall be grounds for disciplinary action, (including termination) against the employee.

A. YOUR RIGHTS TO FILE GRIEVANCES WITH CIGNA DENTAL

We want you to be completely satisfied with the care you receive. That is why we have established an internal grievance process for addressing your concerns and resolving your problems.

Grievances include both complaints and appeals. Complaints may include concerns about people, quality of service, quality of care, benefit interpretations or eligibility. Appeals are requests to reverse a prior denial or modified decision about your care. You may contact us by telephone or in writing with a grievance.

B. HOW TO FILE A GRIEVANCE

To contact us by phone, call us toll-free at 1-800Cigna24 or the toll-free telephone number on your Cigna identification card. The hearing impaired may call the state TTY toll-free service listed in their local telephone directory.

Send written grievances to:

Cigna Dental Health of California, Inc.
P.O. Box 188047
Chattanooga, TN 37422-8047

We will provide you with a grievance form upon request, but you are not required to use the form in order to make a written grievance.

You may also submit a grievance online through the following Cigna website: http://my.cigna.com/health/consumer/medical/state/ca.html#dental.

If the Customer is a minor, is incompetent or unable to exercise rational judgment or give consent, the parent, guardian, conservator, relative, or other legal representative acting on behalf of the Customer, as appropriate, may submit a grievance to Cigna Dental or the California Department of Managed Health Care (DMHC or "Department"), as the agent of the Customer. Also, a participating dentist may join with or assist you or your agent in submitting a grievance to Cigna Dental or the DMHC.

1. Complaints

If you are concerned about the quality of service or care you have received, a benefit interpretation, or have an eligibility issue, you should contact us to file a verbal or written complaint. If you contact us by telephone to file a complaint, we will attempt to document and/or resolve your complaint over the telephone. If we receive your complaint in writing, we will send you a letter confirming that we received the complaint within 5 calendar days of receiving your notice. This notification will tell you whom to contact should you have questions or would like to submit additional information about your complaint. We will investigate your complaint and will notify you of the outcome within 30 calendar days.

2. Appeals

If your grievance does not involve a complaint about the quality of service or care, a benefit interpretation or an eligibility issue, but instead involves dissatisfaction with the outcome of a decision that was made about your care and you want to request Cigna Dental to reverse the previous decision, you should contact us within one year of receiving the denial notice to file a verbal or written appeal. Be sure to share any new information that may help justify a reversal of the original decision. Within 5 calendar days from when we receive your appeal, we will confirm with you, in writing, that we received it. We will tell you whom to contact at Cigna Dental should you have questions or would like to submit additional information about your appeal. We will make sure your appeal is handled by someone who has authority to take action and who was not involved in the original decision. We will investigate your appeal and notify you of our decision, within 30 calendar days. You may request that the appeal process be expedited, if there is an imminent and serious threat to your health, including severe pain, potential loss of life, limb or major bodily function. A Dental Director for Cigna Dental, in consultation with your treating dentist, will decide if an expedited appeal is necessary. When an appeal is expedited, Cigna Dental will respond orally and in writing with a decision within 72 hours.

C. YOU HAVE ADDITIONAL RIGHTS UNDER STATE LAW

Cigna Dental is regulated by the California Department of Managed Health Care (DMHC or the "Department"). If you are dissatisfied with the resolution of your complaint or appeal, the law states that you have the right to submit the grievance to the department for review as follows:

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at 1-800Cigna24 and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature

and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **1-888-HMO-2219** and a TDD line **1-877-688-9891** for the hearing and speech impaired. The department's Internet Web site **http://www.hmohelp.ca.gov** has complaint forms, IMR application forms and instructions online.

There is no application or processing fee of any kind associated with the Independent Medical Review process.

You may file a grievance with the DMHC if Cigna Dental has not completed the complaint or appeal process described above within 30 days of receiving your grievance. You may immediately file an appeal with Cigna Dental and/or the DMHC in a case involving an imminent and serious threat to the health, including, but not limited to, severe pain, the potential loss of life, limb, or major bodily function, or in any other case where the DMHC determines that an earlier review is warranted.

D. VOLUNTARY MEDIATION

If you have received an appeal decision from Cigna Dental with which you are not satisfied, you may also request voluntary mediation with us before exercising the right to submit a grievance to the DMHC. In order for mediation to take place, you and Cigna Dental each have to voluntarily agree to the mediation. Cigna Dental will consider each request for mediation on a case-by-case basis. Each side will equally share the expenses of the mediation. To initiate mediation, please submit a written request to the Cigna Dental address listed above. If you request voluntary mediation, you may elect to submit your grievance directly to the DMHC after participating in the voluntary mediation process for at least 30 days.

For more specific information regarding these grievance procedures, please contact our Customer Service Department.

IX. COORDINATION OF BENEFITS

Coordination of benefit rules explain the payment process when you are covered by more than one dental plan. You and your Dependents may not be covered twice under this Dental Plan. If you and your spouse have enrolled each other or the same Dependents twice, please contact your Benefit Administrator.

If you or your Dependents have dental coverage through your spouse's employer or other sources, applicable coordination of benefit rules will determine which coverage is primary or secondary. In most cases, the plan covering you as an employee is primary for you, and the plan covering your spouse as an employee is primary for him or her. Your children are generally covered as primary by the plan of the parent whose birthday occurs earlier in the year. Coordination of Benefits should result in lowering or eliminating your out-of-pocket expenses. It should not result in reimbursement for more than 100% of your expenses.

The following is a more detailed explanation of the rules used to determine which plan must pay first (your "primary" plan) and which plan must pay second (your "secondary" plan):

A. A customer may be covered as an employee by his/her employer and as a dependent by his/her spouse's employer. The plan that covers the Customer as an employee (the policyholder) is the primary plan.

B. Under most circumstances, if a child is covered as a dependent under both parents' coverage (and parents are not separated or divorced), the plan of the parent with the earliest birthday in the year is the primary plan.

C. If a child of divorced or separated parents is covered as a dependent under at least one of the parents' (or stepparents') coverage, benefits are determined in the following order:

1. According to a court decree that designates the person financially responsible for the dental care coverage; or without such decree,
2. The plan of the parent who has custody of the child;
3. If the parent with custody of the child is remarried, then the stepparent's plan; and finally,
4. The plan of the parent without custody of the child.

D. The benefits of a plan that covers an active employee (and any dependents) are determined before those of a program which covers an inactive employee (laid-off or retired). However, if one of the plans does not have a provision regarding retired or laid-off employees, this section may not apply. Please contact the Plan at the number below for further instruction.

E. If a Customer is covered under a continuation plan (e.g. COBRA) AND has coverage under another plan, the following determines the order of benefits:

1. The plan that covers the customer as an employee (or dependent of employee) will be primary;
2. The continuation plan will be secondary.

However, if the plan that covers the person as an employee does not follow these guidelines and the plans disagree about the order of determining benefits, then this rule may be ignored. Please contact Cigna Dental at the number below for further instructions.

F. If none of the above rules determines the order of benefits, the plan that has been in effect longer is the primary plan. To determine which plan has been in effect longer, we will take into consideration the coverage you had previously with the same employer, even if it was a different plan, as long as there was no drop in eligibility during the transition between plans.

G. WORKERS' COMPENSATION - Should any benefit or service rendered result from a Workers' Compensation Injury Claim, the Customer shall assign his/her right to reimbursement from other sources to Cigna Dental or to the Participating Dentist who rendered the service.

H. When Cigna Dental is primary, we will provide or pay dental benefits without considering any other plan's benefits. When Cigna Dental is secondary, we shall pay the lesser of either the amount that we would have paid in the absence of any other dental coverage, or your total out of pocket cost payable under the primary dental plan for benefits covered by Cigna Dental.

I. Please call Cigna Dental at 1-800Cigna24 if you have questions about which plan will act as your primary plan or if you have other questions about coordination of benefits.

Additional coordination of benefit rules are attached to the Group Contract and may be reviewed by contacting your Benefit Administrator. Cigna Dental coordinates benefits only for specialty care services.

X. DISENROLLMENT FROM THE DENTAL PLAN - TERMINATION OF BENEFITS

Except for extensions of coverage as otherwise provided in the sections titled "Extension/Continuation of Benefits" or in your Group Contract, disenrollment from the Dental Plan/termination of benefits and coverages will be as follows:

A. FOR THE GROUP

The Dental Plan is renewable with respect to the Group except as follows:

1. for nonpayment of the required Prepayment Fees;
2. for fraud or other intentional misrepresentation of material fact by the Group;
3. low participation (i.e. less than ten enrollees);
4. if the Dental Plan ceases to provide or arrange for the provision of dental services for new Dental Plans in the state; provided, however, that notice of the decision to cease new or existing dental plans shall be provided as required by law at least 180 days prior to discontinuation of coverage; or
5. if the Dental Plan withdraws a Group Dental Plan from the market; provided, however, that notice of withdrawal shall be provided as required by law at least 90 days prior to the discontinuation and that any other Dental Plan offered is made available to the Group.

B. FOR YOU AND YOUR ENROLLED DEPENDENTS

The Dental Plan may not be canceled or not renewed except as follows:

1. failure to pay the charge for coverage if you have been notified and billed for the charge and at least 15 days have elapsed since the date of notification.
2. fraud or deception in the use of services or Dental Offices or knowingly permitting such fraud or deception by another.

C. TERMINATION EFFECTIVE DATE

The effective date of the termination shall be as follows:

1. Cigna Dental shall provide written notice of non-receipt of payment on or before the twelfth (12th) day of the month following the month for which Premiums/Prepayment Fees remain due and owing. The Group shall have an additional thirty-one (31) days for the payment of any Premium/Prepayment Fee. The Contract shall remain in full force and effect during

this Grace Period. If the Premium/Prepayment Fees are not remitted by the end of the Grace Period, the Contract will terminate on the last day of the Grace Period.
2. in the case of failure to meet eligibility requirements enrollment will be canceled as of the date of termination specified in the written notice, provided that at least 15 days have expired since the date of notification.
3. on the last day of the month after voluntary disenrollment.
4. termination of Benefits due to fraud or deception shall be effective immediately upon receipt of notice of cancellation.

D. EFFECT ON DEPENDENTS

When one of your Dependents disenrolls, you and your other Dependents may continue to be enrolled. When you are disenrolled, your Dependents will be disenrolled as well.

For you and your Dependents, disenrollment will be effective the last day of the month in which Prepayment Fees are not paid to Cigna Dental. Cigna Dental will provide at least 15 days notice to your Group as to the date your coverage will be discontinued.

E. RIGHT TO REVIEW

If you believe that your termination from the Dental Plan is due to your dental health status or requirements for dental care services, you may request review of the termination by the Director of the Department of Managed Health Care.

F. NOTICE OF TERMINATION

If the Group Contract is terminated for any reason described in this section, the notice of termination of the Group Contract or your coverage under the Group Contract shall be mailed by the Dental Plan to your Group or to you, as applicable. Such notice shall be dated and shall state:

1. the cause for termination, with specific reference to the applicable provision of the Group Contract or Plan Booklet;
2. the cause for termination was not the Subscriber's or a Customer's health status or requirements for health care services;
3. the time the termination is effective;
4. the fact that a Subscriber or Customer alleging that the termination was based on health status or requirements for health care services may request a review of the termination by the Director of the California Department of Managed HealthCare;
5. in instances of termination of the Group Contract for non-payment of fees, that receipt by the Dental Plan of any such past due fees within 15 days following receipt of notice of termination will reinstate the Group Contract as though it had never been terminated; if payment is not made within such 15 day period a new application will be required and the Dental Plan shall refund such payment within 20 business days;
6. any applicable rights you may have under the "Continuation of Benefits" Section.

XI. CONTINUITY OF CARE

If you are receiving care from a Network Dentist who has been terminated from the Cigna Dental network, Cigna Dental will arrange for you to continue to receive care from that dentist if the dental services you are receiving are for one of the following conditions:

(1) an acute condition. An acute condition is a dental condition that involves a sudden onset of symptoms due to an illness, injury, or other dental problem that requires prompt dental attention and that has a limited duration. Completion of the covered services shall be provided for the duration of the acute condition.
(2) newborn children between birth and age 36 months. Cigna Dental shall provide for the completion of covered services for newborn children between birth and age 36 months for 12 months from the termination date of the Network Dentist's contract.
(3) performance of a surgery or other procedure that is approved by Cigna Dental and has been recommended and documented by the terminated dentist to occur within 180 days of the effective date of termination of the dentist's contract.

Cigna Dental is not obligated to arrange for continuation of care with a terminated dentist who has been terminated for medical disciplinary reasons or who has committed fraud or other criminal activities.

In order for the terminated Participating Dentist to continue to care for you, the terminated dentist must comply with the Cigna Dental's contractual and credentialing requirements and must meet the Cigna Dental's standards for utilization review and quality assurance. The terminated dentist must also agree with Cigna Dental to a mutually acceptable rate of payment. If these conditions are not met, Cigna Dental is not required to arrange for continuity of care.

If you meet the necessary requirements for continuity of care as described above, and would like to continue your care with the terminated Dentist, you should call Customer Service.

If you do not meet the requirements for continuity of care or if the terminated dentist refuses to render care or has been determined unacceptable for quality or contractual reasons, Cigna Dental will work with you to accomplish a timely transition to another qualified Network Dentist.

XII. CONTINUATION OF BENEFITS (COBRA)

For Groups with 20 or more employees, federal law requires the employer to offer continuation of benefits coverage for a specified period of time after termination of employment or reduction of work hours, for any reason other than gross misconduct. You will be responsible for sending payment of the required Prepayment Fees to the Group. Additional information is available through your Benefits Representative.

XIII. INDIVIDUAL CONTINUATION OF BENEFITS

If you are no longer eligible for coverage under your Group's Dental Plan, you and your enrolled Dependents may continue your dental coverage by enrolling in the Cigna Dental conversion plan. You must enroll within 3 months after becoming ineligible for your Group's Dental Plan. Premium payments and coverage will be retroactive to the date coverage under your Group's Dental Plan ended. You and your enrolled Dependents are eligible for conversion coverage unless benefits were discontinued due to:

- permanent breakdown of the dentist-patient relationship,
- fraud or misuse of dental services and/or Dental Offices,
- nonpayment of Prepayment Fees by the Subscriber,
- selection of alternate dental coverage by your Group, or
- lack of network/service area.

Benefits and rates for Cigna Dental conversion coverage and any succeeding renewals will be based on the Covered Services listed in the then-current standard conversion plan and may not be the same as those for your Group's Dental Plan. Please call the Cigna Dental Conversion Department at 1-800Cigna24 to obtain current rates and make arrangements for continuing coverage.

XIV. CONFIDENTIALITY/PRIVACY

Cigna Dental is committed to maintaining the confidentiality of your personal and sensitive information. Information about Cigna Dental's confidentiality policies and procedures is made available to you during the enrollment process and/or as part of your customer plan materials. You may obtain additional information about Cigna Dental's confidentiality policies and procedures by calling Customer Service at 1-800Cigna24, or via the Internet at my.cigna.com.

A STATEMENT DESCRIBING CIGNA DENTAL'S POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

XV. MISCELLANEOUS

A. PROGRAMS PROMOTING GENERAL HEALTH

As a Cigna Dental plan customer, you may be eligible for various benefits, or other consideration for the purpose of promoting your general health and well being. Please visit our website at my.cigna.com for details.

As a Cigna Dental plan customer, you may also be eligible for additional dental benefits during certain episodes of care. For example, certain frequency limitations for dental services may be relaxed for [pregnant women] [for other medical conditions]. Please review your plan enrollment materials for details.

B. ORGAN AND TISSUE DONATION

Donating organ and tissue provides many societal benefits. Organ and tissue donation allows recipients of transplants to go on to lead fuller and more meaningful lives. Currently, the need for organ transplants far exceeds availability. The California Health and Safety Code states that an anatomical gift may be made by one of the following ways:

- a document of gift signed by the donor.
- a document of gift signed by another individual and by two witnesses, all of whom have signed at the direction and in the presence of the donor and of each other and state that it has been so signed.
- a document of gift orally made by a donor by means of a tape recording in his or her own voice.

One easy way individuals can make themselves eligible for organ donation is through the Department of Motor Vehicles (DMV). Every time a license is renewed or a new one is issued to replace one that was lost, the DMV will automatically send an organ donor card. Individuals may complete the card to indicate that they are willing to have their organs donated upon their death. They will then be given a small dot to stick on their driver's license, indicating they have an organ donor card on file. For more information, contact your local DMV office and request an organ donor card.

C. 911 EMERGENCY RESPONSE SYSTEM

You are encouraged to use appropriately the 911 emergency response system, in areas where the system is established and operating, when you have an emergency medical condition that requires an emergency response.

CALIFORNIA LANGUAGE ASSISTANCE PROGRAM NOTICE

IMPORTANT INFORMATION ABOUT FREE LANGUAGE ASSISTANCE

No Cost Language Services for customers who live in California and customers who live outside of California who are covered under a policy issued in California. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-800-244-6224 for Cigna medical/dental or 1-866-421-8629 for Cigna Behavioral Health mental health/substance abuse. For more help, call either the HMO Help Center at 1-888-466-2219 or for Non-HMO plans (e.g. PPO) call the CA Dept. of Insurance at 1-800-927-4357. **English**

Servicios de idioma sin costo para asegurados que viven en California y para asegurados que viven fuera de California y que están cubiertos por una póliza emitida en California. Puede obtener un intérprete. Puede hacer que le lean los documentos en español y que le envíen algunos de ellos en ese idioma. Para obtener ayuda, llámenos al número que aparece en su tarjeta de identificación o al

1-800-244-6224 para servicios médicos/dentales de Cigna o al 1-866-421-8629 para servicios de salud mental/farmacodependencia de Cigna Behavioral Health. Para obtener ayuda adicional, llame al Centro de ayuda HMO al 1-888-466-2219 o para los planes que no sean HMO (p. ej. PPO) llame al Departamento de Seguros de CA al 1-800-927-4357. **Spanish**

居住在加州境內的被保人和居住在加州境外但受到加州境內核發保單承保的被保人可取得免費語言服務。您可取得口譯員服務。我們可以用中文將文件讀給您聽，並將部分備有中文版的文件寄送給您。欲取得協助，請撥打您會員卡上所列示的電話號碼，或致電 1-800-244-6224 **與** Cigna **醫療 / 牙科聯絡，或撥打** 1-866-421-8629 **聯繫** Cigna Behavioral Health **精神健康 / 物質濫用。欲取得其他協助，請致電** 1-888-466-2219 **與** HMO **協助中心聯絡，或非** HMO **計畫（例如：**PPO**）請致電** 1-800-927-4357 **與加州保險部聯絡。Chinese**

خدمات لغوية بدون تكلفة للعملاء المقيمين في ولاية كاليفورنيا والعملاء المقيمين خارج ولاية كاليفورنيا الذين تشملهم سياسة تأمين صادرة في ولاية كاليفورنيا. يمكنكم الحصول على المساعدة، اتصل بنا على الرقم المبين على بطاقة عضويتك أو على الرقم 1-800-244-6244 لخدمات Cigna الطبية / صحة الأسنان أو على الرقم 1-866-421-8629 لخدمات Cigna للصحة السلوكية والنفسية / إساءة استخدام المواد المخدرة. للحصول على المزيد من المساعدة، اتصل إما بمركز HMO للمساعدة على الرقم 1-888-466-2219 أو للبرامج الأخرى غير HMO (مثل PPO)، اتصل بإدارة التأمين لولاية كاليفورنيا على الرقم 1-800-927-4357. **Arabic**

캘리포니아 거주 고객 및 캘리포니아에서 발행된 보험으로 보장을 받는 캘리포니아 이외 지역 거주 고객님들을 위한 **무료 언어 지원 서비스**. 귀하는 통역 서비스를 받으실 수 있습니다. 한국어로 서류를 낭독해주는 서비스를 받으실 수 있으며 한국어로 번역된 서류를 받아보실 수도 있습니다. 도움이 필요하신 분은 본인의 ID 카드상에 기재된 안내번호 혹은 Cigna 의료/치과 안내번호(1-800-244-6224번), 혹은 Cigna Behavioral Health 정신 건강/약물 남용 안내번호(1-866-421-2219번)으로 연락해주십시오. 더 많은 도움이 필요하신 분은 HMO 헬프 센터(HMO Help Center), 안내번호 1-888-466-2219번으로 문의하시거나비-HMO 플랜(예: PPO)에 해당하시는 분은 캘리포니아주 보험국(CA Dept. of Insurance), 안내번호 1-800-927-4357번으로 연락해주십시오. **Korean**

Walang Gastos na Mga Serbisyo sa Wika para sa mga customer na nakatira sa California at mga customer na nakatira sa labas ng California na sakop ng isang polisiyang inisyu sa California. Makakakuha ka ng interpreter. Maaari mong ipabasa para sa iyo ang mga dokumento at maaaring ipadala sa iyo ang ilan sa iyong wika. Para sa tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-800-244-6224 para sa medikal/dental ng Cigna o sa 1-866-421-8629 para sa kalusugang pangkaisipan/pag-abuso sa droga ng Cigna Behavioral Health. Para sa karagdagang tulong, tumawag sa HMO Help Center sa 1-888-466-2219 o para sa mga planong Hindi HMO (hal. PPO) tawagan ang CA Dept. of Insurance sa 1-800-927-4357. **Tagalog**

Dịch vụ trợ giúp ngôn ngữ miễn phí cho khách hàng sinh sống trong tiểu bang California và khách hàng sống ngoài California được đài thọ qua một hợp đồng bảo hiểm y tế ký kết tại California. Quý vị có thể được cấp thông dịch viên. Quý vị có thể được có người đọc văn bản cho quý vị hoặc được nhận tài liệu, văn bản bằng ngôn ngữ của quý vị. Để được giúp đỡ, vui lòng gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên (ID) của quý vị hoặc gọi cho chương trình bảo hiểm y tế/nha khoa Cigna tại số 1-800-244-6224, hoặc gọi số 1-866-421-8629 cho chương trình chăm sóc sức khỏe tâm thần/lạm dụng chất gây nghiện thuộc Chương trình Sức khỏe Hành vi của Cigna. Để được giúp đỡ thêm, vui lòng gọi Trung tâm Trợ giúp HMO tại 1-888-466-2219 hoặc gọi Bộ Bảo hiểm California

tại số 1-800-927-4357 cho các vấn đề thuộc các chương trình bảo hiểm không thuộc loại HMO (như các chương trình PPO). **Vietnamese**

សេវាបកប្រែភាសាដោយឥតគិតថ្លៃ សំរាប់អតិថិជនដែលរស់នៅក្នុងរដ្ឋកាលីហ្វ័រនីញ៉ា និងអតិថិជនដែលរស់នៅក្រៅរដ្ឋកាលីហ្វ័រនីញ៉ា ដែលបានរាំប់រង នៅក្រោមច្បាប់សន្សា បានចេញឲ្យក្នុងរដ្ឋកាលីហ្វ័រនីញ៉ា។ អ្នកអាចទទួលជំនួយពីអ្នកបកប្រែបាន។ អ្នកអាចឲ្យគេអានឯកសារជូនអ្នក និងឆ្លើឯកសារខ្លះ ទៅឲ្យអ្នក ជាភាសាខ្មែរ។ សំរាប់ជំនួយ សូមទូរស័ព្ទមកយើង តាមលេខមានកត់នៅលើប័ណ្ណ ID របស់អ្នក ឬលេខ 1-800-244-6224 សំរាប់ខាង សុខភាព/ធ្មេញ Cigna ឬ 1-866-421-8629 សំរាប់ខាងឥរិយាបថ សុខភាពអារម្មណ៍/ការរំលោភសារធាតុញៀន Cigna។ សំរាប់ជំនួយថែមទៀត ទូរស័ព្ទទៅមជ្ឈមណ្ឌលជំនួយ HMO តាមលេខ 1-888-466-2219 ឬសំរាប់គំរោងមិនមែនជា HMO (ដូចជា PPO) ទូរស័ព្ទទៅ ក្រសួងធានារាំប់រង រដ្ឋកាលីហ្វ័រនីញ៉ា តាមលេខ 1-800-927-4357។ **Khmer**

ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਉਹਨਾਂ ਗਾਹਕਾਂ ਲਈ ਹਨ ਜੋ ਕੈਲੀਫ਼ੋਰਨੀਆ ਵਿੱਚ ਰਹਿੰਦੇ ਹਨ ਅਤੇ ਉਹਨਾਂ ਗਾਹਕਾਂ ਲਈ ਜੋ ਕੈਲੀਫ਼ੋਰਨੀਆ ਤੋਂ ਬਾਹਰ ਰਹਿੰਦੇ ਹਨ ਅਤੇ ਕੈਲੀਫ਼ੋਰਨੀਆ ਵਿੱਚ ਜਾਰੀ ਕੀਤੀ ਗਈ ਪਾਲਿਸੀ ਦੇ ਅਧੀਨ ਕਵਰਡ ਹਨ। ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਆ ਮਿਲ ਸਕਦਾ ਹੈ। ਤੁਹਾਨੂੰ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਦਸਤਾਵੇਜ਼ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ ਅਤੇ ਕੁਝ ਤੁਹਾਨੂੰ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ ਸਾਨੂੰ ਆਪਣੇ ਆਈ.ਡੀ. ਕਾਰਡ ਉੱਤੇ ਦਿੱਤੇ ਗਏ ਨੰਬਰ ਤੇ ਜਾਂ Cigna ਮੈਡੀਕਲ/ਡੈਂਟਲ ਲਈ 1-800-244-6224 ਤੇ ਜਾਂ Cigna ਵਿਵਹਾਰਕ ਸਿਹਤ ਮਾਨਸਿਕ ਸਿਹਤ/ਪਦਾਰਥਾਂ ਦੇ ਦੁਰਉਪਯੋਗ ਲਈ 1-866-421-8629 ਤੇ ਫੋਨ ਕਰੋ। ਹੋਰ ਮਦਦ ਲਈ, ਜਾਂ ਤਾਂ HMO ਮਦਦ ਕੇਂਦਰ ਨੂੰ 1-888-466-2219 ਤੇ ਫੋਨ ਕਰੋ ਜਾਂ ਗੈਰ HMO ਯੋਜਨਾਵਾਂ (ਉਦਾਹਰਣ ਲਈ PPO) ਲਈ CA ਦੇ ਬੀਮਾ ਵਿਭਾਗ (CA Dept. of Insurance) ਨੂੰ 1-800-927-4357 ਤੇ ਫੋਨ ਕਰੋ। **Punjabi**

خدمات مجانی مربوط به زبان برای مشتریانی که در کالیفرنیا زندگی می کنند و مشتریانی که در خارج کالیفرنیا زندگی کرده و بر اساس بیمه نامه ای که در کالیفرنیا صادر شده تحت پوشش هستند. می توانید از خدمات یک مترجم شفاهی برخوردار شوید. می توانید بگوئید که مدارک به زبان شما برایتان قرائت شوند و برخی از آنها به زبان شما برایتان ارسال شوند. برای دریافت کمک، با ما از طریق شماره تلفنی که روی کارت شناسائی شما قید شده است تماس بگیرید و یا به شماره 1-800-244-6224 برای طرح پزشکی/دندانپزشکی Cigna و یا به شماره 1-866-421-8629 برای برنامه بهداشت روانی/سوء استفاده از مواد مخدر طرح بهداشت رفتاری Cigna تلفن کنید. برای دریافت کمک بیشتر، به مرکز کمک HMO به شماره 1-866-466-2219 و یا برای طرح های غیر HMO (برای مثال PPO) به اداره بیمه کالیفرنیا به شماره 1-800-927-4357 تلفن کنید. **Persian**

無料の言語サービス。カリフォルニア州にお住まいのお客様、および、カリフォルニア州外にお住まいで、カリフォルニア州において発行された保険のお客様が対象。通訳がご利用でき、書類を日本語でお読みします。また、書類によっては日本語版をお届けできるものもあります。サービスをご希望の方は、IDカードに記載の電話番号、またはCigna医療・歯科サービス担当：1-800-244-6224、またはCigna Behavioral Health（メンタルヘルス・薬物乱用）サービス担当：1-866-421-8629までご連絡ください。その他のお問い合わせは、HMO Help Center：1-888-466-2219、またはNon-HMOプラン（例：PPO「優先医療給付機構」）については、カリフォルニア州保険庁、1-800-927-4357までご連絡ください。**Japanese**

Бесплатные услуги перевода для клиентов, проживающих на территории штата Калифорния, а также для тех клиентов, которые проживают за его пределами и имеют страховой полис, выданный в штате Калифорния. Вы имеете право воспользоваться услугами устного переводчика. Вам могут прочесть ваши документы, а также выслать перевод некоторых из них на вашем языке. Для получения помощи, позвоните нам по телефону, указанному в вашей Идентификационной карте, по вопросам медицинского и стоматологического обслуживания, предоставляемого компанией Cigna, позвоните по телефону 1-800-244-6224, по вопросам связанным с психическим здоровьем/злоупотреблением алкоголем или наркотиками обращайтесь по телефону 1-866-421-8629 в программу Cigna Behavioral Health. Для получения дополнительной помощи обращайтесь либо в Центр поддержки HMO по телефону 1-888-466-2219 либо обращайтесь в Министерство страхования штата Калифорния (CA Dept. of Insurance) по телефону 1-800-927-4357 для получения информации в отношении не HMO планов (например PPO). **Russian**

Անվճար Լեզվական Ծառայություններ անդամների համար, ովքեր բնակվում են Կալիֆորնիայում և անդամների համար, ովքեր բնակվում են Կալիֆորնիայից դուրս բայց ապահովագրված են Կալիֆորնիայում տրված ապահովագրությամբ: Դուք կարող եք թարգմանիչ ձեռք բերել: Դուք կարող եք փաստաթղթերը ձեր լեզվով ընթերցել տալ ձեզ համար և նրանց մի մասը ստանալ ձեր լեզվով: Օգնության համար, զանգահարեք մեզ ձեր ինքնության (ID) տոմսի վրա նշված համարով կամ՝ 1-800-244-6244, Cigna-ի բժշկական/ատամնաբուժական ծրագրի համար կամ՝ 1-866-421-8629 Cigna Վարվեցողական Առողջապահության հոգկեան առողջության/թմրամոլության համար: Լրացուցիչ օգնության համար զանգահարեք կա՛մ HMO-ի Օգնության կենտրոն 1-888-466-2219 համարով կամ՝ Ոչ-HMO ծրագրերի համար (օրինակ՝ PPO) զանգահարեք Կալիֆորնիայի Ապահովագրության Բաժանմունք 1-800-927-4357 համարով: **Armenian**

Cov Kev Pab Txhais Lus Uas Tsis Tau Them Nqi rau cov qhua uas nyob hauv xeev California thiab cov qhua uas nyob tawm Xeev California uas tau muaj kev pov fwm los ntawm California. Koj yeej muaj tau tus neeg txhais lus. Koj hais tau kom muab cov ntawv nyeem rau koj mloog thiab kom muab qee cov ntaub ntawv txhais ua koj hom lus xa rau. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-800-244-6224 rau Cigna chaw pab them nqi kho mob/kho hniav los sis 1-866-421-8629 rau Cigna Chaw pab them nqi kho Kev Coj Cuj Pwm kev puas hlwb/kev quav tshuaj yeeb dej caw. Yog xav tau kev pab ntxiv, hu rau HMO Qhov Chaw Muab Kev Pab ntawm tus xov tooj 1-888-466-2219 los sis rau cov chaw pab them nqi kho mob uas Tsis Koom HMO (piv txwv li yog PPO) hu rau CA Lub Tuam Tsev Tswj Xyuas Txog Kev Tuav Pov Hwm ntawm 1-800-927-4357. **Hmong**

कैलिफ़ोर्निया और कैलिफ़ोर्निया के बाहर रहने वाले कैलिफ़ोर्निया में जारी पॉलिसी के तहत कवर किये गए ग्राहकों के लिए **निःशुल्क भाषा सेवाएं**। आप एक दुभाषिया प्राप्त कर सकते हैं। आप इन दस्तावेज़ों को किसी से पढ़वा सकते हैं और कुछ दस्तावेज़ों को अपनी भाषा में प्राप्त कर सकते हैं। Cigna स्वास्थ्य/दंत के लिए अपने ID कार्ड पर सूचीबद्ध नंबर 1-800-244-6224 पर या Cigna व्यवहार स्वास्थ्य मानसिक स्वास्थ्य/नशे की अधिकता की सहायता के लिए, 1-866-421-8629 पर कॉल करें। अधिक सहायता के लिए, HMO सहायता केंद्र पर 1-888-466-2219 पर कॉल करें या गैर-HMO योजनाओं (उदा. PPO) के लिए 1-800-927-4357 पर CA बीमा विभाग (CA Dept. of Insurance) को कॉल करें। **Hindi**

บริการภาษาโดยไม่เสียค่าใช้จ่าย สำหรับลูกค้าที่อาศัยอยู่ในรัฐแคลิฟอร์เนีย
และที่อาศัยอยู่นอกรัฐแคลิฟอร์เนียที่ได้รับการคุ้มครอง
ภายใต้กรมธรรม์ที่ออกในรัฐแคลิฟอร์เนีย คุณสามารถขอล่ามแปลภาษาได้ คุณสามารถขอให้อ่านเอกสารให้คุณฟัง
และขอให้ส่งเอกสาร
บางส่วนถึงคุณเป็นภาษาของคุณ หากต้องการความช่วยเหลือ
โปรดโทรศัพท์ถึงเราตามหมายเลขที่ระบุไว้บนบัตรประจำตัวของคุณ หรือ
หมายเลข 1-800-244-6224 สำหรับบริการของ Cigna ด้านการรักษาพยาบาล/ทันตกรรมของ Cigna หรือ 1-866-421-8629 สำหรับบริการ
ของ Cigna Behavioral Health ด้านสุขภาพจิต/การใช้สารที่มีผลต่อจิตประสาทในทางที่ผิด
หากต้องการความช่วยเหลือเพิ่มเติม
โปรดโทรศัพท์ถึงศูนย์ช่วยเหลือสำหรับแผนการรักษาพยาบาลแบบ HMO ที่หมายเลข 1-888-466-2219
หรือสำหรับแผนการรักษา
พยาบาลที่ไม่ใช่ HMO (เช่น PPO) โปรดโทรศัพท์ถึง Dept. of Insurance ของรัฐแคลิฟอร์เนียที่หมายเลข 1-800-927-4357 **Thai**

DISCRIMINATION IS AGAINST THE LAW

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, gender identity, or sexual orientation. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, gender identity, or sexual orientation.
Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, gender identity, or sexual orientation, you can file a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint or a discrimination complaint if there is a concern of discrimination based on race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, gender identity, or sexual orientation with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Cigna HealthCare of Connecticut, Inc.

Cigna HealthCare of Connecticut, Inc.
900 Cottage Grove Road
Hartford, CT 06152-1118

Cigna Dental Health, Inc.
1571 Sawgrass Corporate Parkway, Suite 300
Sunrise, FL 33323
Phone: 1-800Cigna24

This Plan Booklet is intended for your information; it constitutes a summary of the Dental Plan and is included as a part of the agreement between Cigna HealthCare of Connecticut, Inc. and your Group (collectively, the "Group Contract"). The Group Contract must be consulted to determine the rates and the exact terms and conditions of coverage. If rates or coverages are changed under your Group Contract, your rates and coverage will also change.

Consumer Notice: Your out-of-pocket expense for certain complex procedures may exceed 50% of a dentist's usual charge for those procedures. Please read your plan documents carefully and discuss your treatment options and financial obligations with your dentist. If you have any questions about your plan, please call Customer Service or visit http://my.cigna.com for additional information.

READ YOUR PLAN BOOKLET CAREFULLY

Please call Customer Service at 1-800Cigna24 if you have any questions. The hearing impaired may call the state TTY toll-free relay service listed in their local telephone directory.

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I. DEFINITIONS

Capitalized terms, unless otherwise defined, have the meanings listed below.

Adverse Determination - a decision by Cigna Dental not to authorize payment for certain limited specialty care procedures on the basis of necessity or appropriateness of care. To be considered clinically necessary, the treatment or service must be reasonable and appropriate and meet the following requirements:

A. be consistent with the symptoms, diagnosis or treatment of the condition present;
B. conform to commonly accepted standards throughout the dental field;
C. not be used primarily for the convenience of the customer or provider of care; and
D. not exceed the scope, duration, or intensity of that level of care needed to provide safe and appropriate treatment.

Requests for payment authorizations that are declined by Cigna Dental based upon the above criteria will be the responsibility of the customer at the dentist's Usual Fees. A licensed dentist will make any such denial.

Cigna Dental - Cigna Dental Health, Inc., on behalf of Cigna HealthCare of Connecticut, Inc. (said corporations are affiliates and are herein after referred to as "Cigna Dental"), contracts with participating general dentists for the provision of dental care. Cigna Dental Health, Inc. also provides management and information services to customers and participating dental offices.

Contract Fees - the fees contained in the Network Dentist agreement with Cigna Dental.

Covered Services - the dental procedures listed on your Patient Charge Schedule.

Dental Office - your selected office of Network General Dentist(s).

Dental Plan - managed dental care plan offered through the Group Contract between Cigna HealthCare of Connecticut, Inc. and your Group.

Dependent - Your lawful spouse; your unmarried child including newborns, adopted children, stepchildren, a child for whom you must provide dental coverage under a court order; or, a dependent child who resides in your home as a result of court order or administrative placement who is:

A. less than 19 years old; or
B. less than 23 years old if he or she is both:
    1. a full-time student enrolled at an accredited educational institution, and
    2. reliant upon you for maintenance and support; or
C. any age if he or she is both:
    1. incapable of self-sustaining employment due to mental or physical disability, and
    2. reliant upon you for maintenance and support.

For a dependent child 19 years of age or older who is a full-time student at an educational institution, coverage will be provided for an

entire academic term during which the child begins as a full-time student and remains enrolled, regardless of whether the number of hours of instruction for which the child is enrolled is reduced to a level that changes the child's academic status to less than that of a full-time student.

For a child who falls into category (b) or (c) above, you will need to furnish Cigna Dental evidence of his or her reliance upon you, in the form requested, within 31 days after the dependent reaches the age of 19 and once a year thereafter during his or her term of coverage.

Coverage for dependents living outside a Cigna Dental service area is subject to the availability of an approved network where the dependent resides.

This definition of "Dependent" applies unless modified by your State Rider or Group Contract.

Group - employer, labor union or other organization that has entered into a Group Contract with Cigna HealthCare of Connecticut, Inc. for managed dental services on your behalf.

Medically necessary or medical necessity - means health care services that a physician/dentist, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

(1) In accordance with generally accepted standards of medical/dental practice;

(2) Clinically appropriate, in terms of type, frequency, extent, site and duration and considered effective for the patient's illness, injury or disease; and

(3) Not primarily for the convenience of the patient, physician/dentist or other health care provider and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For the purposes of this definition, "generally accepted standards of medical/dental practice" means standards that are based on credible scientific evidence published in peer-reviewed medical/dental literature generally recognized by the relevant medical/dental community or otherwise consistent with the standards set forth in policy issues involving clinical judgment.

Network Dentist – a licensed dentist who has signed an agreement with Cigna Dental to provide general dentistry or specialty care services to you. The term, when used, includes both Network General Dentists and Network Specialty Dentists.

Network General Dentist - a licensed dentist who has signed an agreement with Cigna Dental under which he or she agrees to provide dental care services to you.

Network Specialty Dentist - a licensed dentist who has signed an agreement with Cigna Dental under which he or she agrees to provide specialized dental care services to You.

Patient Charge - the amount you owe your Network Dentist for any dental procedure listed on your Patient Charge Schedule.

Patient Charge Schedule - list of services covered under your Dental Plan and how much they cost you.

Premiums - fees that your Group remits directly or indirectly to Cigna HealthCare of Connecticut, Inc., on your behalf, during the term of your Group Contract.

Service Area - the geographical area designated by Cigna Dental within which it shall provide benefits and arrange for dental care services.

Subscriber/You - the enrolled employee or customer of the Group.

Usual Fee - the customary fee that an individual dentist most frequently charges for a given dental service.

II. INTRODUCTION TO YOUR CIGNA DENTAL PLAN

Welcome to the Cigna Dental Plan. We encourage you to use your dental benefits. Please note that enrollment in the Dental Plan allows the release of patient records to Cigna Dental or its designee for health plan operation purposes.

III. ELIGIBILITY/WHEN COVERAGE BEGINS

To enroll in the Dental Plan, you and your Dependents must be able to seek treatment for Covered Services within a Cigna Dental Service Area. Other eligibility requirements are determined by your Group.

If you enrolled in the Dental Plan before the effective date of your Group Contract, you will be covered on the first day the Group Contract is effective. If you enrolled in the Dental Plan after the effective date of the Group Contract, you will be covered on the first day of the month following processing of your enrollment (unless effective dates other than the first day of the month are provided for in your Group Contract).

Dependents may be enrolled in the Dental Plan at the time you enroll, during an open enrollment, or within 31 days of becoming eligible due to a life status change such as marriage, birth, adoption, placement, or court or administrative order. You may drop coverage for your Dependents only during the open enrollment periods for your Group, unless there is a change in status such as divorce. Cigna Dental may require evidence of good dental health at your expense if you or your Dependents enroll after the first period of eligibility (except during open enrollment) or after disenrollment because of nonpayment of Premiums.

If you have family coverage, a newborn child is automatically covered during the first 61 days of life. If you wish to continue coverage beyond the first 61 days, your baby must be enrolled in the Dental Plan and you must begin paying Premiums, if any additional are due, during that period.

Under the Family and Medical Leave Act of 1993, you may be eligible to continue coverage during certain leaves of absence from work. During such leaves, you will be responsible for paying your Group the portion of the Premiums, if any, which you would have paid if you had not taken the leave. Additional information is available through your Benefits Representative.

IV. YOUR CIGNA DENTAL COVERAGE

The information below outlines your coverage and will help you to better understand your Dental Plan. Included is information about which services are covered, which are not, and how much dental services will cost you. A copy of the Group Contract will be furnished to you upon your request.

A. CUSTOMER SERVICE

If you have any questions or concerns about the Dental Plan, Customer Service Representatives are just a toll-free phone call away. They can explain your benefits or help with matters regarding your Dental Office or Dental Plan. For assistance with transfers, specialty referrals, eligibility, second opinions, emergencies, Covered Services, plan benefits, ID cards, location of Dental Offices, conversion coverage or other matters, call Customer Service from any location at 1-800Cigna24. The hearing impaired may contact the state TTY toll-free relay service number listed in their local telephone directory.

B. PREMIUMS/PREPAYMENT FEES

Your Group sends a monthly fee to Cigna Dental for customers participating in the Dental Plan. The amount and term of this fee is set forth in your Group Contract. You may contact your Benefits Representative for information regarding any part of this fee to be withheld from your salary or to be paid by you to the Group.

C. OTHER CHARGES - PATIENT CHARGES

Network General Dentists are typically reimbursed by Cigna Dental through fixed monthly payments and supplemental payments for certain procedures. No bonuses or financial incentives are used as an inducement to limit services. Network Dentists are also compensated by the fees which you pay, as set out in your Patient Charge Schedule.

Your Patient Charge Schedule lists the dental procedures covered under your Dental Plan. Some dental procedures are covered at no charge to you. For other Covered Services, the Patient Charge Schedule lists the fees you must pay when you visit your Dental Office. There are no deductibles and no annual dollar limits for services covered by your Dental Plan.

Your Network General Dentist should tell you about Patient Charges for Covered Services, the amount you must pay for non-Covered Services and the Dental Office's payment policies. Timely payment is important. It is possible that the Dental Office may add late charges to overdue balances.

Your Patient Charge Schedule is subject to annual change in accordance with your Group Contract. Cigna Dental will give written notice to your Group of any change in Patient Charges at least 60 days prior to such change. You will be responsible for the Patient Charges listed on the Patient Charge Schedule that is in effect on the date a procedure is started.

IMPORTANT: If you opt to receive dental services or procedures that are not covered benefits under this plan, a participating dental provider may charge you his or her usual and customary rate for such services or procedures. Prior to providing you with dental services or procedures that are not covered benefits, the dental provider should provide you with a treatment plan that includes each anticipated service or procedure to be provided and the estimated cost of each such service or procedure. To fully understand your coverage, you may wish to review your evidence of coverage document.

D. CHOICE OF DENTIST

You and your Dependents should have selected a Dental Office when you enrolled in the Dental Plan. If you did not, you must advise Cigna Dental of your Dental Office selection prior to receiving treatment. The benefits of the Dental Plan are available only at your Dental Office, except in the case of an emergency or when Cigna Dental otherwise approves payment for out-of-network benefits.

You may select a network Pediatric Dentist as the Network General Dentist for your dependent child under age 13 by calling Customer Service at 1-800Cigna24 to get a list of network Pediatric Dentists in your Service Area or if your Network General Dentist sends your child under the age of 13 to a network Pediatric Dentist, the network Pediatric Dentist's office will have primary responsibility for your child's care. For children 13 years and older, your Network General Dentist will provide care. If your child continues to visit the Pediatric Dentist upon the age of 13, you will be fully responsible for the Pediatric Dentist's Usual Fees. Exceptions for medical reasons may be considered on a case-by-case basis.

If for any reason your selected Dental Office cannot provide your dental care, or if your Network General Dentist terminates from the network, Cigna Dental will let you know and will arrange a transfer to another Dental Office. Refer to the Section titled "Office Transfers" if you wish to change your Dental Office.

To obtain a list of Dental Offices near you, visit our website at my.cigna.com, or call the Dental Office Locator at 1-800Cigna24. It is available 24 hours a day, 7 days per week. If you would like to have the list faxed to you, enter your fax number, including your area code. You may always obtain a current Dental Office Directory by calling Customer Service.

E. YOUR PAYMENT RESPONSIBILITY (General Care)

For Covered Services at your Dental Office, you will be charged the fees listed on your Patient Charge Schedule. For services listed on your Patient Charge Schedule at any other dental office, you may be charged Usual Fees. For non-Covered Services, you are responsible for paying Usual Fees.

If, on a temporary basis, there is no Network General Dentist in your Service Area, Cigna Dental will let you know and you may obtain Covered Services from a non-network dentist. You will pay the non-Network Dentist the applicable Patient Charge for Covered Services. Cigna Dental will pay the non-Network Dentist

the difference, if any, between his or her Usual Fee and the applicable Patient Charge.

See Section IX, Specialty Referrals, regarding payment responsibility for specialty care.

All contracts between Cigna Dental and Network Dentists state that you will not be liable to the Network Dentist for any sums owed to the Network Dentist by Cigna Dental.

If you are having difficulty locating a participating provider within a reasonable distance/travel time of your home or work, or within a reasonable appointment wait time, please contact Customer Service 1-800Cigna24 for assistance. If there are no participating providers meeting the above criteria in your area, you may visit a non-participating provider and covered services will be made available at the same cost share than as if you had received those services from a participating provider. In this situation, your Customer Service Representative will be able to enter the appropriate information into our systems to ensure you qualify and your out of network claims will be properly adjusted.

F. EMERGENCY DENTAL CARE - REIMBURSEMENT

An emergency is a dental condition of recent onset and severity which would lead a prudent layperson possessing an average knowledge of dentistry to believe the condition needs immediate dental procedures necessary to control excessive bleeding, relieve severe pain, or eliminate acute infection. You should contact your Network General Dentist if you have an emergency in your Service Area.

1. **Emergency Care Away From Home**

   If you have an emergency while you are out of your Service Area or you are unable to contact your Network General Dentist, you may receive emergency Covered Services as defined above from any general dentist. Routine restorative procedures or definitive treatment (e.g. root canal) are not considered emergency care. You should return to your Network General Dentist for these procedures. For emergency Covered Services, you will be responsible for the Patient Charges listed on your Patient Charge Schedule. Cigna Dental will reimburse you the difference, if any, between the dentist's Usual Fee for emergency Covered Services and your Patient Charges. To receive reimbursement, send appropriate reports and x-rays to Cigna Dental at the address listed on the front of this booklet.

2. **Emergency Care After Hours**

   There is a Patient Charge listed on your Patient Charge Schedule for emergency care rendered after regularly scheduled office hours. This charge will be in addition to other applicable Patient Charges.

G. LIMITATIONS ON COVERED SERVICES

Listed below are limitations on services when covered by your Dental Plan:

- **Frequency** - The frequency of certain Covered Services, like cleanings, is limited. Your Patient Charge Schedule lists any limitations on frequency.

- **Pediatric Dentistry** - Coverage for treatment by a Pediatric Dentist ends on your child's 13th birthday. Effective on your child's 13th birthday, dental services must be obtained from a Network General Dentist; however, exceptions for medical reasons may be considered on an individual basis.
- **Oral Surgery** - The surgical removal of an impacted wisdom tooth may not be covered if the tooth is not diseased or if the removal is only for orthodontic reasons. Your Patient Charge Schedule lists any limitations on oral surgery.
- **Periodontal (gum disease supporting bone) Services -** periodontal regenerative procedures are limited to one regenerative procedure per site (or per tooth, if applicable), when covered on the Patient Charge Schedule. Localized delivery of antimicrobial agents is limited to eight teeth (or eight sites, if applicable) per 12 consecutive months, when covered on the Patient Charge Schedule.
- **Clinical Oral Evaluations –** When this limitation is noted on the Patient Charge Schedule, periodic oral evaluations, comprehensive oral evaluations, comprehensive periodontal evaluations, and oral evaluations for patients under 3 years of age, are limited to a combined total of 4 evaluations during a 12 consecutive month period.
- Surgical Placement of Implant Services – When covered on the Patient Charge Schedule, surgical placement of a dental implant; repair, maintenance, or removal of a dental implant; implant abutment(s); or any services related to the surgical placement of a dental implant are limited to one per year with replacement of a surgical implant frequency limitation of one every 10 years.
- Prosthesis Over Implant – When covered on the Patient Charge Schedule, a prosthetic device, supported by an implant or implant abutment is considered a separate distinct service(s) from surgical placement of an implant. Replacement of any type of prosthesis with a prosthesis supported by an implant or implant abutment is only covered if the existing prosthesis is at least 5 calendar years old, is not serviceable and cannot be repaired.

GENERAL LIMITATIONS DENTAL BENEFITS

- no payment will be made for expenses incurred or services received.
- for or in connection with an injury arising out of, or in the course of, any employment for wage or profit;
- for charges which would not have been made in any facility, other than a Hospital or a Correctional Institution owned or operated by the United States Government or by a state or municipal government if the person had no insurance;
- to the extent that payment is unlawful where the person resides when the expenses are incurred or the services are received;
- For charges which the person is not legally required to pay;
- For charges which would not have been made if the person had no insurance due to injuries which are intentionally self-inflicted.

H. SERVICES NOT COVERED UNDER YOUR DENTAL PLAN

Listed below are the services or expenses which are NOT covered under your Dental Plan and which are your responsibility at the dentist's Usual Fees. There is no coverage for:

- services not listed on the Patient Charge Schedule.
- services provided by a non-Network Dentist without Cigna Dental's prior approval (except emergencies, as described in Section IV.F).
- services related to an injury or illness paid under workers' compensation, occupational disease or similar laws.
- services provided or paid by or through a federal or state governmental agency or authority, political subdivision or a public program, other than Medicaid.
- services required while serving in the armed forces of any country or international authority or relating to a declared or undeclared war or acts of war.
- cosmetic dentistry or cosmetic dental surgery (dentistry or dental surgery performed solely to improve appearance) unless specifically listed on your Patient Charge Schedule. If bleaching (tooth whitening) is listed on your Patient Charge Schedule, only the use of take-home bleaching gel with trays is covered; all other types of bleaching methods are not covered.
- general anesthesia, sedation and nitrous oxide, unless specifically listed on your Patient Charge Schedule. When listed on your Patient Charge Schedule, general anesthesia and IV sedation are covered when medically necessary and provided in conjunction with Covered Services performed by an Oral Surgeon or Periodontist. There is no coverage for general anesthesia or intravenous sedation when used for the purposes of anxiety control or patient management.
- prescription medications..
- procedures, appliances or restorations if the main purpose is to: a. change vertical dimension (degree of separation of the jaw when teeth are in contact); b. restore teeth which have been damaged by attrition, abrasion, erosion and/or abfraction; or c. restore the occlusion.
- replacement of fixed and/or removable appliances (including fixed and removable orthodontic appliances) that have been lost, stolen, or damaged due to patient abuse, misuse or neglect.
- surgical placement of a dental implant; repair, maintenance, or removal of a dental implant; implant abutment(s); or any services related to the surgical placement of a dental implant, unless specifically listed on your Patient Charge Schedule.
- services considered to be unnecessary or experimental in nature or do not meet commonly accepted dental standards.
- procedures or appliances for minor tooth guidance or to control harmful habits.

- hospitalization, including any associated incremental charges for dental services performed in a hospital. (Benefits are available for Network Dentist charges for

Covered Services performed at a hospital. Other associated charges are not covered and should be submitted to the medical carrier for benefit determination.)

- services to the extent you or your enrolled Dependent are compensated under any group medical plan, no-fault auto insurance policy, or uninsured motorist policy.
- the completion of crowns, bridges, dentures, root canal treatment, or implant supported prosthesis (including crowns, bridges and dentures) already in progress on the effective date of your Cigna Dental coverage.
- the completion of implant supported prosthesis (including crowns, bridges and dentures) already in progress on the effective date of your Cigna Dental coverage, unless specifically listed on your Patient Charge Schedule.
- consultations and/or evaluations associated with services that are not covered.
- endodontic treatment and/or periodontal (gum tissue and supporting bone) surgery of teeth exhibiting a poor or hopeless periodontal prognosis, unless dentally necessary.
- bone grafting and/or guided tissue regeneration when performed at the site of a tooth extraction unless specifically listed on your Patient Charge Schedule.
- bone grafting and/or guided tissue regeneration when performed in conjunction with an apicoectomy or periradicular surgery.
- intentional root canal treatment in the absence of injury or disease to solely facilitate a restorative procedure.
- service performed by a prosthodontist.
- localized delivery of antimicrobial agents when performed alone or in the absence of traditional periodontal therapy.
- any localized delivery of antimicrobial agent procedures when more than eight (8) of these procedures are reported on the same date of service.
- infection control and/or sterilization. Cigna dental considers this to be incidental to and part of the charges for services provided and not separately chargeable.
- the recementation of any inlay, onlay, crown, post and core or fixed bridge within 180 days of initial placement. Cigna dental considers recementation within this timeframe to be incidental to and part of the charges for the initial restoration.
- the recementation of any implant supported prosthesis (including crowns, bridges and dentures) within 180 days of initial placement. Cigna Dental considers recementation within this timeframe to be incidental to and part of the charges for the initial restoration unless specifically listed on your Patient Charge Schedule.
- services to correct congenital malformation, including the replacement of congenitally missing teeth.
- the replacement of an occlusal guard (night guard) beyond one per any 24 consecutive month period, when

this limitation is noted on the Patient Charge Schedule.

- crowns, bridges and/or implant supported prosthesis used solely for splinting.
- resin bonded retainers and associated pontics.

V. APPOINTMENTS

To make an appointment with your Network Dentist, call the Dental Office that you have selected. When you call, your Dental Office will ask for your identification number and will check your eligibility.

VI. BROKEN APPOINTMENTS

The time your Network Dentist schedules for your appointment is valuable to you and the dentist. Broken appointments make it difficult for your Dental Office to schedule time with other patients.

If you or your enrolled Dependent breaks an appointment with less than 24 hours notice to the Dental Office, you may be charged a broken appointment fee.

VII. OFFICE TRANSFERS

If you decide to change Dental Offices, we can arrange a transfer. You should complete any dental procedure in progress before transferring to another Dental Office. To arrange a transfer, call Customer Service at 1-800Cigna24. To obtain a list of Dental Offices near you, visit our website at my.cigna.com, or call the Dental Office Locator at 1-800Cigna24.

Your transfer request may take up to 5 days to process. Transfers will be effective the first day of the month after the processing of your request. Unless you have an emergency, you will be unable to schedule an appointment at the new Dental Office until your transfer becomes effective.
You can check the status of your request by visiting myCigna.com, or by calling us at 1-800Cigna24.

There is no charge to you for the transfer; however, all Patient Charges which you owe to your current Dental Office must be paid before the transfer can be processed.

VIII. SPECIALTY CARE

Your Network General Dentist at your Dental Office has primary responsibility for your professional dental care. Because you may need specialty care, the Cigna Dental Network includes the following types of specialty dentists:

- Pediatric Dentists – children's dentistry.
- Endodontists – root canal treatment.
- Periodontists – treatment of gums and bone.
- Oral Surgeons – complex extractions and other surgical procedures.
- Orthodontists – tooth movement.

There is no coverage for referrals to prosthodontists or other specialty dentists not listed above.

When specialty care is needed, your Network General Dentist must start the referral process. X-rays taken by your Network General Dentist should be sent to the Network Specialty Dentist.

See Section IV.D, Choice of Dentist, regarding treatment by a Pediatric Dentist.

IX. SPECIALTY REFERRALS

A. IN GENERAL

Preauthorization is not required for coverage of services by a Network Specialty Dentist.

When Cigna Dental approves payment to the Network Specialty Dentist, the fees or no-charge services listed on the Patient Charge Schedule in effect on the date each procedure is started will apply, except as set out in Section IX.B., Orthodontics. Treatment by the Network Specialty Dentist must begin within 90 days from the date of Cigna Dental's approval. If you are unable to obtain treatment within the 90 day period, please call Customer Service to request an extension. Your coverage must be in effect when each procedure begins.

For non-Covered Services or if Cigna Dental does not approve payment to the Network Specialty Dentist for Covered Services, including Adverse Determinations, you must pay the Network Specialty Dentist's Usual Fee. If you have a question or concern regarding an approval or a denial, contact Customer Service.

After the Network Specialty Dentist has completed treatment, you should return to your Network General Dentist for cleanings, regular checkups and other treatment. If you visit a Network Specialty Dentist without a referral or if you continue to see a Network Specialty Dentist after you have completed specialty care, it will be your responsibility to pay for treatment at the dentist's Usual Fees.

When your Network General Dentist determines that you need specialty care and a Network Specialty Dentist is not available, as determined by Cigna Dental, Cigna Dental will approve a referral to a non-Network Specialty Dentist. The referral procedures applicable to specialty care will apply. In such cases, you will be responsible for the applicable Patient Charge for Covered Services. Cigna Dental will reimburse the non-Network Dentist the difference, if any, between his or her Usual Fee and the applicable Patient Charge. For non-Covered Services or services not approved for payment, including Adverse Determinations, you must pay the dentist's Usual Fee.

B. ORTHODONTICS (This section is applicable only when Orthodontics is listed on your Patient Charge Schedule.)

1. **Definitions –** If your Patient Charge Schedule indicates coverage for orthodontic treatment, the following definitions apply:
   a. **Orthodontic Treatment Plan and Records –** the preparation of orthodontic records and a treatment plan by the Orthodontist.
   b. **Interceptive Orthodontic Treatment –** treatment prior to full eruption of the permanent teeth, frequently a first phase preceding comprehensive treatment.

c. **Comprehensive Orthodontic Treatment –** treatment after the eruption of most permanent teeth, generally the final phase of treatment before retention.
d. **Retention (Post Treatment Stabilization) –** the period following orthodontic treatment during which you may wear an appliance to maintain and stabilize the new position of the teeth.

2. **Patient Charges**

The Patient Charge for your entire orthodontic case, including retention, will be based upon the Patient Charge Schedule in effect on the date of your visit for Treatment Plan and Records. However, if a. banding/appliance insertion does not occur within 90 days of such visit, b. your treatment plan changes, or c. there is an interruption in your coverage or treatment, a later change in the Patient Charge Schedule may apply.

The Patient Charge for Orthodontic Treatment is based upon 24 months of interceptive and/or comprehensive treatment. If you require more than 24 months of treatment in total, you will be charged an additional amount for each additional month of treatment, based upon the Orthodontist's Contract Fee. If you require less than 24 months of treatment, your Patient Charge will be reduced on a pro-rated basis.

3. **Additional Charges**

You will be responsible for the Orthodontist's Usual Fees for the following non-Covered Services:
a. incremental costs associated with optional/elective materials, including but not limited to ceramic, clear, lingual brackets, or other cosmetic appliances;
b. orthognathic surgery and associated incremental costs;
c. appliances to guide minor tooth movement;
d. appliances to correct harmful habits; and
e. services which are not typically included in Orthodontic Treatment. These services will be identified on a case-by-case basis.

4. **Orthodontics In Progress**

If Orthodontic Treatment is in progress for you or your Dependent at the time you enroll, the fee listed on the Patient Charge Schedule is not applicable. Please call Customer Service at 1-800Cigna24 to find out if you are entitled to any benefit under the Dental Plan.

X. COMPLEX REHABILITATION/MULTIPLE CROWN UNITS

Complex rehabilitation is extensive dental restoration involving 6 or more "units" of crown, bridge and/or implant supported prosthesis (including crowns and bridges) in the same treatment plan. Using full crowns (caps), fixed bridges and/or implant supported prosthesis including crowns and bridges which are cemented in place, your Network General Dentist will rebuild natural teeth, fill in spaces where teeth are missing and establish conditions which allow each tooth to function in harmony with the occlusion (bite). The extensive procedures involved in complex rehabilitation require an extraordinary amount of time, effort, skill and laboratory collaboration for a successful outcome.

Complex rehabilitation will be covered when performed by your Network General Dentist after consultation with you about diagnosis, treatment plan and charges. Each tooth or tooth replacement included in the treatment plan is referred to as a "unit" on your Patient Charge Schedule. The crown, bridge and/or implant supported prosthesis (including crowns and bridges) charges on your Patient Charge Schedule are for each unit of crown or bridge. You pay the per unit charge for each unit of crown, bridge and/or implant supported prosthesis (including crowns and bridges) PLUS an additional charge for each unit when 6 or more units are prescribed in your Network General Dentist's treatment plan.

Note: Complex Rehabilitation only applies for implant supported prosthesis, when implant supported prosthesis are specifically listed on your Patient Charge Schedule.

XI. WHAT TO DO IF THERE IS A PROBLEM

For the purposes of this section, any reference to "you" or "your" also refers to a representative or provider designated by you to act on your behalf.

Most problems can be resolved between you and your dentist. However, we want you to be completely satisfied with the Dental Plan. That is why we have established a process for addressing your concerns and complaints. The complaint procedure is voluntary and will be used only upon your request.

A. Start with Customer Services

We are here to listen and to help. If you have a concern about your Dental Office or the Dental Plan, you can call 1-800Cigna24 toll-free and explain your concern to one of our Customer Service Representatives. You can also express that concern in writing to Cigna Dental at P.O. Box 188047, Chattanooga, TN 37422-8047. We'll do our best to resolve the matter during your initial contact. If we need more time to review or investigate your concern, we'll get back to you as soon as possible, usually by the end of the next business day, but in any case within 30 days.

If you are not satisfied with the results of a coverage decision, you may start the appeals procedure.

B. APPEALS PROCEDURE

Cigna Dental has a two-step appeals procedure for coverage decisions. To initiate an appeal, you must submit a request in writing to Cigna Dental, P.O. Box 188047, Chattanooga, TN 37422-8047, within 1 year from the date of receipt of the initial Cigna Dental decision. You should state the reason you feel your appeal should be approved and include any information to support your appeal. If you are unable or choose not to write, you may ask Customer Service to register your appeal by calling 1- 800Cigna24.

1. Level One Appeals

Your level one appeal will be reviewed and the decision made by someone not involved in the initial review. Appeals involving dental necessity or clinical appropriateness will be reviewed by a dental professional in the field related to the care under consideration, under the authority of a Connecticut-licensed dentist.

If your appeal concerns a denied pre-authorization, we will respond with a decision within 15 calendar days after we receive your appeal. For appeals concerning all other coverage issues, we will respond with a decision within 30 calendar days after we receive your appeal. If we need more time or information to make the decision, we will notify you in writing to request an extension of up to 15 calendar days and to specify any additional information needed to complete the review.

You may request that the appeal resolution be expedited if the timeframes under the above process would seriously jeopardize your life or health or would jeopardize your ability to regain the dental functionality that existed prior to the onset of your current condition. A dental professional, in consultation with the treating dentist, will decide if an expedited review is necessary. When a review is expedited, Cigna Dental will respond orally with a decision within the lesser of 72 hours after the appeal is received, or 2 business days after the required information is received, followed up in writing.

If you are not satisfied with our level one appeal decision, you may request a level two appeal.

2. **Level Two Appeals**

To initiate a level two appeal, follow the same process required for a level one appeal. For postservice claim or administrative appeals, your request must be received before the 14th calendar day following our mailing of the level one determination. Level two appeals will be conducted by an Appeals Committee consisting of at least 3 people. Anyone involved in the prior decision may not vote on the Appeals Committee. For appeals involving dental necessity or clinical appropriateness, the Appeals Committee will include at least one dentist. If specialty care is in dispute, the Appeals Committee will consult with a dentist in the same or similar specialty as the care under review.

Cigna Dental will acknowledge your appeal in writing and schedule an Appeals Committee review. The acknowledgment letter will include the name, address, and telephone number of the Appeals Coordinator. We may request additional information at that time. If your appeal concerns a denied pre-authorization, the Appeals Committee review will be completed within 15 calendar days. For appeals concerning all other coverage issues, the Appeals Committee review will be completed within 60 calendar days after receipt of your original level one request for appeal, unless you request an extension. If we receive a request for a Level Two appeal post service claim appeal on or after the 14th calendar day following our mailing of the level one determination: a. it will be deemed as a request by you for an extension; and b. the 60 day review period will be suspended on the 14th day we receive no Level Two appeal, then resume on the day we receive your Level Two appeal.

You may present your appeal to the Appeals Committee in person or by conference call. You must advise Cigna Dental 5 days in advance if you or your representative plan to

attend in person. You will be notified in writing of the Appeals Committee's decision within 5 business days after the meeting. The decision will include the specific contractual or clinical reasons for the decision, as applicable.

You may request that the appeal resolution be expedited if the timeframes under the above process would seriously jeopardize your life or health or would jeopardize your ability to regain the dental functionality that existed prior to the onset of your current condition. A dental professional, in consultation with the treating dentist, will decide if an expedited review is necessary. When a review is expedited, the Dental Plan will respond orally with a decision within the lesser of 72 hours or 2 business days after the required information is received, followed up in writing.

XII. DUAL COVERAGE

If you and your spouse are employed by the same employer and by reason of that employment are participating in this Dental Plan, you may be covered as an employee under this plan in addition to being covered as a Dependent.

If you or your Dependents have dental coverage through your spouse's employer or other sources, applicable coordination of benefit rules will determine which coverage is primary or secondary. In most cases, the plan covering you as an employee is primary for you, and the plan covering your spouse as an employee is primary for him or her. Your children are generally covered as primary by the plan of the parent whose birthday occurs earlier in the year.

Dual coverage should result in lowering or eliminating your out-of-pocket expenses. It should not result in reimbursement for more than 100% of your expenses.

Coordination of benefit rules are attached to the Group Contract and may be reviewed by contacting your Benefit Administrator. Benefits are coordinated only for specialty care services.

XIII. DISENROLLMENT FROM THE DENTAL PLAN - TERMINATION OF BENEFITS

A. TIME FRAMES FOR DISENROLLMENT/TERMINATION

Except as otherwise provided in the sections titled "Extension/Continuation of Benefits" or in your Group Contract, disenrollment from the Dental Plan and termination of benefits will occur on the last day of the month:

1. in which Premiums are not remitted to Cigna Dental.
2. in which eligibility requirements are no longer met.
3. after 30 days notice from Cigna Dental due to permanent breakdown of the dentist-patient relationship as determined by Cigna Dental, after at least two opportunities to transfer to another Dental Office.
4. after 30 days notice from Cigna Dental due to fraud or misuse of dental services and/or Dental Offices.
5. after 60 days notice by Cigna Dental, due to continued lack of a Dental Office in your Service Area.
6. after voluntary disenrollment.

B. EFFECT ON DEPENDENTS

When one of your Dependents is disenrolled, you and your other Dependents may continue to be enrolled. When you are disenrolled, your Dependents will be disenrolled as well.

XIV. EXTENSION OF BENEFITS

Coverage for completion of a dental procedure (other than orthodontics) which was started before your disenrollment from the Dental Plan will be extended for 90 days after disenrollment unless disenrollment was due to nonpayment of Premiums/Prepayment Fees.

Coverage for orthodontic treatment which was started before disenrollment from the Dental Plan will be extended to the end of the quarter or for 60 days after disenrollment, whichever is later, unless disenrollment was due to nonpayment of Premiums/Prepayment Fees.

XV. CONTINUATION OF BENEFITS (COBRA)

For Groups with 20 or more employees, federal law requires the employer to offer continuation of benefits coverage for a specified period of time after termination of employment or reduction of work hours, for any reason other than gross misconduct. This provision also applies to any group subject to continuation of benefit coverage under Connecticut state law. You will be responsible for sending payment of the required Premiums to the Group. Additional information is available through your Benefits Representative.

XVI. CONVERSION COVERAGE

If you are no longer eligible for coverage under your Group's Dental Plan, you and your enrolled Dependents may continue your dental coverage by enrolling in the Cigna Dental conversion plan. You must enroll within three (3) months after becoming ineligible for your Group's Dental Plan. Premium payments and coverage will be retroactive to the date coverage under your Group's Dental Plan ended. You and your enrolled Dependents are eligible for conversion coverage unless benefits were discontinued due to:

- Permanent breakdown of the dentist-patient relationship,
- Fraud or misuse of dental services and/or Dental Offices,
- Nonpayment of Premiums by the Subscriber,
- Selection of alternate dental coverage by your Group; or
- Lack of network/Service Area.

Benefits and rates for Cigna Dental conversion coverage and any succeeding renewals will be based on the Covered Services listed in the then-current standard conversion plan and may not be the same as those for your Group's Dental Plan. Please call the Cigna Dental Conversion Department at 1-800Cigna24 to obtain current rates and make arrangements for continuing coverage.

XVII. CONFIDENTIALITY/PRIVACY

Cigna HealthCare is committed to maintaining the confidentiality of your personal and sensitive information. You may obtain additional information about Cigna HealthCare's privacy policies and procedures by calling Customer Service at 1-800Cigna24, or via the Internet at my.cigna.com.

XVIII. MISCELLANEOUS

As a Cigna HealthCare plan customer, you may be eligible for various discounts, benefits, or other consideration for the purpose of promoting your general health and well being. Please visit our website at my.cigna.com for details.

As a Cigna HealthCare plan customer, you may also be eligible for additional dental benefits during certain health conditions. For example, certain frequency limitations for dental services may be relaxed for pregnant women and customers participating in certain disease management programs. Please review your plan enrollment materials for details.

Cigna Dental Companies

Cigna Dental Health Plan of Arizona, Inc.
Cigna Dental Health of Colorado, Inc.
Cigna Dental Health of Delaware, Inc.
Cigna Dental Health of Kansas, Inc. (Kansas and Nebraska)
Cigna Dental Health of Maryland, Inc.
Cigna Dental Health of Ohio, Inc.
Cigna Dental Health of Pennsylvania, Inc.
Cigna Dental Health of Virginia, Inc.
P.O. Box 453099
Sunrise, Florida 33345-3099

This Plan Booklet/Combined Evidence of Coverage and Disclosure Form/Certificate of Coverage is intended for your information; it constitutes a summary of the Dental Plan and is included as a part of the agreement between Cigna Dental and your Group (collectively, the "Group Contract"). The Group Contract must be consulted to determine the rates and the exact terms and conditions of coverage. If rates or coverages are changed under your Group Contract, your rates and coverage will also change. A prospective customer has the right to view the Combined Evidence of Coverage and Disclosure Form prior to enrollment. It should be read completely and carefully. Customers with special health care needs should read carefully those sections that apply to them. Please read the following information so you will know from whom or what group of providers dental care may be obtained.

NOTICE: IF YOU OR YOUR FAMILY MEMBERS ARE COVERED BY MORE THAN ONE HEALTH CARE PLAN, YOU MAY NOT BE ABLE TO COLLECT BENEFITS FROM BOTH PLANS. EACH PLAN MAY REQUIRE YOU TO FOLLOW ITS RULES OR USE SPECIFIC DOCTORS OR HOSPITALS, AND IT MAY BE IMPOSSIBLE TO COMPLY WITH BOTH PLANS AT THE SAME TIME. READ ALL OF THE RULES VERY CAREFULLY, INCLUDING THE DUAL COVERAGE SECTION.

Important Cancellation Information – Please Read the Provision Entitled "Disenrollment from the Dental Plan–Termination of Benefits."

READ YOUR PLAN BOOKLET CAREFULLY

Please call Customer Service at [1.800.Cigna24] if you have any questions. The hearing impaired may call the state TTY toll-free relay service listed in their local telephone directory.

TABLE OF CONTENTS

In some instances, state laws will supersede or augment the provisions contained in this booklet. These requirements are listed at the end of this booklet as a State Rider. In case of a conflict between the provisions of this booklet and your State Rider, the State Rider will prevail.

I. DEFINITIONS

Capitalized terms, unless otherwise defined, have the meanings listed below.

Adverse Determination - a decision by Cigna Dental not to authorize payment for certain limited specialty care procedures on the basis of necessity or appropriateness of care. To be considered clinically necessary, the treatment or service must be reasonable and appropriate and meet the following requirements:

A. be consistent with the symptoms, diagnosis or treatment of the condition present;
B. conform to commonly accepted standards throughout the dental field;
C. not be used primarily for the convenience of the customer or provider of care; and
D. not exceed the scope, duration, or intensity of that level of care needed to provide safe and appropriate treatment.

Requests for payment authorizations that are declined by Cigna Dental based upon the above criteria will be the responsibility of the customer at the dentist's Usual Fees. A licensed dentist will make any such denial.

Cigna Dental - the Cigna Dental Health organization that provides dental benefits in your state as listed on the face page of this booklet.

Contract Fees - the fees contained in the Network Dentist agreement with Cigna Dental.

Covered Services - the dental procedures listed on your Patient Charge Schedule.

Dental Office - your selected office of Network General Dentist(s).

Dental Plan - managed dental care plan offered through the Group Contract between Cigna Dental and your Group.

Dependent - your lawful spouse;

Your unmarried child (including newborns, adopted children, stepchildren, a child for whom you must provide dental coverage under a court order; or, a dependent child who resides in your home as a result of court order or administrative placement) who is:

(a) less than 19 years old; or
(b) less than 23 years old if he or she is both:
   i. a full-time student enrolled at an accredited educational institution, and
   ii. reliant upon you for maintenance and support; or
(c) any age if he or she is both:
   i. incapable of self-sustaining employment due to mental or physical disability, and
   ii. reliant upon you for maintenance and support.

For a dependent child [19] years of age or older who is a full-time student at an educational institution, coverage will be provided for an entire academic term during which the child begins as a full-time student and remains enrolled, regardless of whether the number of hours of instruction for which the child is enrolled is reduced to a level that changes the child's academic status to less than that of a full-time student.

For a child who falls into category (b) or (c) above, you will need to furnish Cigna Dental evidence of the child's reliance upon you, in the form requested, within 31 days after the Dependent reaches the age of [19] and once a year thereafter for as long as the child is claimed as a Dependent under the Plan.

A Newly Acquired Dependent is a dependent child who is adopted, born, or otherwise becomes your dependent after you become covered under the Plan.

Coverage for dependents living outside a Cigna Dental service area is subject to the availability of an approved network where the dependent resides.

Group - employer, labor union or other organization that has entered into a Group Contract with Cigna Dental for managed dental services on your behalf.

Network Dentist – a licensed dentist who has signed an agreement with Cigna Dental to provide general dentistry or specialty care services to you. The term, when used, includes both Network General Dentists and Network Specialty Dentists.

Network General Dentist - a licensed dentist who has signed an agreement with Cigna Dental under which he or she agrees to provide dental care services to you.

Network Specialty Dentist - a licensed dentist who has signed an agreement with Cigna Dental under which he or she agrees to provide specialized dental care services to You.

Patient Charge - the amount you owe your Network Dentist for any dental procedure listed on your Patient Charge Schedule.

Patient Charge Schedule - list of services covered under your Dental Plan and how much they cost you.

Premiums - fees that your Group remits to Cigna Dental, on your behalf, during the term of your Group Contract.

Service Area - the geographical area designated by Cigna Dental within which it shall provide benefits and arrange for dental care services.

Subscriber/You - the enrolled employee or customer of the Group.

Usual Fee - the customary fee that an individual dentist most frequently charges for a given dental service.

II. INTRODUCTION TO YOUR CIGNA DENTAL PLAN

Welcome to the Cigna Dental Plan. We encourage you to use your dental benefits. Please note that enrollment in the Dental Plan allows the release of patient records to Cigna Dental or its designee for health plan operation purposes.

III. ELIGIBILITY/WHEN COVERAGE BEGINS

To enroll in the Dental Plan, you and your Dependents must be able to seek treatment for Covered Services within a Cigna Dental Service Area. Other eligibility requirements are determined by your Group.

If you enrolled in the Dental Plan before the effective date of your Group Contract, you will be covered on the first day the Group Contract is effective. If you enrolled in the Dental Plan after the effective date of the Group Contract, you will be covered on the first day of the month following processing of your enrollment (unless effective dates other than the first day of the month are provided for in your Group Contract).

Dependents may be enrolled in the Dental Plan at the time you enroll, during an open enrollment, or within 31 days of becoming eligible due to a life status change such as marriage, birth, adoption, placement, or court or administrative order. You may drop coverage for your Dependents only during the open enrollment periods for your Group, unless there is a change in status such as divorce. Cigna Dental may require evidence of good dental health at your expense if you or your Dependents enroll after the first period of eligibility (except during open enrollment) or after disenrollment because of nonpayment of Premiums.
If you have family coverage, a newborn child is automatically covered during the first 31 days of life. If you wish to continue coverage beyond the first 31 days, your baby must be enrolled in the Dental Plan and you must begin paying Premiums, if any additional are due, during that period.

Under the Family and Medical Leave Act of 1993, you may be eligible to continue coverage during certain leaves of absence from work. During such leaves, you will be responsible for paying your Group the portion of the Premiums, if any, which you would have paid if you had not taken the leave. Additional information is available through your Benefits Representative.

IV. YOUR CIGNA DENTAL COVERAGE

The information below outlines your coverage and will help you to better understand your Dental Plan. Included is information about which services are covered, which are not, and how much dental services will cost you. A copy of the Group Contract will be furnished to you upon your request.

A. CUSTOMER SERVICE

If you have any questions or concerns about the Dental Plan, Customer Service Representatives are just a toll-free phone call away. They can explain your benefits or help with matters regarding your Dental Office or Dental Plan. For assistance with transfers, specialty referrals, eligibility, second opinions,

emergencies, Covered Services, plan benefits, ID cards, location of Dental Offices, conversion coverage or other matters, call Customer Service from any location at [1.800.Cigna24]. The hearing impaired may contact the state TTY toll-free relay service number listed in their local telephone directory.

B. PREMIUMS

Your Group sends a monthly fee to Cigna Dental for customers participating in the Dental Plan. The amount and term of this fee is set forth in your Group Contract. You may contact your Benefits Representative for information regarding any part of this fee to be withheld from your salary or to be paid by you to the Group.

C. OTHER CHARGES - PATIENT CHARGES

Network General Dentists are typically reimbursed by Cigna Dental through fixed monthly payments and supplemental payments for certain procedures. No bonuses or financial incentives are used as an inducement to limit services. Network Dentists are also compensated by the fees which you pay, as set out in your Patient Charge Schedule.

Your Patient Charge Schedule lists the dental procedures covered under your Dental Plan. Some dental procedures are covered at no charge to you. For other Covered Services, the Patient Charge Schedule lists the fees you must pay when you visit your Dental Office. There are no deductibles and no annual dollar limits for services covered by your Dental Plan.

Your Network General Dentist should tell you about Patient Charges for Covered Services, the amount you must pay for non-Covered Services and the Dental Office's payment policies. Timely payment is important. It is possible that the Dental Office may add late charges to overdue balances.

Your Patient Charge Schedule is subject to annual change in accordance with your Group Contract. Cigna Dental will give written notice to your Group of any change in Patient Charges at least 60 days prior to such change. You will be responsible for the Patient Charges listed on the Patient Charge Schedule that is in effect on the date a procedure is started.

IMPORTANT: If you opt to receive dental services or procedures that are not covered benefits under this plan, a participating dental provider may charge you his or her usual and customary rate for such services or procedures. Prior to providing you with dental services or procedures that are not covered benefits, the dental provider should provide you with a treatment plan that includes each anticipated service or procedure to be provided and the estimated cost of each such service or procedure. To fully understand your coverage, you may wish to review your evidence of coverage document.

D. CHOICE OF DENTIST

You and your Dependents should have selected a Dental Office when you enrolled in the Dental Plan. If you did not, you must advise Cigna Dental of your Dental Office selection prior to receiving treatment. The benefits of the Dental Plan are available only at

your Dental Office, except in the case of an emergency or when Cigna Dental otherwise approves payment for out-of-network benefits.

You may select a network Pediatric Dentist as the Network General Dentist for your dependent child under age 13 by calling Customer Service at 1.800.Cigna24 to get a list of network Pediatric Dentists in your Service Area or if your Network General Dentist sends your child under the age of 13 to a network Pediatric Dentist, the network Pediatric Dentist's office will have primary responsibility for your child's care. For children 13 years and older, your Network General Dentist will provide care. If your child continues to visit the Pediatric Dentist upon the age of 13, you will be fully responsible for the Pediatric Dentist's Usual Fees. Exceptions for medical reasons may be considered on a case-by-case basis.

If for any reason your selected Dental Office cannot provide your dental care, or if your Network General Dentist terminates from the network, Cigna Dental will let you know and will arrange a transfer to another Dental Office. Refer to the Section titled "Office Transfers" if you wish to change your Dental Office.

To obtain a list of Dental Offices near you, visit our website at my.cigna.com, or call the Dental Office Locator at [1.800.Cigna24]. It is available 24 hours a day, 7 days per week. If you would like to have the list faxed to you, enter your fax number, including your area code. You may always obtain a current Dental Office Directory by calling Customer Service.

E. YOUR PAYMENT RESPONSIBILITY (General Care)

For Covered Services at your Dental Office, you will be charged the fees listed on your Patient Charge Schedule. For services listed on your Patient Charge Schedule at any other dental office, you may be charged Usual Fees. For non-Covered Services, you are responsible for paying Usual Fees.

If, on a temporary basis, there is no Network General Dentist in your Service Area, Cigna Dental will let you know and you may obtain Covered Services from a non-Network Dentist. You will pay the non-Network Dentist the applicable Patient Charge for Covered Services. Cigna Dental will pay the non-Network Dentist the difference, if any, between his or her Usual Fee and the applicable Patient Charge.

See Section IX, *Specialty Referrals*, regarding payment responsibility for specialty care.

All contracts between Cigna Dental and Network Dentists state that you will not be liable to the Network Dentist for any sums owed to the Network Dentist by Cigna Dental.

If you are having difficulty locating a participating provider within a reasonable distance/travel time of your home or work, or within a reasonable appointment wait time, please contact Customer Service [1.800.Cigna24] for assistance. If there are no participating providers meeting the above criteria in your area,

you may visit a non-participating provider and covered services will be made available at the same cost share than as if you had received those services from a participating provider. In this situation, your Customer Service Representative will be able to enter the appropriate information into our systems to ensure you qualify and your out of network claims will be properly adjusted.

F. EMERGENCY DENTAL CARE - REIMBURSEMENT

An emergency is a dental condition of recent onset and severity which would lead a prudent layperson possessing an average knowledge of dentistry to believe the condition needs immediate dental procedures necessary to control excessive bleeding, relieve severe pain, or eliminate acute infection. You should contact your Network General Dentist if you have an emergency in your Service Area.

1. **Emergency Care Away From Home**

   If you have an emergency while you are out of your Service Area or you are unable to contact your Network General Dentist, you may receive emergency Covered Services as defined above from any general dentist. Routine restorative procedures or definitive treatment (e.g. root canal) are not considered emergency care. You should return to your Network General Dentist for these procedures. For emergency Covered Services, you will be responsible for the Patient Charges listed on your Patient Charge Schedule. Cigna Dental will reimburse you the difference, if any, between the dentist's Usual Fee for emergency Covered Services and your Patient Charge, up to a total of $50 per incident. To receive reimbursement, send appropriate reports and x-rays to Cigna Dental at the address listed for your state on the front of this booklet.

2. **Emergency Care After Hours**

   There is a Patient Charge listed on your Patient Charge Schedule for emergency care rendered after regularly scheduled office hours. This charge will be in addition to other applicable Patient Charges.

G. LIMITATIONS ON COVERED SERVICES

Listed below are limitations on services when covered by your Dental Plan:

- **Frequency** - The frequency of certain Covered Services, like cleanings, is limited. Your Patient Charge Schedule lists any limitations on frequency.
- **Pediatric Dentistry** - Coverage for treatment by a Pediatric Dentist ends on your child's 13th birthday. Effective on your child's 13th birthday, dental services must be obtained from a Network General Dentist however, exceptions for medical reasons may be considered on an individual basis.
- **Oral Surgery** - The surgical removal of an impacted wisdom tooth may not be covered if the tooth is not diseased or if the removal is only for orthodontic reasons. Your Patient Charge Schedule lists any limitations on oral surgery.
- **Periodontal (gum tissue and supporting bone) Services** – Periodontal regenerative procedures are limited to one regenerative procedure per site (or per tooth, if

applicable), when covered on the Patient Charge Schedule.

Localized delivery of antimicrobial agents is limited to eight teeth (or eight sites, if applicable) per 12 consecutive months, when covered on the Patient Charge Schedule.

- **Clinical Oral Evaluations** – When this limitation is noted on the Patient Charge Schedule, periodic oral evaluations, comprehensive oral evaluations , comprehensive periodontal evaluations, and oral evaluations for patients under 3 years of age, are limited to a combined total of 4 evaluations during a 12 consecutive month period.
- **Surgical Placement of Implant Services** – When covered on the Patient Charge Schedule, surgical placement of a dental implant; repair, maintenance, or removal of a dental implant; implant abutment(s); or any services related to the surgical placement of a dental implant are limited to one per year with replacement of a surgical implant frequency limitation of one every 10 years.
- **Prosthesis Over Implant** – When covered on the Patient Charge Schedule, a prosthetic device, supported by an implant or implant abutment is considered a separate distinct service(s) from surgical placement of an implant. Replacement of any type of prosthesis with a prosthesis supported by an implant or implant abutment is only covered if the existing prosthesis is at least 5 calendar years old, is not serviceable and cannot be repaired.

GENERAL LIMITATIONS DENTAL BENEFITS

- No payment will be made for expenses incurred or services received:
- for or in connection with an injury arising out of, or in the course of, any employment for wage or profit;
- for charges which would not have been made in any facility, other than a Hospital or a Correctional Institution owned or operated by the United States Government or by a state or municipal government if the person had no insurance;
- to the extent that payment is unlawful where the person resides when the expenses are incurred or the services are received;
- for the charges which the person is not legally required to pay;
- for charges which would not have been made if the person had no insurance;
- due to injuries which are intentionally self-inflicted.

H. SERVICES NOT COVERED UNDER YOUR DENTAL PLAN

Listed below are the services or expenses which are NOT covered under your Dental Plan and which are your responsibility at the dentist's Usual Fees. There is no coverage for:

- services not listed on the Patient Charge Schedule.
- services provided by a non-Network Dentist without Cigna Dental's prior approval (except emergencies, as described in Section IV.F).
- services related to an injury or illness paid under workers'

compensation, occupational disease or similar laws.

- services provided or paid by or through a federal or state governmental agency or authority, political subdivision or a public program, other than Medicaid.
- services required while serving in the armed forces of any country or international authority or relating to a declared or undeclared war or acts of war.
- cosmetic dentistry or cosmetic dental surgery (dentistry or dental surgery performed solely to improve appearance) unless specifically listed on your Patient Charge Schedule. If bleaching (tooth whitening) is listed on your Patient Charge Schedule, only the use of take-home bleaching gel with trays is covered; all other types of bleaching methods are not covered.
- general anesthesia, sedation and nitrous oxide, unless specifically listed on your Patient Charge Schedule. When listed on your Patient Charge Schedule, general anesthesia and IV sedation are covered when medically necessary and provided in conjunction with Covered Services performed by an Oral Surgeon or Periodontist. (Maryland residents: General anesthesia is covered when medically necessary and authorized by your physician.) There is no coverage for general anesthesia or intravenous sedation when used for the purposes of anxiety control or patient management.
- prescription medications.
- procedures, appliances or restorations if the main purpose is to: a. change vertical dimension (degree of separation of the jaw when teeth are in contact); b. restore teeth which have been damaged by attrition, abrasion, erosion and/or abfraction.
- replacement of fixed and/or removable appliances (including fixed and removable orthodontic appliances) that have been lost, stolen, or damaged due to patient abuse, misuse or neglect.
- Surgical placement of a dental implant; repair, maintenance, or removal of a dental implant; implant abutment(s); or any services related to the surgical placement of a dental implant, unless specifically listed on your Patient Charge Schedule.
- services considered to be unnecessary or experimental in nature or do not meet commonly accepted dental standards..
- procedures or appliances for minor tooth guidance or to control harmful habits.
- hospitalization, including any associated incremental charges for dental services performed in a hospital. (Benefits are available for Network Dentist charges for Covered Services performed at a hospital. Other associated charges are not covered and should be submitted to the medical carrier for benefit determination.)
- services to the extent you or your enrolled Dependent are compensated under any group medical plan, no-fault auto insurance policy, or uninsured motorist policy. (Arizona and Pennsylvania residents: Coverage for covered services to the extent compensated under group medical plan, no fault auto insurance policies or uninsured motorist policies is not excluded. Kentucky and North Carolina residents: Services

compensated under no-fault auto insurance policies or uninsured motorist policies are not excluded. Maryland residents: Services compensated under group medical plans are not excluded.)

- the completion of crowns, bridges, dentures, or root canal treatment already in progress on the effective date of your Cigna Dental coverage.
- the completion of implant supported prosthesis (including crowns, bridges and dentures) already in progress on the effective date of your Cigna Dental coverage, unless specifically listed on your Patient Charge Schedule.
- consultations and/or evaluations associated with services that are not covered.
- endodontic treatment and/or periodontal (gum tissue and supporting bone) surgery of teeth exhibiting a poor or hopeless periodontal prognosis.
- bone grafting and/or guided tissue regeneration when performed at the site of a tooth extraction unless specifically listed on your Patient Charge Schedule.
- bone grafting and/or guided tissue regeneration when performed in conjunction with an apicoectomy or periradicular surgery.
- intentional root canal treatment in the absence of injury or disease to solely facilitate a restorative procedure.
- services performed by a prosthodontist.
- localized delivery of antimicrobial agents when performed alone or in the absence of traditional periodontal therapy.
- any localized delivery of antimicrobial agent procedures when more than eight (8) of these procedures are reported on the same date of service.
- infection control and/or sterilization. CIGNA dental considers this to be incidental to and part of the charges for services provided and not separately chargeable.
- the recementation of any inlay, onlay, crown, post and core or fixed bridge within 180 days of initial placement. Cigna Dental considers recementation within this timeframe to be incidental to and part of the charges for the initial restoration.
- the recementation of any implant supported prosthesis (including crowns, bridges and dentures) within 180 days of initial placement. Cigna Dental considers recementation within this timeframe to be incidental to and part of the charges for the initial restoration unless specifically listed on your Patient Charge Schedule.
- services to correct congenital malformations, including the replacement of congenitally missing teeth.
- the replacement of an occlusal guard (night guard) beyond one per any 24 consecutive month period, when this limitation is noted on the Patient Charge Schedule.
- crowns, bridges and/or implant supported prosthesis used solely for splinting.
- resin bonded retainers and associated pontics.

Pre-existing conditions are not excluded if the procedures involved are otherwise covered under your Patient Charge Schedule.

Should any law require coverage for any particular service(s) noted above, the exclusion or limitation for that service(s) shall not apply.

V. APPOINTMENTS

To make an appointment with your Network Dentist, call the Dental Office that you have selected. When you call, your Dental Office will ask for your identification number and will check your eligibility.

VI. BROKEN APPOINTMENTS

The time your Network Dentist schedules for your appointment is valuable to you and the dentist. Broken appointments make it difficult for your Dental Office to schedule time with other patients.

If you or your enrolled Dependent breaks an appointment with less than 24 hours notice to the Dental Office, you may be charged a broken appointment fee.

VII. OFFICE TRANSFERS

If you decide to change Dental Offices, we can arrange a transfer. You should complete any dental procedure in progress before transferring to another Dental Office. To arrange a transfer, call Customer Service at 1.800.Cigna24. To obtain a list of Dental Offices near you, visit our website at my.cigna.com, or call the Dental Office Locator at 1.800.Cigna24.

Your transfer request may take up to 5 days to process. Transfers will be effective the first day of the month after the processing of your request. Unless you have an emergency, you will be unable to schedule an appointment at the new Dental Office until your transfer becomes effective. You can check the status of your request by visiting myCigna.com, or by calling us at 1.800.Cigna24.

There is no charge to you for the transfer; however, all Patient Charges which you owe to your current Dental Office must be paid before the transfer can be processed.

VIII. SPECIALTY CARE

Your Network General Dentist at your Dental Office has primary responsibility for your professional dental care. Because you may need specialty care, the Cigna Dental Network includes the following types of specialty dentists:

- Pediatric Dentists – children's dentistry.
- Endodontists – root canal treatment.
- Periodontists – treatment of gums and bone.
- Oral Surgeons – complex extractions and other surgical procedures.
- Orthodontists – tooth movement.

There is no coverage for referrals to prosthodontists or other specialty dentists not listed above.

When specialty care is needed, your Network General Dentist must start the referral process. X-rays taken by your Network General Dentist should be sent to the Network Specialty Dentist.

See Section IV.D, *Choice of Dentist*, regarding treatment by a Pediatric Dentist.

IX. SPECIALTY REFERRALS

A. IN GENERAL

Preauthorization is not required for coverage of services by a Network Specialty Dentist.

When Cigna Dental approves payment to the Network Specialty Dentist, the fees or no-charge services listed on the Patient Charge Schedule in effect on the date each procedure is started will apply, except as set out in Section IX.B., Orthodontics. Treatment by the Network Specialty Dentist must begin within 90 days from the date of Cigna Dental's approval. If you are unable to obtain treatment within the 90 day period, please call Customer Service to request an extension. Your coverage must be in effect when each procedure begins.

For non-Covered Services or if Cigna Dental does not approve payment to the Network Specialty Dentist for Covered Services, including Adverse Determinations, you must pay the Network Specialty Dentist's Usual Fee. If you have a question or concern regarding an approval or a denial, contact Customer Service.

After the Network Specialty Dentist has completed treatment, you should return to your Network General Dentist for cleanings, regular checkups and other treatment. If you visit a Network Specialty Dentist without a referral or if you continue to see a Network Specialty Dentist after you have completed specialty care, it will be your responsibility to pay for treatment at the dentist's Usual Fees.

When your Network General Dentist determines that you need specialty care and a Network Specialty Dentist is not available, as determined by Cigna Dental, Cigna Dental will approve a referral to a non-Network Specialty Dentist. The referral procedures applicable to specialty care will apply. In such cases, you will be responsible for the applicable Patient Charge for Covered Services. Cigna Dental will reimburse the non-Network Dentist the difference, if any, between his or her Usual Fee and the applicable Patient Charge. For non-Covered Services or services not approved for payment, including Adverse Determinations, you must pay the dentist's Usual Fee.

B. ORTHODONTICS (This section is applicable only when Orthodontics is listed on your Patient Charge Schedule.)

1. **Definitions –** If your Patient Charge Schedule indicates coverage for orthodontic treatment, the following definitions apply:
   a. **Orthodontic Treatment Plan and Records –** the preparation of orthodontic records and a treatment plan by the Orthodontist.

b. **Interceptive Orthodontic Treatment –** treatment prior to full eruption of the permanent teeth, frequently a first phase preceding comprehensive treatment.
c. **Comprehensive Orthodontic Treatment –** treatment after the eruption of most permanent teeth, generally the final phase of treatment before retention.
d. **Retention (Post Treatment Stabilization) –** the period following orthodontic treatment during which you may wear an appliance to maintain and stabilize the new position of the teeth.

2. **Patient Charges**

The Patient Charge for your entire orthodontic case, including retention, will be based upon the Patient Charge Schedule in effect on the date of your visit for Treatment Plan and Records. However, if a. banding/appliance insertion does not occur within 90 days of such visit, b. your treatment plan changes, or c. there is an interruption in your coverage or treatment, a later change in the Patient Charge Schedule may apply.

The Patient Charge for Orthodontic Treatment is based upon 24 months of interceptive and/or comprehensive treatment. If you require more than 24 months of treatment in total, you will be charged an additional amount for each additional month of treatment, based upon the Orthodontist's Contract Fee. If you require less than 24 months of treatment, your Patient Charge will be reduced on a pro-rated basis.

3. **Additional Charges**

You will be responsible for the Orthodontist's Usual Fees for the following non-Covered Services:

a. incremental costs associated with optional/elective materials, including but not limited to ceramic, clear, lingual brackets, or other cosmetic appliances;
b. orthognathic surgery and associated incremental costs;
c. appliances to guide minor tooth movement;
d. appliances to correct harmful habits; and
e. services which are not typically included in Orthodontic Treatment. These services will be identified on a case-by-case basis.

4. **Orthodontics In Progress**

If Orthodontic Treatment is in progress for you or your Dependent at the time you enroll, the fee listed on the Patient Charge Schedule is not applicable. Please call Customer Service at [1.800.Cigna24] to find out if you are entitled to any benefit under the Dental Plan.

X. COMPLEX REHABILITATION/MULTIPLE CROWN UNITS

Complex rehabilitation is extensive dental restoration involving 6 or more "units" of crown, bridge and/or implant supported prosthesis (including crowns and bridges) in the same treatment plan. Using full crowns (caps), fixed bridges and/or implant supported prosthesis (including crowns and bridges) which are cemented in place, your Network General Dentist will rebuild natural teeth, fill in spaces

where teeth are missing and establish conditions which allow each tooth to function in harmony with the occlusion (bite). The extensive procedures involved in complex rehabilitation require an extraordinary amount of time, effort, skill and laboratory collaboration for a successful outcome.

Complex rehabilitation will be covered when performed by your Network General Dentist after consultation with you about diagnosis, treatment plan and charges. Each tooth or tooth replacement included in the treatment plan is referred to as a "unit" on your Patient Charge Schedule. The crown, bridge and/or implant supported prosthesis (including crowns and bridges) charges on your Patient Charge Schedule are for each unit of crown or bridge. You pay the per unit charge for each unit of crown, bridge and/or implant supported prosthesis (including crowns and bridges) PLUS an additional charge for each unit when 6 or more units are prescribed in your Network General Dentist's treatment plan.

Note: Complex Rehabilitation only applies for implant supported prosthesis, when implant supported prosthesis are specifically listed on your Patient Charge Schedule.

XI. WHAT TO DO IF THERE IS A PROBLEM

For the purposes of this section, any reference to "you" or "your" also refers to a representative or provider designated by you to act on your behalf. **Time frames or requirements may vary depending on the laws in your State. Consult your State Rider for further details.**

Most problems can be resolved between you and your dentist. However, we want you to be completely satisfied with the Dental Plan. That is why we have established a process for addressing your concerns and complaints. The complaint procedure is voluntary and will be used only upon your request.

A. START WITH CUSTOMER SERVICE

We are here to listen and to help. If you have a concern about your Dental Office or the Dental Plan, you can call [1.800.Cigna24] toll-free and explain your concern to one of our Customer Service Representatives. You can also express that concern in writing to Cigna Dental, P.O. Box 188047, Chattanooga, TN 37422-8047. We will do our best to resolve the matter during your initial contact. If we need more time to review or investigate your concern, we will get back to you as soon as possible, usually by the end of the next business day, but in any case within 30 days.

If you are not satisfied with the results of a coverage decision, you may start the appeals procedure.

B. APPEALS PROCEDURE

Cigna Dental has a two-step appeals procedure for coverage decisions. To initiate an appeal, you must submit a request in writing to Cigna Dental, P.O. Box 188047, Chattanooga, TN 37422-8047, within 1 year from the date of the initial Cigna Dental decision. You should state the reason you feel your appeal should be approved and include any information to support your appeal. If you are unable or choose not to write, you may ask

Customer Service to register your appeal by calling 1.800.Cigna24.

1. **Level-One Appeals**
Your level-one appeal will be reviewed and the decision made by someone not involved in the initial review. Appeals involving dental necessity or clinical appropriateness will be reviewed by a dental professional.

If your appeal concerns a denied pre-authorization, we will respond with a decision within 15 calendar days after we receive your appeal. For appeals concerning all other coverage issues, we will respond with a decision within 30 calendar days after we receive your appeal. If we need more information to make your level-one appeal decision, we will notify you in writing to request an extension of up to 15 calendar days and to specify any additional information needed to complete the review.

You may request that the appeal resolution be expedited if the time frames under the above process would seriously jeopardize your life or health or would jeopardize your ability to regain the dental functionality that existed prior to the onset of your current condition. A dental professional, in consultation with the treating dentist, will decide if an expedited review is necessary. When a review is expedited, Cigna Dental will respond orally with a decision within 72 hours, followed up in writing.

If you are not satisfied with our level-one appeal decision, you may request a level-two appeal.

2. **Level Two Appeals**
To initiate a level-two appeal, follow the same process required for a level-one appeal. Your level-two appeal will be reviewed and a decision made by someone not involved in the level-one appeal. For appeals involving dental necessity or clinical appropriateness, the decision will be made by a dentist. If specialty care is in dispute, the appeal will be conducted by a dentist in the same or similar specialty as the care under review.

The review will be completed within 30 calendar days. If we need more information to complete the appeal, we will notify you in writing to request an extension of up to 15 calendar days and to specify any additional information needed to complete the review. The decision will include the specific contractual or clinical reasons for the decision, as applicable.

You may request that the appeal resolution be expedited if the time frames under the above process would seriously jeopardize your life or health or would jeopardize your ability to regain the dental functionality that existed prior to the onset of your current condition. A dental professional, in consultation with the treating dentist, will decide if an expedited review is necessary. When a

review is expedited, the Dental Plan will respond orally with a decision within 72 hours, followed up in writing.

3. **Independent Review Procedure**
The independent review procedure is a voluntary program arranged by the Dental Plan and is not available in all areas. Consult your State Rider for more details if applicable.

4. **Appeals to the State**
You have the right to contact your State's Department of Insurance and/or Department of Health for assistance at any time. **See your State Rider for further details.**

Cigna Dental will not cancel or refuse to renew your coverage because you or your Dependent has filed a complaint or an appeal involving a decision made by Cigna Dental. You have the right to file suit in a court of law for any claim involving the professional treatment performed by a dentist.

XII. DUAL COVERAGE

You and your Dependents may not be covered twice under this Dental Plan. If you and your spouse have enrolled each other or the same Dependents twice, please contact your Benefit Administrator.

If you or your Dependents have dental coverage through your spouse's employer or other sources such as an HMO or similar dental plan, applicable coordination of benefit rules will determine which coverage is primary or secondary. In most cases, the plan covering you as an employee is primary for you, and the plan covering your spouse as an employee is primary for him or her. Your children are generally covered as primary by the plan of the parent whose birthday occurs earlier in the year. Dual coverage should result in lowering or eliminating your out-of-pocket expenses. It should not result in reimbursement for more than 100% of your expenses.

Coordination of benefit rules are attached to the Group Contract and may be reviewed by contacting your Benefit Administrator. Cigna Dental coordinates benefits only for specialty care services.

XIII. DISENROLLMENT FROM THE DENTAL PLAN - TERMINATION OF BENEFITS

A. TIME FRAMES FOR DISENROLLMENT/TERMINATION

Except as otherwise provided in the sections titled "Extension/Continuation of Benefits" or in your Group Contract, disenrollment from the Dental Plan and termination of benefits will occur on the last day of the month:

1. in which Premiums are not remitted to Cigna Dental.
2. in which eligibility requirements are no longer met.
3. after 30 days notice from Cigna Dental due to permanent breakdown of the dentist-patient relationship as determined by Cigna Dental, after at least two opportunities to transfer to another Dental Office.
4. after 30 days notice from Cigna Dental due to fraud or misuse of dental services and/or Dental Offices.

5. after 60 days notice by Cigna Dental, due to continued lack of a Dental Office in your Service Area.
6. after voluntary disenrollment.

B. EFFECT ON DEPENDENTS

When one of your Dependents is disenrolled, you and your other Dependents may continue to be enrolled. When you are disenrolled, your Dependents will be disenrolled as well.

XIV. EXTENSION OF BENEFITS

Coverage for completion of a dental procedure (other than orthodontics) which was started before your disenrollment from the Dental Plan will be extended for 90 days after disenrollment unless disenrollment was due to nonpayment of Premiums.

Coverage for orthodontic treatment which was started before disenrollment from the Dental Plan will be extended to the end of the quarter or for 60 days after disenrollment, whichever is later, unless disenrollment was due to nonpayment of Premiums.

XV. CONTINUATION OF BENEFITS (COBRA)

For Groups with 20 or more employees, federal law requires the employer to offer continuation of benefits coverage for a specified period of time after termination of employment or reduction of work hours, for any reason other than gross misconduct. You will be responsible for sending payment of the required Premiums to the Group. Additional information is available through your Benefits Representative.

XVI. CONVERSION COVERAGE

If you are no longer eligible for coverage under your Group's Dental Plan, you and your enrolled Dependents may continue your dental coverage by enrolling in the Cigna Dental conversion plan. You must enroll within three (3) months after becoming ineligible for your Group's Dental Plan. Premium payments and coverage will be retroactive to the date coverage under your Group's Dental Plan ended. You and your enrolled Dependents are eligible for conversion coverage unless benefits were discontinued due to:

- Permanent breakdown of the dentist-patient relationship,
- Fraud or misuse of dental services and/or Dental Offices,
- Nonpayment of Premiums by the Subscriber,
- Selection of alternate dental coverage by your Group; or
- Lack of network/Service Area.

Benefits and rates for Cigna Dental conversion coverage and any succeeding renewals will be based on the Covered Services listed in the then-current standard conversion plan and may not be the same as those for your Group's Dental Plan. Please call the Cigna Dental Conversion Department at 1.800.Cigna24 to obtain current rates and make arrangements for continuing coverage.

XVII. CONFIDENTIALITY/PRIVACY

Cigna Dental is committed to maintaining the confidentiality of your personal and sensitive information. Information about Cigna Dental's confidentiality policies and procedures is made available to you during

the enrollment process and/or as part of your customer plan materials. You may obtain additional information about Cigna Dental's confidentiality policies and procedures by calling Customer Service at 1.800.Cigna24, or via the Internet at my.cigna.com.

XVIII. MISCELLANEOUS

As a Cigna Dental plan customer, you may be eligible for various discounts, benefits, or other consideration for the purpose of promoting your general health and well being. Please visit our website at my.cigna.com for details.

As a Cigna Dental plan customer, you may also be eligible for additional dental benefits during certain health conditions. For example, certain frequency limitations for dental services may be relaxed for pregnant women and customers participating in certain disease management programs. Please review your plan enrollment materials for details.

SEE YOUR STATE RIDER FOR ADDITIONAL DETAILS.

Cigna Dental Companies

PLAN BOOKLET
COMBINED EVIDENCE OF COVERAGE AND DISCLOSURE FORM/CERTIFICATE OF COVERAGE

Cigna Dental Health of Florida, Inc. (a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes)
P.O. Box 453099
Sunrise, Florida 33345-3099

This Plan Booklet/Combined Evidence of Coverage and Disclosure Form/Certificate of Coverage is intended for your information; it constitutes a summary of the Dental Plan and is included as a part of the agreement between Cigna Dental and your Group (collectively, the "Group Contract"). The Group Contract must be consulted to determine the rates and the exact terms and conditions of coverage. If rates or coverages are changed under your Group Contract, your rates and coverage will also change. A prospective customer has the right to view the Combined Evidence of Coverage and Disclosure Form prior to enrollment. It should be read completely and carefully. Customers with special health care needs should read carefully those sections that apply to them. Please read the following information so you will know from whom or what group of providers dental care may be obtained.

NOTICE: IF YOU OR YOUR FAMILY MEMBERS ARE COVERED BY MORE THAN ONE HEALTH CARE PLAN, YOU MAY NOT BE ABLE TO COLLECT BENEFITS FROM BOTH PLANS. EACH PLAN MAY REQUIRE YOU TO FOLLOW ITS RULES OR USE SPECIFIC DOCTORS OR HOSPITALS, AND IT MAY BE IMPOSSIBLE TO COMPLY WITH BOTH PLANS AT THE SAME TIME. READ ALL OF THE RULES VERY CAREFULLY, INCLUDING THE DUAL COVERAGE SECTION.

Important Cancellation Information - Please Read the Provision Entitled "Disenrollment from the Dental Plan-Termination of Benefits."

READ YOUR PLAN BOOKLET CAREFULLY

Please call Customer Service at 1-800Cigna24 if you have any questions. The hearing impaired may call the state TTY toll-free relay service listed in their local telephone directory.

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Table of Contents

In some instances, state laws will supersede or augment the provisions contained in this booklet. These requirements are listed at the end of this booklet as a State Rider. In case of a conflict between the provisions of this booklet and your State Rider, the State Rider will prevail.

I. Definitions

Capitalized terms, unless otherwise defined, have the meanings listed below.

Adverse Determination - a decision by Cigna Dental not to authorize payment for certain limited specialty care procedures on the basis of necessity or appropriateness of care. To be considered clinically necessary, the treatment or service must be reasonable and appropriate and meet the following requirements:

A. Be consistent with the symptoms, diagnosis or treatment of the condition present;
B. Conform to commonly accepted standards throughout the dental field;
C. Not be used primarily for the convenience of the customer or provider of care; and
D. Not exceed the scope, duration or intensity of that level of care needed to provide safe and appropriate treatment.

Requests for payment authorizations that are declined by Cigna Dental based upon the above criteria will be the responsibility of the customer at the dentist's Usual Fees. A licensed dentist will make any such denial.

Cigna Dental - The Cigna Dental Health organization that provides dental benefits in your state as listed on the face page of this booklet.

Contract Fees - The fees contained in the Network Dentist agreement with Cigna Dental.

Covered Services - The dental procedures listed on your Patient Charge Schedule.

Dental Office - Your selected office of Network General Dentist(s).

Dental Plan - Managed dental care plan offered through the Group Contract between Cigna Dental and your Group.

Dependent - Your lawful spouse; your unmarried child (including newborns, adopted children, stepchildren, a child for whom you must provide dental coverage under a court order; or, a dependent child who resides in your home as a result of court order or administrative placement) who is:

A. Less than 19 years old; or

B. Less than 23 years old if he or she is both:
   1. A Full-time student enrolled at an accredited educational institution, and
   2. Reliant upon you for maintenance and support; or

C. Any age if he or she is both:
   1. Incapable of self-sustaining employment due to mental or physical disability, and
   2. Reliant upon you for maintenance and support.

For a dependent child 19 years of age or older who is a full-time student at an educational institution, coverage will be provided for an entire academic term during which the child begins as a full-time student and remains enrolled, regardless of whether the number of hours of instruction for which the child is enrolled is reduced to a level that changes the child's academic status to less than that of a full-time student.

For a child who falls into category (B) or (C) above, you will need to furnish Cigna Dental evidence of the child's reliance upon you, in the form requested, within 31 days after the Dependent reaches the age of [19] and once a year thereafter for as long as the child is claimed as a Dependent under the Plan.

A **Newly Acquired Dependent** is a dependent child who is adopted, born, or otherwise becomes your dependent after you become covered under the Plan.

Coverage for dependents living outside a Cigna Dental service area is subject to the availability of an approved network where the dependent resides.

Group - Employer, labor union or other organization that has entered into a Group Contract with Cigna Dental for managed dental services on your behalf.

Network Dentist – A licensed dentist who has signed an agreement with Cigna Dental to provide general dentistry or specialty care services to you. The term, when used, includes both Network General Dentists and Network Specialty Dentists.

Network General Dentist - A licensed dentist who has signed an agreement with Cigna Dental under which he or she agrees to provide dental care services to you.

Network Specialty Dentist - A licensed dentist who has signed an agreement with Cigna Dental under which he or she agrees to provide specialized dental care services to You.

Patient Charge - The amount you owe your Network Dentist for any dental procedure listed on your Patient Charge Schedule.

Patient Charge Schedule - List of services covered under your Dental Plan and how much they cost you.

Premiums - Fees that your Group remits to Cigna Dental, on your behalf, during the term of your Group Contract.

Service Area - The geographical area designated by Cigna Dental within which it shall provide benefits and arrange for dental care services.

Subscriber/You - The enrolled employee or customer of the Group.

Usual Fee - The customary fee that an individual dentist most frequently charges for a given dental service.

II. Introduction to Your Cigna Dental Plan

Welcome to the Cigna Dental Plan. We encourage you to use your dental benefits. Please note that enrollment in the Dental Plan allows the release of patient records to Cigna Dental or its designee for health plan operation purposes.

III. Eligibility/When Coverage Begins

To enroll in the Dental Plan, you and your Dependents must be able to seek treatment for Covered Services within a Cigna Dental Service Area. Other eligibility requirements are determined by your Group.

If you enrolled in the Dental Plan before the effective date of your Group Contract, you will be covered on the first day the Group Contract is effective. If you enrolled in the Dental Plan after the effective date of the Group Contract, you will be covered on the first day of the month following processing of your enrollment (unless effective dates other than the first day of the month are provided for in your Group Contract).

Dependents may be enrolled in the Dental Plan at the time you enroll, during an open enrollment, or within 31 days of becoming eligible due to a life status change such as marriage, birth, adoption, placement, or court or administrative order. You may drop coverage for your Dependents only during the open enrollment periods for your Group, unless there is a change in status such as divorce. Cigna Dental may require evidence of good dental health at your expense if you or your Dependents enroll after the first period of eligibility (except during open enrollment) or after disenrollment because of nonpayment of Premiums.

If you have family coverage, a newborn child is automatically covered during the first 31 days of life. If you wish to continue coverage beyond the first 31 days, your baby must be enrolled in the Dental Plan and you must begin paying Premiums, if any additional are due, during that period.

Under the Family and Medical Leave Act of 1993, you may be eligible to continue coverage during certain leaves of absence from work. During such leaves, you will be responsible for paying your Group the portion of the Premiums, if any, which you would have paid if you had not taken the leave. Additional information is available through your Benefits Representative.

IV. Your Cigna Dental Coverage

The information below outlines your coverage and will help you to better understand your Dental Plan. Included is information about which services are covered, which are not, and how much dental services will cost you. A copy of the Group Contract will be furnished to you upon your request.

A. Customer Service

If you have any questions or concerns about the Dental Plan, Customer Service Representatives are just a toll-free phone call away. They can explain your benefits or help with matters regarding your Dental Office or Dental Plan. For assistance with transfers, specialty referrals, eligibility, second opinions, emergencies, Covered Services, plan benefits, ID cards, location

of Dental Offices, conversion coverage or other matters, call Customer Service from any location at 1-800Cigna24. The hearing impaired may contact the state TTY toll-free relay service number listed in their local telephone directory.

B. Premiums

Your Group sends a monthly fee to Cigna Dental for customers participating in the Dental Plan. The amount and term of this fee is set forth in your Group Contract. You may contact your Benefits Representative for information regarding any part of this fee to be withheld from your salary or to be paid by you to the Group.

C. Other Charges – Patient Charges

Network General Dentists are typically reimbursed by Cigna Dental through fixed monthly payments and supplemental payments for certain procedures. No bonuses or financial incentives are used as an inducement to limit services. Network Dentists are also compensated by the fees which you pay, as set out in your Patient Charge Schedule.

Your Patient Charge Schedule lists the dental procedures covered under your Dental Plan. Some dental procedures are covered at no charge to you. For other Covered Services, the Patient Charge Schedule lists the fees you must pay when you visit your Dental Office. There are no deductibles and no annual dollar limits for services covered by your Dental Plan.

Your Network General Dentist should tell you about Patient Charges for Covered Services, the amount you must pay for non-Covered Services and the Dental Office's payment policies. Timely payment is important. It is possible that the Dental Office may add late charges to overdue balances.

Your Patient Charge Schedule is subject to annual change in accordance with your Group Contract. Cigna Dental will give written notice to your Group of any change in Patient Charges at least 60 days prior to such change. You will be responsible for the Patient Charges listed on the Patient Charge Schedule that is in effect on the date a procedure is started.

D. Choice of Dentist

You and your Dependents should have selected a Dental Office when you enrolled in the Dental Plan. If you did not, you must advise Cigna Dental of your Dental Office selection prior to receiving treatment. The benefits of the Dental Plan are available only at your Dental Office, except in the case of an emergency or when Cigna Dental otherwise authorizes payment for out-of-network benefits.

You may select a network Pediatric Dentist as the Network General Dentist for your dependent child under age 13 by calling Customer Service at 1-800Cigna24 to get a list of network Pediatric Dentists in your Service Area or if your Network General Dentist sends your child under the age of 13 to a network Pediatric Dentist, the network Pediatric Dentist’s office will have primary responsibility for your child’s care. For children 13 years and older, your Network General Dentist will provide care. If your

child continues to visit the Pediatric Dentist upon the age of 7, you will be fully responsible for the Pediatric Dentist's Usual Fees. Exceptions for medical reasons may be considered on a case-by-case basis.

If for any reason your selected Dental Office cannot provide your dental care, or if your Network General Dentist terminates from the network, Cigna Dental will let you know and will arrange a transfer to another Dental Office. Refer to the Section titled "Office Transfers" if you wish to change your Dental Office.

To obtain a list of Dental Offices near you, visit our website at my.Cigna.com, or call the Dental Office Locator at 1-800Cigna24. It is available 24 hours a day, 7 days per week. If you would like to have the list faxed to you, enter your fax number, including your area code. You may always obtain a current Dental Office Directory by calling Customer Service.

E. Your Payment Responsibility(General Care)

For Covered Services at your Dental Office, you will be charged the fees listed on your Patient Charge Schedule. For services listed on your Patient Charge Schedule at any other dental office, you may be charged Usual Fees. For non-covered services, you are responsible for paying Usual Fees.

If, on a temporary basis, there is no Network General Dentist in your Service Area, Cigna Dental will let you know and you may obtain Covered Services from a non-network dentist. You will pay the non-network dentist the applicable Patient Charge for Covered Services. Cigna Dental will pay the non-network dentist the difference, if any, between his or her Usual Fee and the applicable Patient Charge.

See Section IX. *Specialty Referrals*, regarding payment responsibility for specialty care.

All contracts between Cigna Dental and Network Dentists state that you will not be liable to the Network Dentist for any sums owed to the Network Dentist by Cigna Dental.

F. Emergency Dental Care - Reimbursement

An emergency is a dental condition of recent onset and severity which would lead a prudent layperson possessing an average knowledge of dentistry to believe the condition needs immediate dental procedures necessary to control excessive bleeding, relieve severe pain, or eliminate acute infection. You should contact your Network General Dentist if you have an emergency in your Service Area.

1. **Emergency Care Away from Home**

   If you have an emergency while you are out of your Service Area or you are unable to contact your Network General Dentist, you may receive emergency Covered Services as defined above from any general dentist. Routine restorative procedures or definitive treatment (e.g. root canal) are not considered emergency care. You should return to your Network General Dentist for these procedures. For emergency Covered Services, you will be responsible for the

Patient Charges listed on your Patient Charge Schedule. Cigna Dental will reimburse you the difference, if any, between the dentist's Usual Fee for emergency Covered Services and your Patient Charge, up to a total of $50 per incident. To receive reimbursement, send appropriate reports and x-rays to Cigna Dental at the address listed for your state on the front of this booklet.

2. **Emergency Care After Hours**
There is a Patient Charge listed on your Patient Charge Schedule for emergency care rendered after regularly scheduled office hours. This charge will be in addition to other applicable Patient Charges.

G. Limitations on Covered Services

Listed below are limitations on services when covered by your Dental Plan:

- **Frequency** - The frequency of certain Covered Services, like cleanings, is limited. Your Patient Charge Schedule lists any limitations on frequency.

- **Pediatric Dentistry** - Coverage for treatment by a Pediatric Dentist ends on your child's 7th birthday. Effective on your child's 7th birthday, dental services must be obtained from a Network General Dentist however; exceptions for medical reasons may be considered on an individual basis.

- **Oral Surgery** - The surgical removal of an impacted wisdom tooth may not be covered if the tooth is not diseased or if the removal is only for orthodontic reasons. Your Patient Charge Schedule lists any limitations on oral surgery.

- **Periodontal (gum tissue and supporting bone) Services** – Periodontal regenerative procedures are limited to one regenerative procedure per site (or per tooth, if applicable), when covered on the Patient Charge Schedule. Localized delivery of antimicrobial agents is limited to eight teeth (or eight sites, if applicable) per 12 consecutive months,when covered on the Patient Charge Schedule.

- **Clinical Oral Evaluations** – When this limitation is noted on the Patient Charge Schedule, periodic oral evaluations, comprehensive oral evaluations, comprehensive periodontal evaluations, and oral evaluations for patients under 3 years of age, are limited to a combined total of four evaluations during a 12 consecutive month period.

- **Surgical Placement of Implant Services** – When covered on the Patient Charge Schedule, surgical placement of a dental implant; repair, maintenance, or removal of a dental implant; implant abutment(s); or any services related to the surgical placement of a dental implant are limited to one per year with replacement of a surgical implant frequency limitation of one every 10 years.

- **Prosthesis Over Implant** – When covered on the Patient Charge Schedule, a prosthetic device, supported by an implant or implant abutment is considered a separate distinct service(s) from surgical placement of an implant. Replacement of any type of prosthesis with a prosthesis supported by an implant or implant abutment is only covered if the existing prosthesis is at least 5 calendar years old, is not serviceable and cannot be repaired.

General Limitations – Dental Benefits

No payment will be made for expenses incurred or services received:

- For or in connection with an injury arising out of, or in the course of, any employment for wage or profit.
- For charges which would not have been made in any facility, other than a Hospital or a Correctional Institution owned or operated by the United States Government or by a state or municipal government if the person had no insurance.
- To the extent that payment is unlawful where the person resides when the expenses are incurred or the services are received.
- For the charges which the person is not legally required to pay.
- For charges which would not have been made if the person had no insurance.
- Due to injuries which are intentionally self-inflicted.

H. Services Not Covered Under Your Dental Plan

Listed below are the services or expenses which are NOT covered under your Dental Plan and which are your responsibility at the dentist's Usual Fees. There is no coverage for:

- Services not listed on the Patient Charge Schedule.
- Services provided by a non-network dentist without Cigna Dental's prior approval (except emergencies, as described in Section IV.F.).
- Services related to an injury or illness paid under workers' compensation, occupational disease or similar laws.
- Services provided or paid by or through a federal or state governmental agency or authority, political subdivision or a public program, other than Medicaid.
- Services required while serving in the armed forces of any country or international authority or relating to a declared or undeclared war or acts of war.
- Cosmetic dentistry or cosmetic dental surgery (dentistry or dental surgery performed solely to improve appearance) unless specifically listed on your Patient Charge Schedule. If bleaching (tooth whitening) is listed on your Patient Charge Schedule, only the use of take-home bleaching gel with trays is covered; all other types of bleaching methods are not covered.

- General anesthesia, sedation and nitrous oxide, unless specifically listed on your Patient Charge Schedule. When listed on your Patient Charge Schedule, general anesthesia and IV sedation are covered when medically necessary and provided in conjunction with Covered Services performed by an Oral Surgeon or Periodontist. (Maryland residents: General anesthesia is covered when medically necessary and authorized by your physician.) There is no coverage for general anesthesia or intravenous sedation when used for the purposes of anxiety control or patient management.

- Prescription medications.

- Procedures, appliances or restorations if the main purpose is to:
  a. Change vertical dimension (degree of separation of the jaw when teeth are in contact);
  b. Restore teeth which have been damaged by attrition, abrasion, erosion and/or abfraction.

- Replacement of fixed and/or removable appliances (including fixed and removable orthodontic appliances) that have been lost, stolen, or damaged due to patient abuse, misuse or neglect.

- Surgical placement of a dental implant; repair, maintenance, or removal of a dental implant; implant abutment(s); or any services related to the surgical placement of a dental implant, unless specifically listed on your Patient Charge Schedule.
- Services considered to be unnecessary or experimental in nature or do not meet commonly accepted dental standards..

- Procedures or appliances for minor tooth guidance or to control harmful habits.

- Hospitalization, including any associated incremental charges for dental services performed in a hospital. (Benefits are available for Network Dentist charges for Covered Services performed at a hospital. Other associated charges are not covered and should be submitted to the medical carrier for benefit determination.)

- Services to the extent you or your enrolled Dependent are compensated under any group medical plan, no-fault auto insurance policy or uninsured motorist policy. (Arizona and Pennsylvania residents: Coverage for covered services to the extent compensated under group medical plan, no fault auto insurance policies or uninsured motorist policies is not excluded. Kentucky and North Carolina residents: Services compensated under no-fault auto insurance policies or uninsured motorist policies are not excluded. Maryland residents: Services compensated under group medical plans are not excluded.)

- The completion of crowns, bridges, dentures, or root canal treatment already in progress on the effective date of your

Cigna Dental coverage.

- The completion of implant supported prosthesis (including crowns, bridges and dentures) already in progress on the effective date of your Cigna Dental coverage, unless specifically listed on your Patient Charge Schedule.

- Consultations and/or evaluations associated with services that are not covered.

- Endodontic treatment and/or periodontal (gum tissue and supporting bone) surgery of teeth exhibiting a poor or hopeless periodontal prognosis.

- Bone grafting and/or guided tissue regeneration when performed at the site of a tooth extraction unless specifically listed on your Patient Charge Schedule.

- Bone grafting and/or guided tissue regeneration when performed in conjunction with an apicoectomy or periradicular surgery.

- Intentional root canal treatment in the absence of injury or disease to solely facilitate a restorative procedure.

- Services performed by a prosthodontist.
- Localized delivery of antimicrobial agents when performed alone or in the absence of traditional periodontal therapy.

- Any localized delivery of antimicrobial agent procedures when more than eight (8) of these procedures are reported on the same date of service.

- Infection control and/or sterilization. Cigna dental considers this to be incidental to and part of the charges for services provided and not separately chargeable.

- The recementation of any inlay, onlay, crown, post and core or fixed bridge within 180 days of initial placement. Cigna Dental considers recementation within this timeframe to be incidental to and part of the charges for the initial restoration.

- The recementation of any implant supported prosthesis (including crowns, bridges and dentures) within 180 days of initial placement. Cigna Dental considers recementation within this timeframe to be incidental to and part of the charges for the initial restoration unless specifically listed on your Patient Charge Schedule.

- Services to correct congenital malformations, including the replacement of congenitally missing teeth.

- The replacement of an occlusal guard (night guard) beyond one per any 24 consecutive month period, when this limitation is noted on the Patient Charge Schedule.

- Crowns, bridges and/or implant supported prosthesis used solely for splinting.

- Resin bonded retainers and associated pontics.

Preexisting conditions are not excluded if the procedures involved are otherwise covered under your Patient Charge Schedule.

Should any law require coverage for any particular service(s) noted above, the exclusion or limitation for that service(s) shall not apply.

V. Appointments

To make an appointment with your Network Dentist, call the Dental Office that you have selected. When you call, your Dental Office will ask for your identification number and will check your eligibility.

VI. Broken Appointments

The time your Network Dentist schedules for your appointment is valuable to you and the dentist. Broken appointments make it difficult for your Dental Office to schedule time with other patients.

If you or your enrolled Dependent breaks an appointment with less than 24 hours notice to the Dental Office, you may be charged a broken appointment fee.

VII. Office Transfers

If you decide to change Dental Offices, we can arrange a transfer. You should complete any dental procedure in progress before transferring to another Dental Office. To arrange a transfer, call Customer Service at 1-800Cigna24. To obtain a list of Dental Offices near you, visit our website at my.Cigna.com, or call the Dental Office Locator at 1-800Cigna24.

Your transfer request will take about five days to process. Transfers will be effective the first day of the month after the processing of your request. Unless you have an emergency, you will be unable to schedule an appointment at the new Dental Office until your transfer becomes effective.

There is no charge to you for the transfer; however, all Patient Charges which you owe to your current Dental Office must be paid before the transfer can be processed.

VIII. Specialty Care

Your Network General Dentist at your Dental Office has primary responsibility for your professional dental care. Because you may need specialty care, the Cigna Dental Network includes the following types of specialty dentists:

- Pediatric Dentists – **C**hildren's dentistry.
- Endodontists – **R**oot canal treatment.
- Periodontists – Treatment of gums and bone.

- Oral Surgeons – Complex extractions and other surgical procedures.
- Orthodontists – Tooth movement.

There is no coverage for referrals to prosthodontists or other specialty dentists not listed above.

When specialty care is needed, your Network General Dentist must start the referral process. X-rays taken by your Network General Dentist should be sent to the Network Specialty Dentist.

See Section IV.D., *Choice of Dentist*, regarding treatment by a Pediatric Dentist.

IX. Specialty Referrals

A. In General

Upon referral from a Network General Dentist, your Network Specialty Dentist will submit a specialty care treatment plan to Cigna Dental for payment authorization, except for Pediatrics, Orthodontics and Endodontics, for which prior authorization is not required. You should verify with the Network Specialty Dentist that your treatment plan has been authorized for payment by Cigna Dental before treatment begins.

When Cigna Dental authorizes payment to the Network Specialty Dentist, the fees or no-charge services listed on the Patient Charge Schedule in effect on the date each procedure is started will apply, except as set out in Section IX.B., Orthodontics. Treatment by the Network Specialty Dentist must begin within 90 days from the date of Cigna Dental's authorization. If you are unable to obtain treatment within the 90 day period, please call Customer Service to request an extension. Your coverage must be in effect when each procedure begins.

For non-covered services or if Cigna Dental does not authorize payment to the Network Specialty Dentist for Covered Services, including Adverse Determinations, you must pay the Network Specialty Dentist's Usual Fee. If you have a question or concern regarding an authorization or a denial, contact Customer Service.

After the Network Specialty Dentist has completed treatment, you should return to your Network General Dentist for cleanings, regular checkups and other treatment. If you visit a Network Specialty Dentist without a referral or if you continue to see a Network Specialty Dentist after you have completed specialty care, it will be your responsibility to pay for treatment at the dentist's Usual Fees.

When your Network General Dentist determines that you need specialty care and a Network Specialty Dentist is not available, as determined by Cigna Dental, Cigna Dental will authorize a referral to a non-network specialty dentist. The referral procedures applicable to specialty care will apply. In such cases, you will be responsible for the applicable Patient Charge for Covered Services. Cigna Dental will reimburse the non-network dentist the difference, if any, between his or her Usual Fee and the applicable Patient Charge. For non-covered services

or services not authorized for payment, including Adverse Determinations, you must pay the dentist's Usual Fee.

B. Orthodontics (This section is applicable only when orthodontics is listed on your Patient Charge Schedule.)

1. **Definitions –** If your Patient Charge Schedule indicates coverage for orthodontic treatment, the following definitions apply:
   e. **Orthodontic Treatment Plan and Records –** the preparation of orthodontic records and a treatment plan by the orthodontist.
   f. **Interceptive Orthodontic Treatment –** treatment prior to full eruption of the permanent teeth, frequently a first phase preceding comprehensive treatment.
   g. **Comprehensive Orthodontic Treatment –** treatment after the eruption of most permanent teeth, generally the final phase of treatment before retention.
   h. **Retention (Post Treatment Stabilization) –** the period following orthodontic treatment during which you may wear an appliance to maintain and stabilize the new position of the teeth.

2. **Patient Charges**
   The Patient Charge for your entire orthodontic case, including retention, will be based upon the Patient Charge Schedule in effect on the date of your visit for Treatment Plan and Records. However, if a. banding/appliance insertion does not occur within 90 days of such visit, b. your treatment plan changes, or c. there is an interruption in your coverage or treatment, a later change in the Patient Charge Schedule may apply.

   The Patient Charge for orthodontic treatment is based upon 24 months of interceptive and/or comprehensive treatment. If you require more than 24 months of treatment in total, you will be charged an additional amount for each additional month of treatment, based upon the Orthodontist's Contract Fee. If you require less than 24 months of treatment, your Patient Charge will be reduced on a prorated basis.

3. **Additional Charges**
   You will be responsible for the Orthodontist's Usual Fees for the following non-covered services:
   a. Incremental costs associated with optional/elective materials, including but not limited to ceramic, clear, lingual brackets, or other cosmetic appliances;
   b. Orthognathic surgery and associated incremental costs;
   c. Appliances to guide minor tooth movement;
   d. Appliances to correct harmful habits; and
   e. Services which are not typically included in Orthodontic Treatment. These services will be identified on a case-by-case basis.

4. **Orthodontics in Progress**

If Orthodontic Treatment is in progress for you or your Dependent at the time you enroll, the fee listed on the Patient Charge Schedule is not applicable. Please call Customer Service at 1-800Cigna24 to find out if you are entitled to any benefit under the Dental Plan.

X. Complex Rehabilitation/Multiple Crown Units

Complex rehabilitation is extensive dental restoration involving six or more "units" of crown, bridge and/or implant supported prosthesis (including crowns and bridges) in the same treatment plan. Using full crowns (caps), fixed bridges and/or implant supported prosthesis (including crowns and bridges) which are cemented in place, your Network General Dentist will rebuild natural teeth, fill in spaces where teeth are missing and establish conditions which allow each tooth to function in harmony with the occlusion (bite). The extensive procedures involved in complex rehabilitation require an extraordinary amount of time, effort, skill and laboratory collaboration for a successful outcome.

Complex rehabilitation will be covered when performed by your Network General Dentist after consultation with you about diagnosis, treatment plan and charges. Each tooth or tooth replacement included in the treatment plan is referred to as a "unit" on your Patient Charge Schedule. The crown, bridge and/or implant supported prosthesis (including crowns and bridges) charges on your Patient Charge Schedule are for each unit of crown or bridge. You pay the per unit charge for each unit of crown, bridge and/or implant supported prosthesis (including crowns and bridges) PLUS an additional charge for each unit when six or more units are prescribed in your Network General Dentist's treatment plan.

Note: Complex rehabilitation only applies for implant supported prosthesis, when implant supported prosthesis are specifically listed on your Patient Charge Schedule.

XI. What to Do if There Is a Problem

For the purposes of this section, any reference to “you” or “your” also refers to a representative or provider designated by you to act on your behalf. **Time frames or requirements may vary depending on the laws in your State. Consult your State Rider for further details.**

Most problems can be resolved between you and your dentist. However, we want you to be completely satisfied with the Dental Plan. That is why we have established a process for addressing your concerns and complaints. The complaint procedure is voluntary and will be used only upon your request.

A. Start with Customer Service

We are here to listen and to help. If you have a concern about your Dental Office or the Dental Plan, you can call 1-800Cigna24 toll-free and explain your concern to one of our Customer Service Representatives. You can also express that concern in writing to Cigna Dental, P.O. Box 188047, Chattanooga, TN 37422-8047. We will do our best to resolve the matter during your initial contact. If we need more time to review or investigate your concern, we will get back to you as soon as possible, usually by the end of the

next business day, but in any case within 30 days.
If you are not satisfied with the results of a coverage decision, you may start the appeals procedure.

B. Appeals Procedure

Cigna Dental has a two-step appeals procedure for coverage decisions. To initiate an appeal, you must submit a request in writing to Cigna Dental, P.O. Box 188047, Chattanooga, TN 37422-8047, within one year from the date of the initial Cigna Dental decision. You should state the reason you feel your appeal should be approved and include any information to support your appeal. If you are unable or choose not to write, you may ask Customer Service to register your appeal by calling 1-800Cigna24.

1. **Level-One Appeals**

Your level-one appeal will be reviewed and the decision made by someone not involved in the initial review. Appeals involving dental necessity or clinical appropriateness will be reviewed by a dental professional.

If your appeal concerns a denied preauthorization, we will respond with a decision within 15 calendar days after we receive your appeal. For appeals concerning all other coverage issues, we will respond with a decision within 30 calendar days after we receive your appeal. If we need more information to make your level-one appeal decision, we will notify you in writing to request an extension of up to 15 calendar days and to specify any additional information needed to complete the review.

You may request that the appeal resolution be expedited if the time frames under the above process would seriously jeopardize your life or health or would jeopardize your ability to regain the dental functionality that existed prior to the onset of your current condition. A dental professional, in consultation with the treating dentist, will decide if an expedited review is necessary. When a review is expedited, Cigna Dental will respond orally with a decision within 72 hours, followed up in writing.

If you are not satisfied with our level-one appeal decision, you may request a level-two appeal.

2. **Level Two Appeals**

To initiate a level-two appeal, follow the same process required for a level-one appeal. Your level-two appeal will be reviewed and a decision made by someone not involved in the level-one appeal. For appeals involving dental necessity or clinical appropriateness, the decision will be made by a dentist. If specialty care is in dispute, the appeal will be conducted by a dentist in the same or similar specialty as the care under review.

The review will be completed within 30 calendar days. If we need more information to complete the appeal, we will notify you in writing to request an extension of up to 15 calendar days and to specify any additional information

needed to complete the review. The decision will include the specific contractual or clinical reasons for the decision, as applicable.

You may request that the appeal resolution be expedited if the time frames under the above process would seriously jeopardize your life or health or would jeopardize your ability to regain the dental functionality that existed prior to the onset of your current condition. A dental professional, in consultation with the treating dentist, will decide if an expedited review is necessary. When a review is expedited, the Dental Plan will respond orally with a decision within 72 hours, followed up in writing.

3. **Independent Review Procedure**

The independent review procedure is a voluntary program arranged by the Dental Plan and is not available in all areas. Consult your State Rider for more details if applicable.

4. **Appeals to the State**

You have the right to contact your State's Department of Insurance and/or Department of Health for assistance at any time. **See your State Rider for further details.**

Cigna Dental will not cancel or refuse to renew your coverage because you or your Dependent has filed a complaint or an appeal involving a decision made by Cigna Dental. You have the right to file suit in a court of law for any claim involving the professional treatment performed by a dentist.

XII. Dual Coverage

You and your Dependents may not be covered twice under this Dental Plan. If you and your spouse have enrolled each other or the same Dependents twice, please contact your Benefits Administrator.

If you or your Dependents have dental coverage through your spouse's employer or other sources such as an HMO or similar dental plan, applicable coordination of benefits rules will determine which coverage is primary or secondary. In most cases, the plan covering you as an employee is primary for you, and the plan covering your spouse as an employee is primary for him or her. Your children are generally covered as primary by the plan of the parent whose birthday occurs earlier in the year. Dual coverage should result in lowering or eliminating your out-of-pocket expenses. It should not result in reimbursement for more than 100% of your expenses.

Coordination of benefits rules are attached to the Group Contract and may be reviewed by contacting your Benefits Administrator. Cigna Dental coordinates benefits only for specialty care services.

XIII. Disenrollment from the Dental Plan – Termination of Benefits

A. Time Frames for Disenrollment/Termination

Except as otherwise provided in the sections titled "Extension/Continuation of Benefits" or in your Group Contract, disenrollment from the Dental Plan and termination of benefits will occur on the last day of the month:

1. In which Premiums are not remitted to Cigna Dental.

2. In which eligibility requirements are no longer met.

3. After 30 days' notice from Cigna Dental due to permanent breakdown of the dentist-patient relationship as determined by Cigna Dental, after at least two opportunities to transfer to another Dental Office.

4. After 30 days' notice from Cigna Dental due to fraud or misuse of dental services and/or Dental Offices.

5. After 60 days' notice by Cigna Dental, due to continued lack of a Dental Office in your Service Area.

6. After voluntary disenrollment.

B. Effect on Dependents

When one of your Dependents is disenrolled, you and your other Dependents may continue to be enrolled. When you are disenrolled, your Dependents will be disenrolled as well.

XIV. Extension of Benefits

Coverage for completion of a dental procedure (other than orthodontics) which was started before your disenrollment from the Dental Plan will be extended for 90 days after disenrollment unless disenrollment was due to nonpayment of Premiums.

Coverage for orthodontic treatment which was started before disenrollment from the Dental Plan will be extended to the end of the quarter or for 60 days after disenrollment, whichever is later, unless disenrollment was due to nonpayment of Premiums.

XV. Continuation of Benefits (COBRA)

For Groups with 20 or more employees, federal law requires the employer to offer continuation of benefits coverage for a specified period of time after termination of employment or reduction of work hours, for any reason other than gross misconduct. You will be responsible for sending payment of the required Premiums to the Group. Additional information is available through your Benefits Representative.

XVI. Conversion Coverage

If you are no longer eligible for coverage under your Group's Dental Plan, you and your enrolled Dependents may continue your dental coverage by enrolling in the Cigna Dental conversion plan. You must enroll within three (3) months after becoming ineligible for your Group's Dental Plan. Premium payments and coverage will be retroactive to the date coverage under your Group's Dental Plan ended. You and your enrolled Dependents are eligible for conversion coverage unless benefits were discontinued due to:

- Permanent breakdown of the dentist-patient relationship.
- Fraud or misuse of dental services and/or Dental Offices.
- Nonpayment of Premiums by the Subscriber.
- Selection of alternate dental coverage by your Group.
- Lack of network/Service Area.

Benefits and rates for Cigna Dental conversion coverage and any succeeding renewals will be based on the Covered Services listed in the then-current standard conversion plan and may not be the same as those for your Group's Dental Plan. Please call the Cigna Dental Conversion Department at 1-800Cigna24 to obtain current rates and make arrangements for continuing coverage.

XVII. Confidentiality/Privacy

Cigna Dental is committed to maintaining the confidentiality of your personal and sensitive information. Information about Cigna Dental's confidentiality policies and procedures is made available to you during the enrollment process and/or as part of your customer plan materials. You may obtain additional information about Cigna Dental's confidentiality policies and procedures by calling Customer Service at 1-800Cigna24, or via the Internet at my.Cigna.com.

XVIII. Miscellaneous

As a Cigna Dental plan customer, you may be eligible for various discounts, benefits, or other consideration for the purpose of promoting your general health and well being. Please visit our website at my.Cigna.com for details.

As a Cigna Dental plan customer, you may also be eligible for additional dental benefits during certain health conditions. For example, certain frequency limitations for dental services may be relaxed for pregnant women and customers participating in certain disease management programs. Please review your plan enrollment materials for details.

See Your State Rider for Additional Details.

STATE RIDER
Cigna Dental Health Plan of Arizona, Inc.

Arizona Residents:

I. DEFINITIONS

Dependent -

The following provision, included as the next to the last sentence under the definition of "Dependent" in your Plan Booklet, does not apply to Arizona residents:

Coverage for dependents living outside a Cigna Dental service area is subject to the availability of an approved network where the dependent resides.

III. ELIGIBILITY/WHEN COVERAGE BEGINS

Employees may enroll within 31 days of becoming eligible.

If you have family coverage, a newly born child, newly adopted child, or a child newly placed in your home for adoption by you, is automatically covered during the first 31 days of life, adoption or placement. If you wish to continue coverage beyond the first 31 days, you should enroll your child in the Dental Plan and you need to begin to pay any additional Premiums during that period.

IV. YOUR CIGNA DENTAL COVERAGE

F. EMERGENCY DENTAL CARE - REIMBURSEMENT

An emergency is a dental problem that requires immediate treatment (includes control of bleeding, acute infection, or relief of pain including local anesthesia). Reimbursement for emergencies will be made by Cigna Dental in accordance with your plan benefits, regardless of the location of the facility providing the services.

H. SERVICES NOT COVERED UNDER YOUR DENTAL PLAN

The following bullet does not apply to Arizona residents.

- services to the extent you or your enrolled Dependent are compensated under any group medical plan, no-fault auto insurance policy, or uninsured motorist policy. **Arizona residents: Coverage for covered services to the extent compensated under group medical plan, no fault auto insurance policies or uninsured motorist policies is not excluded.**

XI. WHAT TO DO IF THERE IS A PROBLEM

Section B, "Appeals Procedure", is hereby deleted and replaced with the following:

B. PROBLEMS CONCERNING DENIED PREAUTHORIZATIONS OR DENIED CLAIMS FOR SERVICES ALREADY PROVIDED

If your problem concerns a specialty referral pre-authorization that is not approved for payment or a claim for services already provided that is denied by Cigna Dental, you or your designated representative may request a review as set out below by contacting Member Services, P.O. Box 188047, Chattanooga, Tennessee 37422, Telephone 1.800.Cigna24 (244.6224).

1. Expedited Review Process (Pre-authorizations Only)

a. Expedited Review

An Expedited Review is available if your Network Dentist certifies in writing that the time to follow the Informal Reconsideration process, as described below, would cause a significant negative change in your medical condition. Cigna Dental will notify you and your dentist of its decision, by telephone and by mail, within 1 business day after receipt of all documentation. If Cigna Dental upholds the denial, the written notice will include the criteria used, the clinical reasons for the decision, references to any supporting documentation, and notice of your right to proceed to an Expedited Appeal.

b. Expedited Appeal

An Expedited Appeal is available if Cigna Dental upholds the denial of a pre-authorization at the Expedited Review level. To request an Expedited Appeal, your Network Dentist must immediately inform Cigna Dental, in writing, that you are requesting an Expedited Appeal. Cigna Dental will notify you and your dentist of its decision, by telephone and by mail, within 72 hours of receiving the request. If Cigna Dental upholds the denial, you may request an Expedited External Independent Review.

c. Expedited External Independent Review

An Expedited External Independent Review is available if Cigna Dental upholds the denial of a pre-authorization at the Expedited Appeal level. You have 5 business days from the date you receive written notice that your denial was upheld at the Expedited Appeal level to request an Expedited External Independent Review. You must send your request in writing to the Appeals Coordinator at the above address. Cigna Dental will notify the Director of Insurance and acknowledge your request in writing within 1 business day. The Director of Insurance will advise you and your treating dentist of the decision.

2. Informal Reconsideration (Pre-authorizations Only)

An Informal Reconsideration is available if Cigna Dental denies a pre-authorization that does not qualify for Expedited Review. You have up to 2 years from the date your pre-authorization was denied to request Informal Reconsideration. Your coverage must be in effect at the time of the request. Cigna Dental will acknowledge your request for Informal Reconsideration in writing within 5 business days. An Appeals Information Packet will be

included. Cigna Dental will notify you and your treating dentist of its decision in writing within 15 days. If Cigna Dental upholds the denial, the notice will include a description of the criteria used, the clinical reasons for the decision, references to any supporting documentation, and notice of your right to proceed to a Formal Appeal.

3. Formal Appeal (Pre-authorizations and Claims for Services Already Provided)

a. Denied Pre-authorizations: You have 60 days from the date you receive notice that your denial was upheld at the Informal Reconsideration level to request a Formal Appeal. Cigna Dental will notify you and your dentist of its decision in writing within 15 days.

b. Denied Claims for Services Already Provided: You have 2 years from the date your claim was denied to request a Formal Appeal. Cigna Dental will notify you and your dentist of its decision in writing within 60 days.

You must send your request for a Formal Appeal in writing to the Appeals Coordinator at the above address. You or your Network Dentist must provide Cigna Dental with any material justification or documentation to support your request. Cigna Dental will acknowledge your appeal in writing within 5 business days of your request. If Cigna Dental upholds the denial, the written notice will include the criteria used, the clinical reasons for the decision, references to any supporting documentation, and your right to proceed to External Independent Review.

4. External Independent Review (Pre-authorizations and Claims for Services Already Provided):

If Cigna Dental upholds the denial of a pre-authorization or a claim for services already provided at the Formal Appeal level, you may seek an External Independent Review. You have 30 days from the date you receive notice that your denial was upheld at the Formal Appeal level to request an External Independent Review. You must send your request for an External Independent Review in writing to the Appeals Coordinator at the above address. Cigna Dental will notify the Director of Insurance and acknowledge your request in writing within 5 business days. The Director of Insurance will notify you and your treating dentist of the Independent Review Organization's decision.

Further information concerning the above Appeal Process is contained in the Appeals Information Packet. You may obtain a replacement packet by contacting Member Services at 1.800.Cigna24.

5. Appeals to the State

You have the right to contact the Arizona Department of Insurance and/or Department of Health for assistance at any time.

XII. DUAL COVERAGE

If you are also an insured or certificate holder under an indemnity health insurance policy that provides benefits for Covered Services provided by the Dental Plan, the indemnity health insurance policy will pay benefits without regard to the existence of the Cigna Dental Plan. Notwithstanding, the indemnity plan is not obligated to pay any amount for a procedure provided under the Dental Plan at no charge or to pay in excess of the amount of the Patient Charge for any Covered Service. In the event the Patient Charge has been paid to the Network Dentist, then the Indemnity Plan must remit any payments due directly to you.

Cigna Dental Health of Florida, Inc.
STATE RIDER

Florida residents:
This State Rider is attached to and made part of your Plan Booklet and contains information that either replaces, or is in addition to, information contained in your Plan Booklet.

I. Definitions

Dependent - A child born to or adopted by your covered family member may also be considered a dependent if the child is pre-enrolled at the time of birth or adoption.

III. Eligibility/when coverage begins

There will be at least one open enrollment period of not less than 30 days every 18 months unless Cigna Dental Health and your Group mutually agree to a shorter period of time than 18 months.

If you have family coverage, your newly-born child, or a newly-born child of a covered family member, is automatically covered during the first 31 days of life if the child is pre-enrolled in the Dental Plan at the time of birth. If you wish to continue coverage beyond the first 31 days, you need to begin to pay Premiums, if any additional are due, during that period.

IV. **Y**our Cigna Dental coverage

B. Premiums/prepayment fees

Your Group Contract has a 31-day grace period. This provision means that if any required premium is not paid on or before the date it is due, it may be paid subsequently during the grace period. During the grace period, the Group Contract will remain in force.

D. Choice of dentist

You may receive a description of the process used to analyze the qualifications and credentials of Network Dentists upon request.

XI. **W**hat to do if there is a problem

The following is in addition to the Section XI of your Plan Booklet:

B. Appeals procedure

The Appeals Coordinator can be reached at 1-800-Cigna24 (244.6224) or by writing to P.O. Box 188047, Chattanooga, TN 37422.

1. Level one appeals

Your written complaint will be processed within 60 days of receipt unless the complaint involves the collection of information outside the service area, in which case Cigna Dental Health will have an additional 30 days to process the complaint. You may file a complaint up to one year from the date of occurrence.

If a meeting with you is necessary, the location of the meeting shall be at Cigna Dental Health's administrative office or at a location within the service area that is convenient for you.

4. Appeals to the State

You always have the right to file a complaint with or seek assistance from the Department of Insurance, 200 East Gaines Street, Tallahassee, Florida 32399, 1-800-342-2762.

XIII. Disenrollment from the dental plan/termination

A. Causes for disenrollment/termination

3. Permanent breakdown of the dentist-patient relationship, as determined by Cigna Dental Health, is defined as disruptive, unruly, abusive, unlawful, or uncooperative behavior which seriously impairs Cigna Dental Health's ability to provide services to members, after reasonable efforts to resolve the problem and consideration of extenuating circumstances.

Forty-five days notice will be provided to you if Cigna Dental Health terminates enrollment in the dental plan.

XIV. Extension of benefits

Coverage for all dental procedures in progress, including Orthodontics, is extended for 90 days after disenrollment.

XVI. Converting from your group coverage

You and your enrolled Dependent(s) are eligible for conversion coverage unless benefits are discontinued because you or your Dependent no longer reside in a Cigna Dental Health Service Area, or because of fraud or material misrepresentation in applying for benefits.

Unless benefits were terminated as previously listed, conversion coverage is available to your Dependents, only, as follows:

A. A surviving spouse and children at Subscriber's death;
B. A former spouse whose coverage would otherwise end because of annulment or dissolution of marriage; or
C. A spouse or child whose group coverage ended by reason of ceasing to be an eligible family member under the Subscriber's coverage.

Coverage and Benefits for conversion coverage will be similar to those of your Group's Dental Plan. Rates will be at prevailing conversion levels.

In addition the following provisions apply to your plan:

Expenses for which a third party may be responsible

This plan does not cover:

1. Expenses incurred by you or your Dependent (hereinafter individually and collectively referred to as a "Participant,") for which another party may be responsible as a result of having caused or contributed to an Injury or Sickness.

2. Expenses incurred by a Participant to the extent any payment is received for them either directly or indirectly from a third party tortfeasor or as a result of a settlement, judgment or arbitration award in connection with any automobile medical, automobile no-fault, uninsured or underinsured motorist, homeowners, workers' compensation, government insurance (other than Medicaid), or similar type of insurance or coverage.

Right of reimbursement

If a Participant incurs a Covered Expense for which, in the opinion of the plan or its claim administrator, another party may be responsible or for which the Participant may receive payment as described above, the plan is granted a right of reimbursement, to the extent of the benefits provided by the plan, from the proceeds of any recovery whether by settlement, judgment, or otherwise.

Cigna Dental Health of Florida, Inc.

BY: Frederick E Landolette

TITLE: President

BENEFIT RIDER
Cigna Dental Companies

Cigna Dental Health of Florida, Inc. (**a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes)**
P.O. Box 453099
Sunrise, Florida 33345-3099

This State Rider is attached to and made part of your Plan Booklet/Evidence of Coverage and replaces the following provisions:

D. **Choice of Dentist**

You and your Dependents should have selected a Dental Office when you enrolled in the Dental Plan. If you did not, you must advise Cigna Dental of your Dental Office selection prior to receiving treatment. The benefits of the Dental Plan are available only at your Dental Office, except in the case of an emergency or when Cigna Dental otherwise approves payment for out-of-network benefits.

You may select a network Pediatric Dentist as the Network General Dentist for your dependent child under age 13 by calling Customer Service at 1.800.Cigna24 to get a list of network Pediatric Dentists in your Service Area or if your Network General Dentist sends your child under the age of 13 to a network Pediatric Dentist, the network Pediatric Dentist's office will have primary responsibility for your child's care. For children 13 years and older, your Network General Dentist will provide care. If your child continues to visit the Pediatric Dentist upon the age of 13, you will be fully responsible for the Pediatric Dentist's Usual Fees. Exceptions for medical reasons may be considered on a case-by-case basis.

If for any reason your selected Dental Office cannot provide your dental care, or if your Network General Dentist terminates from the network, Cigna Dental will let you know and will arrange a transfer to another Dental Office. Refer to the Section titled "Office Transfers" if you wish to change your Dental Office.

To obtain a list of Dental Offices near you, visit our website at my.Cigna.com, or call the Dental Office Locator at 1.800.Cigna24. It is available 24 hours a day, 7 days per week. If you would like to have the list faxed to you, enter your fax number, including your area code. You may always obtain a current Dental Office Directory by calling Customer Service.

F. Emergency Dental Care – Reimbursement

An emergency is a dental condition of recent onset and severity which would lead a prudent layperson possessing an average knowledge of dentistry to believe the condition needs immediate dental procedures necessary to control excessive bleeding, relieve severe pain, or eliminate acute infection. You should contact your Network General Dentist if you have an emergency in your Service Area.

1. **Emergency Care Away from Home**
   If you have an emergency while you are out of your Service Area or you are unable to contact your Network General Dentist, you may receive emergency Covered Services as defined above from any general dentist. Routine restorative procedures or definitive treatment (e.g. root canal) are not considered emergency care. You should return to your Network General Dentist for these procedures.
   For emergency Covered Services, you will be responsible for the Patient Charges listed on your Patient Charge Schedule. Cigna Dental will reimburse you the difference, if any, between the dentist's Usual Fee for emergency Covered Services and your Patient Charge, up to a total of [$50-$100] per incident. To receive reimbursement, send appropriate reports and x-rays to Cigna Dental at the address listed for your state on the front of this booklet.
2. **Emergency Care After Hours**
   There is a Patient Charge listed on your Patient Charge Schedule for emergency care rendered after regularly scheduled office hours. This charge will be in addition to other applicable Patient Charges.

G. Limitations on Covered Services

Listed below are limitations on services when covered by your Dental Plan:

- **Frequency** - The frequency of certain Covered Services, like cleanings, is limited. Your Patient Charge Schedule lists any limitations on frequency.

- **Pediatric Dentistry** - Coverage for treatment by a Pediatric Dentist ends on your child's 13th birthday. Effective on your child's 13th birthday, dental services must be obtained from a Network General Dentist however, exceptions for medical reasons may be considered on an individual basis.

- **Oral Surgery** - The surgical removal of an impacted wisdom tooth may not be covered if the tooth is not diseased or if the removal is only for orthodontic reasons. Your Patient Charge Schedule lists any limitations on oral surgery.

- **Periodontal (gum tissue and supporting bone) Services** – Periodontal regenerative procedures are limited to one regenerative procedure per site (or per tooth, if applicable), when covered on the Patient Charge Schedule.

  Localized delivery of antimicrobial agents is limited to eight teeth (or eight sites, if applicable) per 12 consecutive months, when covered on the Patient Charge Schedule.
- **Clinical Oral Evaluations** – When this limitation is noted on the Patient Charge Schedule, periodic oral

evaluations, comprehensive oral evaluations, comprehensive periodontal evaluations, and oral evaluations for patients under 3 years of age, are limited to a combined total of four evaluations during a 12 consecutive month period.

- S**urgical Placement of Implant Services** – When covered on the Patient Charge Schedule, surgical placement of a dental implant; repair, maintenance, or removal of a dental implant; implant abutment(s); or any services related to the surgical placement of a dental implant are limited to one per year with replacement of a surgical implant frequency limitation of one every 10 years.

- **Prosthesis Over Implant** – When covered on the Patient Charge Schedule, a prosthetic device, supported by an implant or implant abutment is considered a separate distinct service(s) from surgical placement of an implant. Replacement of any type of prosthesis with a prosthesis supported by an implant or implant abutment is only covered if the existing prosthesis is at least 5 calendar years old, is not serviceable and cannot be repaired.

General Limitations – Dental Benefits

No payment will be made for expenses incurred or services received:

- For or in connection with an injury arising out of, or in the course of, any employment for wage or profit.
- For charges which would not have been made in any facility, other than a Hospital or a Correctional Institution owned or operated by the United States Government or by a state or municipal government if the person had no insurance.
- To the extent that payment is unlawful where the person resides when the expenses are incurred or the services are received.
- For the charges which the person is not legally required to pay.
- For charges which would not have been made if the person had no insurance.
- Due to injuries which are intentionally self-inflicted.

VII. Office Transfers

If you decide to change Dental Offices, we can arrange a transfer. You should complete any dental procedure in progress before transferring to another Dental Office. To arrange a transfer, call Customer Service at 1.800.Cigna24. To obtain a list of Dental Offices near you, visit our website at my.Cigna.com, or call the Dental Office Locator at 1.800.Cigna24.

Your transfer request may take up to 5 days to process. [Transfers will be effective the first day of the month after the processing of your request.] Unless you have an emergency, you will be unable to schedule an appointment at the new Dental Office until your transfer

becomes effective. You can check the status of your request by visiting myCigna.com, or by calling us at 1.800.Cigna24.

There is no charge to you for the transfer; however, all Patient Charges which you owe to your current Dental Office must be paid before the transfer can be processed.

IX. Specialty Referrals

A. In General

Preauthorization is not required for coverage of services by a Network Specialty Dentist.

When Cigna Dental approves payment to the Network Specialty Dentist, the fees or no-charge services listed on the Patient Charge Schedule in effect on the date each procedure is started will apply, except as set out in Section IX.B., Orthodontics. Treatment by the Network Specialty Dentist must begin within 90 days from the date of Cigna Dental's approval. If you are unable to obtain treatment within the 90 day period, please call Customer Service to request an extension. Your coverage must be in effect when each procedure begins.

For non-covered services or if Cigna Dental does not approve payment to the Network Specialty Dentist for Covered Services, including Adverse Determinations, you must pay the Network Specialty Dentist's Usual Fee. If you have a question or concern regarding an approval or a denial, contact Customer Service.

After the Network Specialty Dentist has completed treatment, you should return to your Network General Dentist for cleanings, regular checkups and other treatment. If you visit a Network Specialty Dentist without a referral or if you continue to see a Network Specialty Dentist after you have completed specialty care, it will be your responsibility to pay for treatment at the dentist's Usual Fees.

When your Network General Dentist determines that you need specialty care and a Network Specialty Dentist is not available, as determined by Cigna Dental, Cigna Dental will approve a referral to a non-network specialty dentist. The referral procedures applicable to specialty care will apply. In such cases, you will be responsible for the applicable Patient Charge for Covered Services. Cigna Dental will reimburse the non-network dentist the difference, if any, between his or her Usual Fee and the applicable Patient Charge. For non-covered services or services not approved for payment, including Adverse Determinations, you must pay the dentist's Usual Fee.

Cigna Dental Health of Florida, Inc.

BY: Frederick E. Corallette

TITLE: President

STATE RIDER
Cigna Dental Health of Kansas, Inc.

Nebraska Residents:

This State Rider contains information that either replaces, or is in addition to, the information contained in your Plan Booklet.

XI. WHAT TO DO IF THERE IS A PROBLEM

B.1 Level One Appeals

Complaints involving an adverse determination will be reviewed by a Dentist in the same or similar specialty as the care under consideration, when reasonably necessary as determined by Cigna Dental, or if requested by your Network Dentist. We will notify you and your Network Dentist in writing of the decision within 15 working days of the request for review.

If your complaint involves any matter other than an adverse determination, you will be provided with the name, address, and telephone number of the person designated to coordinate the review, within 3 days after receipt. You will be provided with a written resolution within 15 working days of receipt of a written complaint. If the review cannot be completed within 15 working days, we will notify you in writing on or before the 15th day of the reason for the delay. The review will be completed within 15 days after that.

The resolution to any written complaint will contain the following: the name, title, and qualifying credentials of the reviewer, a statement of the reviewer's understanding of your complaint, the decision in clear terms and the contract basis or clinical rationale in sufficient detail for you to respond further to Cigna Dental's position, a reference to the evidence or documentation used as the basis for the decision, and, in cases involving an adverse determination, the instructions for requesting a written statement of clinical rationale, including the clinical review criteria used to make the determination. You will also be provided with instructions on how you may proceed to a Level Two Appeal and how you may contact the Nebraska Department of Insurance.

2. Level Two Appeals

To initiate a level two appeal, follow the same process required for a level one appeal. Level two appeals will be conducted by an Appeals Committee consisting of at least 3 people. Anyone involved in the prior decision may not vote on the Appeals Committee. For appeals involving dental necessity or clinical appropriateness, the Appeals Committee will include at least one dentist. If specialty care is in dispute, the Appeals Committee will consult with a dentist in the same or similar specialty as the care under review.

Cigna Dental will acknowledge your appeal in writing within 5 business days and schedule an Appeals Committee review. The acknowledgment letter will include the name, address, and telephone number of the Appeals Coordinator. We may request additional information at that time. If your appeal concerns a denied pre-authorization, the Appeals Committee review will be completed within 15 calendar days. For

appeals concerning all other coverage issues, the Appeals Committee review will be completed within 30 calendar days. If we need more time or information to complete the review, we will notify you in writing to request an extension of up to 15 calendar days and to specify any additional information needed by the Appeals Committee to complete the review.

You may present your appeal to the Appeals Committee in person or by conference call. You must advise Cigna Dental 5 days in advance if you or your representative plan to attend in person. You will be notified in writing of the Appeals Committee's decision within 5 business days after the meeting. The decision will include the specific contractual or clinical reasons for the decision, as applicable.

You may request that the appeal resolution be expedited if the time frames under the above process would seriously jeopardize your life or health or would jeopardize your ability to regain the dental functionality that existed prior to the onset of your current condition. A dental professional, in consultation with the treating dentist, will decide if an expedited review is necessary. When a review is expedited, the Dental Plan will respond orally with a decision within 72 hours, followed up in writing.

STATE RIDER
Cigna Dental Health of Ohio, Inc.

Ohio Residents:

The following is in addition to the information on the first page of your Plan Booklet:

NOTICE: IF YOU OR YOUR FAMILY MEMBERS ARE COVERED BY MORE THAN ONE HEALTH CARE PLAN, YOU MAY NOT BE ABLE TO COLLECT BENEFITS FROM BOTH PLANS. EACH PLAN MAY REQUIRE YOU TO FOLLOW ITS RULES OR USE SPECIFIC DOCTORS AND HOSPITALS, AND IT MAY BE IMPOSSIBLE TO COMPLY WITH BOTH PLANS AT THE SAME TIME. READ ALL OF THE RULES VERY CAREFULLY, INCLUDING THE COORDINATION OF BENEFITS SECTION, AND COMPARE THEM WITH THE RULES OF ANY OTHER PLAN THAT COVERS YOU OR YOUR FAMILY.

The following is in addition to the process described in Section III. ELIGIBILITY/WHEN COVERAGE BEGINS

III. ELIGIBILITY/WHEN COVERAGE BEGINS

You and your Dependents must live or work in the service area to be eligible for coverage.

Under Ohio law, if you divorce, you cannot terminate coverage for enrolled Dependents until the court determines that you are no longer responsible for providing coverage.

Cigna Dental does not require, make inquiries into, or rely upon genetic screening or testing in processing applications for enrollment or in determining insurability under the Dental Plan.

Section IV is renamed:

IV. YOUR CIGNA DENTAL PLAN

The CHOICE OF DENTIST provision under Section IV. D. is deleted and is replaced with the following:

D. CHOICE OF DENTIST

You and your Dependents should have selected a Dental Office when you enrolled in the Dental Plan. If you did not, you must advise Cigna Dental of your Dental Office selection prior to receiving treatment. The benefits of the Dental Plan are available only at your Dental Office, except in the case of an emergency or when Cigna Dental otherwise approves payment for out-of-network benefits.

You may select a network Pediatric Dentist as the Network General Dentist for your dependent child under age 13 by calling Customer Service at 1-800Cigna24 to get a list of network Pediatric Dentists in your Service Area or if your Network General Dentist sends your child under the age of 13 to a network Pediatric Dentist, the network Pediatric Dentist's office will have primary responsibility for your child's care. For children 13 years and older, your Network General Dentist will provide care. If your child continues to visit the Pediatric Dentist upon the age of 13, you

will be fully responsible for the Pediatric Dentist's Usual Fees. Exceptions for medical reasons may be considered on a case-by-case basis.

If for any reason your selected Dental Office cannot provide your dental care, or if your Network General Dentist terminates from the network, Cigna Dental will let you know and will arrange a transfer to another Dental Office. Refer to the Section titled "Office Transfers" if you wish to change your Dental Office.

To obtain a list of Dental Offices near you, visit our website at my.cigna.com, or call the Dental Office Locator at 1-800Cigna24. It is available 24 hours a day, 7 days per week. If you would like to have the list faxed to you, enter your fax number, including your area code. You may always obtain a current Dental Office Directory by calling Customer Service.

The following is in addition to the process described in Section IV. E. of your Plan Booklet:

E. YOUR PAYMENT RESPONSIBILITY (General Care)

If, on a temporary basis, there is no Network General Dentist in your Service Area, Cigna Dental will let you know and you may obtain Covered Services from a non-Network Dentist. You will pay the non-Network Dentist the applicable Patient Charge for Covered Services. Cigna Dental will pay the non-Network Dentist the difference, if any, between his or her Usual Fee and the applicable Patient Charge. There is no additional cost to you.

Cigna Dental is not a member of any Guaranty Fund. In the event of Cigna Dental's insolvency, you will not be liable to the Network Dentist for any sums owed to the Network Dentist by Cigna Dental. However, you may be financially responsible for services rendered by a non-network dentist whether or not Cigna Dental authorizes payment for a referral.

If you are undergoing treatment and the Dental Plan becomes insolvent, Cigna Dental will arrange for the continuation of services until the expiration of your Group Contract.

Provision 1 of EMERGENCY DENTAL CARE – REIMBURSEMENT under Section IV. **F.** is deleted and is replaced with the following:

F. EMERGENCY DENTAL CARE - REIMBURSEMENT

1. **Emergency Care Away From Home**

If you have an emergency while you are out of your Service Area or you are unable to contact your Network General Dentist, you may receive emergency Covered Services as defined above from any general dentist. Routine restorative procedures or definitive treatment (e.g. root canal) are not considered emergency care. You should return to your Network General Dentist for these procedures. For emergency Covered Services, you will be responsible for the Patient Charges listed on your Patient Charge Schedule. Cigna Dental will reimburse you the difference, if any, between the dentist's Usual Fee for emergency Covered Services and your Patient Charge, up to a total of $50 per incident. To receive reimbursement, send appropriate reports and x-rays to Cigna Dental at the address listed for your state on the front of this booklet.

The Pediatric Dentistry provision under Section IV. G. is deleted and replaced with the following:

G. LIMITATIONS ON COVERED SERVICES

Listed below are limitations on services when covered by your Dental Plan:

- **Pediatric Dentistry** - Coverage for treatment by a Pediatric Dentist ends on your child's 13th birthday. Effective on your child's 13th birthday, dental services must be obtained from a Network General Dentist however, exceptions for medical reasons may be considered on an individual basis.

The OFFICE TRANSFERS provision under Section VII. is deleted and replaced with the following:

VII. OFFICE TRANSFERS

If you decide to change Dental Offices, we can arrange a transfer. You should complete any dental procedure in progress before transferring to another Dental Office. To arrange a transfer, call Customer Service at 1-800Cigna24. To obtain a list of Dental Offices near you, visit our website at my.cigna.com, or call the Dental Office Locator at 1-800Cigna24.

Your transfer request may take up to 5 days to process. Transfers will be effective the first day of the month after the processing of your request. Unless you have an emergency, you will be unable to schedule an appointment at the new Dental Office until your transfer becomes effective. You can check the status of your request by visiting myCigna.com, or by calling us at 1-800Cigna24.

There is no charge to you for the transfer; however, all Patient Charges which you owe to your current Dental Office must be paid before the transfer can be processed.

The SPECIALTY REFERRALS provision under Section IX. A is deleted and replaced with the following:

IX. SPECIALTY REFERRALS

A. IN GENERAL

Preauthorization is not required for coverage of services by a Network Specialty Dentist.

When Cigna Dental approves payment to the Network Specialty Dentist, the fees or no-charge services listed on the Patient Charge Schedule in effect on the date each procedure is started will apply, except as set out in Section IX.B., Orthodontics. Treatment by the Network Specialty Dentist must begin within 90 days from the date of Cigna Dental's approval. If you are unable to obtain treatment within the 90 day period, please call Customer Service to request an extension. Your coverage must be in effect when each procedure begins.

For non-Covered Services or if Cigna Dental does not approve payment to the Network Specialty Dentist for Covered Services, including Adverse Determinations, you must pay the Network Specialty Dentist's Usual Fee. If you have a question or concern regarding an approval or a denial, contact Customer Service.

After the Network Specialty Dentist has completed treatment, you should return to your Network General Dentist for cleanings, regular checkups and other treatment. If you visit a Network Specialty Dentist without a referral or if you continue to see a Network Specialty Dentist after you have completed specialty

care, it will be your responsibility to pay for treatment at the dentist's Usual Fees.
When your Network General Dentist determines that you need specialty care and a Network Specialty Dentist is not available, as determined by Cigna Dental, Cigna Dental will approve a referral to a non-Network Specialty Dentist. The referral procedures applicable to specialty care will apply. In such cases, you will be responsible for the applicable Patient Charge for Covered Services. Cigna Dental will reimburse the non-Network Dentist the difference, if any, between his or her Usual Fee and the applicable Patient Charge. For non-Covered Services or services not approved for payment, including Adverse Determinations, you must pay the dentist's Usual Fee.

The following is in addition to the process described in Section XI. of your Plan Booklet:

XI. WHAT TO DO IF THERE IS A PROBLEM

A. START WITH CUSTOMER SERVICES

You can reach Member Services by calling 1.800. Cigna24 or by writing to Cigna Dental Health of Ohio, Inc., P.O. Box 453099, Sunrise, Florida 33345-3099, Attention: Customer Services. You may also submit a complaint in person at any Cigna Dental office.

B. APPEALS PROCEDURE

1. Level One Appeals

Cigna Dental will provide a written response to your written complaint.

Within 30 days of receiving a response from Cigna Dental, you may appeal a complaint resolution regarding cancellation, termination or non-renewal of coverage by Cigna Dental to the Ohio Superintendent of Insurance. The Ohio Department of Insurance is located at 50 W. Town Street, Suite 300, Columbus, Ohio 43215, Attention Consumer Services Division. The Department's toll-free number is 1-800-686-1526 or (614) 644-2673.

XII. DUAL COVERAGE

(This section is not applicable when Cigna Dental does not make payments toward specialty care as indicated by your Patient Charge Schedule. For those plans, Cigna Dental is always the primary plan.)

The following supersedes Section XII of your Plan Booklet.

A. COORDINATION OF BENEFITS

The Coordination of Benefits ("COB") provision applies when a person has health care coverage under more than one Plan. Plan is defined below.

The order of benefit determination rules govern the order in which each Plan will pay a claim for benefits. The Plan that pays first is called the Primary Plan. The Primary Plan must pay benefits in

accordance with its Policy terms without regard to the possibility that another Plan may cover some expenses. The Plan that pays after the Primary Plan is the Secondary Plan. The Secondary Plan may reduce the benefits it pays so that payments from all Plans does not exceed 100% of the total Allowable expense.

Definitions

A. Plan is any of the following that provides benefits or services for medical or dental care or treatment. If separate contracts are used to provide coordinated coverage for members of a group, the separate contracts are considered parts of the same Plan and there is no COB among those separate contracts.
(1) Plan includes: group and nongroup insurance contracts, health insuring corporation ("HIC") contracts, closed panel Plans or other forms of group or group-type coverage (whether insured or uninsured); medical care components of long-term care contracts, such as skilled nursing care; medical benefits under group or individual automobile contracts; and Medicare or any other federal governmental Plan, as permitted by law.
(2) Plan does not include: hospital indemnity coverage or other fixed indemnity coverage; accident only coverage; specified disease or specified accident coverage; supplemental coverage as described in Revised Code sections 3923.37 and 1751.56; school accident type coverage; benefits for non-medical components of long-term care policies; Medicare supplement policies; Medicaid policies; or coverage under other federal governmental Plans, unless permitted by law.
Each contract for coverage under (1) or (2) is a separate Plan. If a Plan has two parts and COB rules apply only to one of the two, each of the parts is treated as a separate Plan.

B. This Plan means, in a COB provision, the part of the contract providing the health care benefits to which the COB provision applies and which may be reduced because of the benefits of other Plans. Any other part of the contract providing health care benefits is separate from This Plan. A contract may apply one COB provision to certain benefits, such as dental benefits, coordinating only with similar benefits, and may apply another COB provision to coordinate other benefits.

C. The order of benefit determination rules determine whether This Plan is a Primary Plan or Secondary Plan when the person has health care coverage under more than one Plan.
When This Plan is primary, it determines payment for its benefits first before those of any other Plan without considering any other Plan's benefits. When This Plan is secondary, it determines its benefits after those of another Plan and may reduce the benefits it pays so that all Plan benefits do not exceed 100% of the total Allowable expense.

D. Allowable expense is a health care expense, including deductibles, coinsurance and copayments, that is covered at least in part by any Plan covering the person. When a Plan provides benefits in the form of services, the reasonable cash value of each service will be considered an Allowable expense and a benefit paid. An expense that is not covered by any Plan covering the person is not an Allowable expense. In addition, any expense that a provider by law or in accordance with a contractual agreement is prohibited from charging a covered person is not an Allowable expense.
The following are examples of expenses that are not Allowable expenses:

(1) The difference between the cost of a semi-private hospital room and a private hospital room is not an Allowable expense, unless one of the Plans provides coverage for private hospital room expenses.
(2) If a person is covered by 2 or more Plans that compute their benefit payments on the basis of usual and customary fees or relative value schedule reimbursement methodology or other similar reimbursement methodology, any amount in excess of the highest reimbursement amount for a specific benefit is not an Allowable expense.
(3) If a person is covered by 2 or more Plans that provide benefits or services on the basis of negotiated fees, an amount in excess of the highest of the negotiated fees is not an Allowable expense.
(4) If a person is covered by one Plan that calculates its benefits or services on the basis of usual and customary fees or relative value schedule reimbursement methodology or other similar reimbursement methodology and another Plan that provides its benefits or services on the basis of negotiated fees, the Primary Plan's payment arrangement shall be the Allowable expense for all Plans. However, if the provider has contracted with the Secondary Plan to provide the benefit or service for a specific negotiated fee or payment amount that is different than the Primary Plan's payment arrangement and if the provider's contract permits, the negotiated fee or payment shall be the Allowable expense used by the Secondary Plan to determine its benefits.
(5) The amount of any benefit reduction by the Primary Plan because a covered person has failed to comply with the Plan provisions is not an Allowable expense. Examples of these types of Plan provisions include second surgical opinions, precertification of admissions, and preferred provider arrangements.

E. Closed panel Plan is a Plan that provides health care benefits to covered persons primarily in the form of services through a panel of providers that have contracted with or are employed by the Plan, and that excludes coverage for services provided by other providers, except in cases of emergency or referral by a panel member.

F. Custodial parent is the parent awarded custody by a court decree or, in the absence of a court decree, is the parent with whom the child resides more than one half of the calendar year excluding any temporary visitation.

Order of Benefit Determination Rules

When a person is covered by two or more Plans, the rules for determining the order of benefit payments are as follows:
A. The Primary Plan pays or provides its benefits according to its terms of coverage and without regard to the benefits of under any other Plan.
B. (1) Except as provided in Paragraph (2), a Plan that does not contain a coordination of benefits provision that is consistent with this regulation is always primary unless the provisions of both Plans state that the complying Plan is primary.
(2) Coverage that is obtained by virtue of membership in a group that is designed to supplement a part of a basic package of benefits and provides that this supplementary coverage shall be excess to any other parts of the Plan provided by the contract holder. Examples of these types of situations are major medical coverages that are superimposed over base Plan hospital and surgical benefits, and insurance type coverages that are written in connection with a Closed panel Plan to provide out-of-network benefits.

C. A Plan may consider the benefits paid or provided by another Plan in calculating payment of its benefits only when it is secondary to that other Plan.
D. Each Plan determines its order of benefits using the first of the following rules that apply:
(1) Non-Dependent or Dependent. The Plan that covers the person other than as a dependent, for example as an employee, member, policyholder, subscriber or retiree is the Primary Plan and the Plan that covers the person as a dependent is the Secondary Plan. However, if the person is a Medicare beneficiary and, as a result of federal law, Medicare is secondary to the Plan covering the person as a dependent, and primary to the Plan covering the person as other than a dependent (e.g. a retired employee), then the order of benefits between the two Plans is reversed so that the Plan covering the person as an employee, member, policyholder, subscriber or retiree is the Secondary Plan and the other Plan is the Primary Plan.
(2) Dependent child covered under more than one Plan. Unless there is a court decree stating otherwise, when a dependent child is covered by more than one Plan the order of benefits is determined as follows:
(a) For a dependent child whose parents are married or are living together, whether or not they have ever been married:
- The Plan of the parent whose birthday falls earlier in the calendar year is the Primary Plan; or
- If both parents have the same birthday, the Plan that has covered the parent the longest is the Primary Plan.
- However, if one spouse's Plan has some other coordination rule (for example, a "gender rule" which says the father's Plan is always primary), we will follow the rules of that Plan.
(b) For a dependent child whose parents are divorced or separated or not living together, whether or not they have ever been married:
(i) If a court decree states that one of the parents is responsible for the dependent child's health care expenses or health care coverage and the Plan of that parent has actual knowledge of those terms, that Plan is primary. This rule applies to Plan years commencing after the Plan is given notice of the court decree;
(ii) If a court decree states that both parents are responsible for the dependent child's health care expenses or health care coverage, the provisions of Subparagraph (a) above shall determine the order of benefits;
(iii) If a court decree states that the parents have joint custody without specifying that one parent has responsibility for the health care expenses or health care coverage of the dependent child, the provisions of Subparagraph (a) above shall determine the order of benefits; or
(iv) If there is no court decree allocating responsibility for the dependent child's health care expenses or health care coverage, the order of benefits for the child are as follows:
- The Plan covering the Custodial parent;
- The Plan covering the spouse of the Custodial parent;
- The Plan covering the non-custodial parent; and then
- The Plan covering the spouse of the non-custodial parent.
(c) For a dependent child covered under more than one Plan of individuals who are not the parents of the child, the provisions of Subparagraph (a) or (b) above shall determine the order of benefits as if those individuals were the parents of the child.
(3) Active employee or retired or laid-off employee. The Plan that covers a person as an active employee, that is, an employee who is neither laid off nor retired, is the Primary Plan. The Plan covering that same person as a retired or laid-off employee is the Secondary

Plan. The same would hold true if a person is a dependent of an active employee and that same person is a dependent of a retired or laid-off employee. If the other Plan does not have this rule, and as a result, the Plans do not agree on the order of benefits, this rule is ignored. This rule does not apply if the rule labeled D(1) can determine the order of benefits.
(4) COBRA or state continuation coverage. If a person whose coverage is provided pursuant to COBRA or under a right of continuation provided by state or other federal law is covered under another Plan, the Plan covering the person as an employee, member, subscriber or retiree or covering the person as a dependent of an employee, member, subscriber or retiree is the Primary Plan and the COBRA or state or other federal continuation coverage is the Secondary Plan. If the other Plan does not have this rule, and as a result, the Plans do not agree on the order of benefits, this rule is ignored. This rule does not apply if the rule labeled
D(1) can determine the order of benefits.
(5) Longer or shorter length of coverage. The Plan that covered the person as an employee, member, policyholder, subscriber or retiree longer is the Primary Plan and the Plan that covered the person the shorter period of time is the Secondary Plan.
(6) If the preceding rules do not determine the order of benefits, the Allowable expenses shall be shared equally between the Plans meeting the definition of Plan. In addition, This Plan will not pay more than it would have paid had it been the Primary Plan.

Effect on the Benefits of this Plan

A. When This Plan is secondary, it may reduce its benefits so that the total benefits paid or provided by all Plans during a Plan year are not more than the total Allowable expenses. In determining the amount to be paid for any claim, the Secondary Plan will calculate the benefits it would have paid in the absence of other health care coverage and apply that calculated amount to any Allowable expense under its Plan that is unpaid by the Primary Plan. The Secondary Plan may then reduce its payment by the amount so that, when combined with the amount paid by the Primary Plan, the total benefits paid or provided by all Plans for the claim do not exceed the total Allowable expense for that claim. In addition, the Secondary Plan shall credit to its Plan deductible any amounts it would have credited to its deductible in the absence of other health care coverage.
B. If a covered person is enrolled in two or more Closed panel Plans and if, for any reason, including the provision of service by a non-panel provider, benefits are not payable by one Closed panel Plan, COB shall not apply between that Plan and other Closed panel Plans.

Right to Receive and Release Needed Information

Certain facts about health care coverage and services are needed to apply these COB rules and to determine benefits payable under This Plan and other Plans. We may get the facts it needs from or give them to other organizations or persons for the purpose of applying these rules and determining benefits payable under This Plan and other Plans covering the person claiming benefits. We need not tell, or get the consent of, any person to do this. Each person claiming benefits under This Plan must give Us any facts it needs to apply those rules and determine benefits payable.

Facility of Payment

A payment made under another Plan may include an amount that should have been paid under This Plan. If it does, We may pay that amount to the organization that made that payment. That amount will then be treated as though it were a benefit paid under This Plan. We will not have to pay that amount again. The term "payment made" includes providing benefits in the form of services, in which case "payment made" means the reasonable cash value of the benefits provided in the form of services.

Right of Recovery

If the amount of the payments made by Us is more than it should have paid under this COB provision, it may recover the excess from one or more of the persons it has paid or for whom it has paid, or any other person or organization that may be responsible for the benefits or services provided for the covered person. The "amount of the payments made" includes the reasonable cash value of any benefits provided in the form of services.

Coordination Disputes

If You believe that We have not paid a claim properly, You should first attempt to resolve the problem by contacting Us at the toll-free number or address that appears on your Benefit Identification card, explanation of benefits, or claim form. If You are still not satisfied, You may call the Ohio Department of Insurance for instructions on filing a consumer complaint. Call 1-800-686-1526, or visit the Department's website at http://insurance.ohio.gov.

The following is in addition to the process described in Section XIII. of your Plan Booklet:

XIII. DISENROLLMENT FROM THE DENTAL PLAN/TERMINATION OF BENEFITS

A. CAUSES FOR DISENROLLMENT/TERMINATION

3. Under Ohio law, you will not be terminated from the dental plan due to a permanent breakdown of the dentist-patient relationship. However, your Network Dentist has the right to decline services to a patient because of rude or abusive behavior.

   You or your Dependent may appeal any termination action by Cigna Dental by submitting a written complaint as set out in Section XI.

XVI. CONVERSION COVERAGE

You and your enrolled Dependents are eligible for conversion coverage unless benefits were discontinued due to:

A. Nonpayment of Premiums/Prepayment Fees by the Subscriber;
B. Fraud or misuse of dental services and/or Dental Offices;
C. Selection of alternate dental coverage by your Group.

XVIII. MISCELLANEOUS

A. Governing Law

The Group Contract shall be construed for all purposes as a legal document and shall be interpreted and enforced in accordance with

pertinent laws and regulations of the State of Ohio. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

B. Availability of Financial Statement

Cigna Dental Health of Ohio, Inc. will make available to you, upon request, its most recent financial statement.

STATE RIDER
Cigna Dental Health of Pennsylvania, Inc.

Pennsylvania Residents:

I. DEFINITIONS

Dependent:

- A child born of a Dependent Child of a Subscriber shall also be considered a Subscriber's Dependent so long as such Dependent Child remains eligible for benefits.
- Any unmarried child of yours who is:
  - 19 years but less than 23 years old, enrolled in school as a full-time student and primarily supported by you. If while a full-time registered student, the child was called or ordered to active duty (other than active duty for training) for 30 or more consecutive days in the Pennsylvania National Guard or any reserve component of the armed forces of the United States, the child is eligible to enroll as a Dependent while a full-time student for a period equal to the duration of the military service. Eligibility in this situation will end when the child is no longer a full-time student. The child must submit the form provided by the Department of Military and Veterans Affairs to Cigna when initially called to duty, when returning from duty, and when reenrolling as a full-time student.

III. ELIGIBILITY/WHEN COVERAGE BEGINS

A dependent child may be enrolled within 60 days of a court order.

If you have family coverage, a newly born child of a Dependent child is automatically covered during the first 31 days of life. If you wish to continue coverage beyond the first 31 days, the newborn needs to be enrolled in the Dental Plan and you need to begin to pay Premiums/Prepayment Fees during that period.

IV. YOUR CIGNA DENTAL COVERAGE

D. **EMERGENCY DENTAL CARE - REIMBURSEMENT**

If any emergency arises while you are unable to contact your Network General Dentist, the Dental Plan covers the cost of emergency dental services so that you are not liable for greater out-of-pocket expense than if you were attended by your Network General Dentist. You must submit appropriate reports and X-rays to Cigna Dental Health.

H. SERVICES NOT COVERED UNDER YOUR DENTAL PLAN

Items 12 and 15 are amended as follows:

12. Services considered to be experimental in nature.

15. Services compensated under any group medical plan, no-fault auto insurance policy or uninsured motorist policy are not excluded.

XI. WHAT TO DO IF THERE IS A PROBLEM

The following process is in addition to that described in your Plan Booklet:

You always have the right to file a complaint with or seek assistance from the Pennsylvania Department of Health, Bureau of Managed Care, Room 912 Health & Welfare Building, 625 Forster Street, Harrisburg, Pennsylvania, 17120-0701, (717) 787-5193.

XII. DUAL COVERAGE

All benefits provided under the Dental Plan shall be in excess of and not in duplication of first party medical benefits payable under the Pennsylvania Motor Vehicle Financial Responsibility Law, 75 Pa. C.S.A. § 1711, et. seq.

XVIII. MISCELLANEOUS

The Group Contract, including the Patient Charge Schedule, Pre-Contract Application, and Coordination of Benefits provisions, and any amendments or additions thereto, represents the entire agreement between the parties with respect to the subject matter. The invalidity or unenforceability of any section or sub-section of the contract will not affect the validity or enforceability of the remaining sections or sub-sections.

The Group Contract is construed for all purposes as a legal document and will be interpreted and enforced in accordance with the pertinent laws and regulations of the Commonwealth of Pennsylvania and with pertinent federal laws and regulations.

BENEFIT RIDER

Cigna Dental Companies

Cigna Dental Health Plan of Arizona, Inc.

Cigna Dental Health of Colorado, Inc.

Cigna Dental Health of Delaware, Inc.

Cigna Dental Health of Kansas, Inc. (Kansas and Nebraska)

Cigna Dental Health of Kentucky, Inc.

Cigna Dental Health of New Jersey, Inc.

Cigna Dental Health of Pennsylvania, Inc.

P.O. Box 453099

Sunrise, Florida 33345-3099

This State Rider is attached to and made part of your Plan Booklet/Evidence of Coverage and replaces the following provisions:

D. CHOICE OF DENTIST

You and your Dependents should have selected a Dental Office when you enrolled in the Dental Plan. If you did not, you must advise Cigna Dental of your Dental Office selection prior to receiving treatment. The benefits of the Dental Plan are available only at your Dental Office, except in the case of an emergency or when Cigna Dental otherwise approves payment for out-of-network benefits.

You may select a network Pediatric Dentist as the Network General Dentist for your dependent child under age 13 by calling Customer Service at 1-800Cigna24 to get a list of network Pediatric Dentists in your Service Area or if your Network General Dentist sends your child under the age of 13 to a network Pediatric Dentist, the network Pediatric Dentist’s office will have primary responsibility for your child’s care. For children 13 years and older, your Network General Dentist will provide care. If your child continues to visit the Pediatric Dentist upon the age of 13, you will be fully responsible for the Pediatric Dentist's Usual Fees. Exceptions for medical reasons may be considered on a case-by-case basis.

If for any reason your selected Dental Office cannot provide your dental care, or if your Network General Dentist terminates from the network, Cigna Dental will let you know and will arrange a transfer to another Dental Office. Refer to the Section titled "Office Transfers" if you wish to change your Dental Office.

To obtain a list of Dental Offices near you, visit our website at my.cigna.com, or call the Dental Office Locator at 1-800Cigna24. It is available 24 hours a day, 7 days per week. If you would like to have the list faxed to you, enter your fax number, including your area code. You may always obtain a current Dental Office Directory by calling Customer Service.

1. **Emergency Care Away From Home**

   If you have an emergency while you are out of your Service Area or you are unable to contact your Network General Dentist, you may receive emergency Covered Services as defined above from any general dentist. Routine restorative procedures or definitive treatment (e.g. root canal) are not considered emergency care. You should return to your Network General Dentist for these procedures. For emergency Covered Services, you will be responsible for the Patient Charges listed on your Patient Charge Schedule. Cigna Dental will reimburse you the difference, if any, between the dentist’s Usual Fee for emergency Covered Services and your Patient Charge, up to a total of $50 per incident. To receive reimbursement, send appropriate reports and x-rays to Cigna Dental at the address listed for your state on the front of this booklet.

G. LIMITATIONS ON COVERED SERVICES

Listed below are limitations on services when covered by your Dental Plan:

- **Pediatric Dentistry** - Coverage for treatment by a Pediatric Dentist ends on your child's 13th birthday. Effective on your child's 13th birthday, dental services must be obtained from a Network General Dentist however, exceptions for medical reasons may be considered on an individual basis.

VII. OFFICE TRANSFERS

- If you decide to change Dental Offices, we can arrange a transfer. You should complete any dental procedure in progress before transferring to another Dental Office. To arrange a transfer, call Customer Service at 1-800Cigna24. To obtain a list of Dental Offices near you, visit our website at my.cigna.com, or call the Dental Office Locator at 1-800Cigna24.

  Your transfer request may take up to 5 days to process. Transfers will be effective the first day of the month after the processing of your request. Unless you have an emergency, you will be unable to schedule an appointment at the new Dental Office until your transfer becomes effective. You can check the status of your request by visiting myCigna.com, or by calling us at 1-800Cigna24.

  There is no charge to you for the transfer; however, all Patient Charges which you owe to your current Dental Office must be paid before the transfer can be processed.

IX. SPECIALTY REFERRALS

A. IN GENERAL

Preauthorization is not required for coverage of services by a Network Specialty Dentist.

When Cigna Dental approves payment to the Network Specialty Dentist, the fees or no-charge services listed on the Patient Charge Schedule in effect on the date each procedure is started will apply, except as set out in Section IX.B., Orthodontics. Treatment by the Network Specialty Dentist must begin within 90 days from the date of Cigna Dental's approval. If you are unable to obtain treatment within the 90 day period, please call Customer Service to request an extension. Your coverage must be in effect when each procedure begins.

For non-Covered Services or if Cigna Dental does not approve payment to the Network Specialty Dentist for Covered Services, including Adverse Determinations, you must pay the Network Specialty Dentist's Usual Fee. If you have a question or concern regarding an approval or a denial, contact Customer Service.

After the Network Specialty Dentist has completed treatment, you should return to your Network General Dentist for cleanings, regular checkups and other treatment. If you visit a Network Specialty Dentist without a referral or if you continue to see a Network Specialty Dentist after you have completed specialty care, it will be your responsibility to pay for treatment at the dentist's Usual Fees.

When your Network General Dentist determines that you need specialty care and a Network Specialty Dentist is not available, as determined by Cigna Dental, Cigna Dental will approve a referral to a non-Network Specialty Dentist. The referral procedures applicable to specialty care will apply. In such cases, you will be responsible for the applicable Patient Charge for Covered Services. Cigna Dental will reimburse the non-Network Dentist the difference, if any, between his or her Usual Fee and the applicable Patient Charge. For non-Covered Services or services not approved for payment, including Adverse Determinations, you must pay the dentist's Usual Fee.

Cigna Dental Health of Kentucky, Inc.
P.O. Box 453099
Sunrise, Florida 33345-3099

This Plan Booklet is intended for your information; it constitutes a summary of the Dental Plan and is included as a part of the agreement between Cigna Dental and your Group (collectively, the "Group Contract"). The Group Contract must be consulted to determine the rates and the exact terms and conditions of coverage. If rates or coverages are changed under your Group Contract, your rates and coverage will also change. A prospective customer has the right to view the Combined Evidence of Coverage and Disclosure Form prior to enrollment. It should be read completely and carefully. Customers with special health care needs should read carefully those sections that apply to them. Please read the following information so you will know from whom or what group of providers dental care may be obtained.

NOTICE: IF YOU OR YOUR FAMILY MEMBERS ARE COVERED BY MORE THAN ONE HEALTH CARE PLAN, YOU MAY NOT BE ABLE TO COLLECT BENEFITS FROM BOTH PLANS. EACH PLAN MAY REQUIRE YOU TO FOLLOW ITS RULES OR USE SPECIFIC DOCTORS OR HOSPITALS, AND IT MAY BE IMPOSSIBLE TO COMPLY WITH BOTH PLANS AT THE SAME TIME. READ ALL OF THE RULES VERY CAREFULLY, INCLUDING THE DUAL COVERAGE SECTION.

Important Cancellation Information - Please Read the Provision Entitled "Disenrollment from the Dental Plan-Termination of Benefits."

READ YOUR PLAN BOOKLET CAREFULLY

Please call Customer Service at [1.800.Cigna24] if you have any questions. The hearing impaired may call the state TTY toll-free relay service listed in their local telephone directory.

In some instances, state laws will supersede or augment the provisions contained in this booklet. These requirements are listed at the end of this booklet as a State Rider. In case of a conflict between the provisions of this booklet and your State Rider, the State Rider will prevail.

I. DEFINITIONS

Capitalized terms, unless otherwise defined, have the meanings listed below.

Adverse Determination - a decision by Cigna Dental not to authorize payment for certain limited specialty care procedures on the basis of necessity or appropriateness of care. To be considered clinically necessary, the treatment or service must be reasonable and appropriate and meet the following requirements:

A. be consistent with the symptoms, diagnosis or treatment of the condition present;
B. conform to commonly accepted standards throughout the dental field;
C. not be used primarily for the convenience of the customer or provider of care; and
D. not exceed the scope, duration, or intensity of that level of care needed to provide safe and appropriate treatment.

Requests for payment authorizations that are declined by Cigna Dental based upon the above criteria will be the responsibility of the customer at the dentist's Usual Fees. A licensed dentist will make any such denial.

Cigna Dental - the Cigna Dental Health organization that provides dental benefits in your state as listed on the face page of this booklet.

Contract Fees - the fees contained in the Network Dentist agreement with Cigna Dental.

Covered Services - the dental procedures listed on your Patient Charge Schedule.

Dental Office - your selected office of Network General Dentist(s).

Dental Plan - managed dental care plan offered through the Group Contract between Cigna Dental and your Group.

Dependent - your lawful spouse;

Your unmarried child (including newborns, adopted children, stepchildren, a child for whom you must provide dental coverage under a court order; or, a dependent child who resides in your home as a result of court order or administrative placement) who is:

(a) less than 19-30 years old; or
(b) less than 23-30 years old if he or she is both:
  i. a full-time student enrolled at an accredited educational institution, and
  ii. reliant upon you for maintenance and support; or
(c) any age if he or she is both:
  i. incapable of self-sustaining employment due to mental or physical disability, and
  ii. reliant upon you for maintenance and support.

For a dependent child [19-30] years of age or older who is a full-time student at an educational institution, coverage will be provided for an entire academic term during which the child begins as a full-time

student and remains enrolled, regardless of whether the number of hours of instruction for which the child is enrolled is reduced to a level that changes the child's academic status to less than that of a full-time student.

For a child who falls into category (b) or (c) above, you will need to furnish Cigna Dental evidence of the child's reliance upon you, in the form requested, within 31 days after the Dependent reaches the age of [19-30] and once a year thereafter for as long as the child is claimed as a Dependent under the Plan.

A Newly Acquired Dependent is a dependent child who is adopted, born, or otherwise becomes your dependent after you become covered under the Plan.

Coverage for dependents living outside a Cigna Dental service area is subject to the availability of an approved network where the dependent resides.

Group - employer, labor union or other organization that has entered into a Group Contract with Cigna Dental for managed dental services on your behalf.

Network Dentist – a licensed dentist who has signed an agreement with Cigna Dental to provide general dentistry or specialty care services to you. The term, when used, includes both Network General Dentists and Network Specialty Dentists.

Network General Dentist - a licensed dentist who has signed an agreement with Cigna Dental under which he or she agrees to provide dental care services to you.

Network Specialty Dentist - a licensed dentist who has signed an agreement with Cigna Dental under which he or she agrees to provide specialized dental care services to You.

Patient Charge - the amount you owe your Network Dentist for any dental procedure listed on your Patient Charge Schedule.

Patient Charge Schedule - list of services covered under your Dental Plan and how much they cost you.

Premiums - fees that your Group remits to Cigna Dental, on your behalf, during the term of your Group Contract.

Service Area - the geographical area designated by Cigna Dental within which it shall provide benefits and arrange for dental care services.

Subscriber/You - the enrolled employee or customer of the Group.

Usual Fee - the customary fee that an individual dentist most frequently charges for a given dental service.

II. INTRODUCTION TO YOUR CIGNA DENTAL PLAN

Welcome to the Cigna Dental Plan. We encourage you to use your dental benefits. Please note that enrollment in the Dental Plan allows the release of patient records to Cigna Dental or its designee for health plan operation purposes for up to 24 months.

III. ELIGIBILITY/WHEN COVERAGE BEGINS

To enroll in the Dental Plan, you and your Dependents must be able to seek treatment for Covered Services within a Cigna Dental Service Area. Other eligibility requirements are determined by your Group.

If you enrolled in the Dental Plan before the effective date of your Group Contract, you will be covered on the first day the Group Contract is effective. If you enrolled in the Dental Plan after the effective date of the Group Contract, you will be covered on the first day of the month following processing of your enrollment (unless effective dates other than the first day of the month are provided for in your Group Contract).

Dependents may be enrolled in the Dental Plan at the time you enroll, during an open enrollment, or within 31 days of becoming eligible due to a life status change such as marriage, birth, adoption, placement, or court or administrative order. You may drop coverage for your Dependents only during the open enrollment periods for your Group, unless there is a change in status such as divorce. Cigna Dental may require evidence of good dental health at your expense if you or your Dependents enroll after the first period of eligibility (except during open enrollment) or after disenrollment because of nonpayment of Premiums.

If you have family coverage, a newborn child is automatically covered during the first 31 days of life. If you wish to continue coverage beyond the first 31 days, your baby must be enrolled in the Dental Plan and you must begin paying Premiums, if any additional are due, during that period.

Under the Family and Medical Leave Act of 1993, you may be eligible to continue coverage during certain leaves of absence from work. During such leaves, you will be responsible for paying your Group the portion of the Premiums, if any, which you would have paid if you had not taken the leave. Additional information is available through your Benefits Representative.

IV. YOUR CIGNA DENTAL COVERAGE

The information below outlines your coverage and will help you to better understand your Dental Plan. Included is information about which services are covered, which are not, and how much dental services will cost you. A copy of the Group Contract will be furnished to you upon your request.

A. CUSTOMER SERVICE

If you have any questions or concerns about the Dental Plan, Customer Service Representatives are just a toll-free phone call away. They can explain your benefits or help with matters regarding your Dental Office or Dental Plan. For assistance with transfers, specialty referrals, eligibility, second opinions, emergencies, Covered Services, plan benefits, ID cards, location

of Dental Offices, conversion coverage or other matters, call Customer Service from any location at [1.800.Cigna24]. The hearing impaired may contact the state TTY toll-free relay service number listed in their local telephone directory.

B. PREMIUMS

Your Group sends a monthly fee to Cigna Dental for customers participating in the Dental Plan. The amount and term of this fee is set forth in your Group Contract. You may contact your Benefits Representative for information regarding any part of this fee to be withheld from your salary or to be paid by you to the Group.

C. OTHER CHARGES - PATIENT CHARGES

Network General Dentists are typically reimbursed by Cigna Dental through fixed monthly payments and supplemental payments for certain procedures. No bonuses or financial incentives are used as an inducement to limit services. Network Dentists are also compensated by the fees which you pay, as set out in your Patient Charge Schedule.

Your Patient Charge Schedule lists the dental procedures covered under your Dental Plan. Some dental procedures are covered at no charge to you. For other Covered Services, the Patient Charge Schedule lists the fees you must pay when you visit your Dental Office. There are no deductibles and no annual dollar limits for services covered by your Dental Plan.

Your Network General Dentist should tell you about Patient Charges for Covered Services, the amount you must pay for non-Covered Services and the Dental Office's payment policies. Timely payment is important. It is possible that the Dental Office may add late charges to overdue balances.

Your Patient Charge Schedule is subject to annual change in accordance with your Group Contract. Cigna Dental will give written notice to your Group of any change in Patient Charges at least 60 days prior to such change. You will be responsible for the Patient Charges listed on the Patient Charge Schedule that is in effect on the date a procedure is started.

D. CHOICE OF DENTIST

You and your Dependents should have selected a Dental Office when you enrolled in the Dental Plan. If you did not, you must advise Cigna Dental of your Dental Office selection prior to receiving treatment. The benefits of the Dental Plan are available only at your Dental Office, except in the case of an emergency or when Cigna Dental otherwise authorizes payment for out-of-network benefits.

You may select a network Pediatric Dentist as the Network General Dentist for your dependent child under age 13 by calling Customer Service at [1.800.Cigna24] to get a list of network Pediatric Dentists in your Service Area or if your Network General Dentist sends your child under the age of 13 to a network Pediatric Dentist, the network Pediatric Dentist’s office will have primary responsibility for your child’s care. For children 13 years and older, your Network General Dentist will provide care. If your child continues to visit the Pediatric Dentist upon the age of 13, you will be fully responsible for the Pediatric Dentist's Usual

Fees. Exceptions for medical reasons may be considered on a case-by-case basis.

If for any reason your selected Dental Office cannot provide your dental care, or if your Network General Dentist terminates from the network, Cigna Dental will let you know and will arrange a transfer to another Dental Office. Refer to the Section titled "Office Transfers" if you wish to change your Dental Office.

To obtain a list of Dental Offices near you, visit our website at my.cigna.com, or call the Dental Office Locator at [1.800.Cigna24]. It is available 24 hours a day, 7 days per week. If you would like to have the list faxed to you, enter your fax number, including your area code. You may always obtain a current Dental Office Directory by calling Customer Service.

E. YOUR PAYMENT RESPONSIBILITY (General Care)

For Covered Services at your Dental Office, you will be charged the fees listed on your Patient Charge Schedule. For services listed on your Patient Charge Schedule at any other dental office, you may be charged Usual Fees. For non-Covered Services, you are responsible for paying Usual Fees.

If, on a temporary basis, there is no Network General Dentist in your Service Area, Cigna Dental will let you know and you may obtain Covered Services from a non-Network Dentist. You will pay the non-Network Dentist the applicable Patient Charge for Covered Services. Cigna Dental will pay the non-Network Dentist the difference, if any, between his or her Usual Fee and the applicable Patient Charge.

See Section IX, *Specialty Referrals*, regarding payment responsibility for specialty care.

All contracts between Cigna Dental and Network Dentists state that you will not be liable to the Network Dentist for any sums owed to the Network Dentist by Cigna Dental.

F. EMERGENCY DENTAL CARE - REIMBURSEMENT

An emergency is a dental condition of recent onset and severity which would lead a prudent layperson possessing an average knowledge of dentistry to believe the condition needs immediate dental procedures necessary to control excessive bleeding, relieve severe pain, or eliminate acute infection. You should contact your Network General Dentist if you have an emergency in your Service Area.

1. **Emergency Care Away From Home**

   If you have an emergency while you are out of your Service Area or you are unable to contact your Network General Dentist, you may receive emergency Covered Services as defined above from any general dentist. Routine restorative procedures or definitive treatment (e.g. root canal) are not considered emergency care. You should return to your Network General Dentist for these procedures. For emergency Covered Services, you will be responsible for the Patient Charges listed on your Patient Charge Schedule. Cigna Dental will reimburse you the difference, if any, between the dentist's Usual Fee for emergency Covered

Services and your Patient Charge, up to a total of $50 per incident. To receive reimbursement, send appropriate reports and x-rays to Cigna Dental at the address listed for your state on the front of this booklet.

2. **Emergency Care After Hours**
There is a Patient Charge listed on your Patient Charge Schedule for emergency care rendered after regularly scheduled office hours. This charge will be in addition to other applicable Patient Charges.

G. LIMITATIONS ON COVERED SERVICES

Listed below are limitations on services when covered by your Dental Plan:

- **Frequency** - The frequency of certain Covered Services, like cleanings, is limited. Your Patient Charge Schedule lists any limitations on frequency.
- **Pediatric Dentistry** - Coverage for treatment by a Pediatric Dentist ends on your child's 7th birthday. Effective on your child's 7th birthday, dental services must be obtained from a Network General Dentist however, exceptions for medical reasons may be considered on an individual basis.
- **Oral Surgery** - The surgical removal of an impacted wisdom tooth may not be covered if the tooth is not diseased or if the removal is only for orthodontic reasons. Your Patient Charge Schedule lists any limitations on oral surgery.
- **Periodontal (gum tissue and supporting bone) Services** – Periodontal regenerative procedures are limited to one regenerative procedure per site (or per tooth, if applicable), when covered on the Patient Charge Schedule.
  Localized delivery of antimicrobial agents is limited to eight teeth (or eight sites, if applicable) per 12 consecutive months, when covered on the Patient Charge Schedule.
- **Clinical Oral Evaluations** – When this limitation is noted on the Patient Charge Schedule, periodic oral evaluations, comprehensive oral evaluations, comprehensive periodontal evaluations, and oral evaluations for patients under 3 years of age are, limited to a combined total of 4 evaluations during a 12 consecutive month period.
- **Surgical Placement of Implant Services** – When covered on the Patient Charge Schedule, surgical placement of a dental implant; repair, maintenance, or removal of a dental implant; implant abutment(s); or any services related to the surgical placement of a dental implant are limited to one per year with replacement of a surgical implant frequency limitation of one every 10 years.
- **Prosthesis Over Implant** – When covered on the Patient Charge Schedule, a prosthetic device, supported by an implant or implant abutment is considered a separate distinct service(s) from surgical placement of an implant. Replacement of any type of prosthesis with a prosthesis supported by an implant or implant abutment is only covered if the existing prosthesis is at least 5 calendar years old, is not serviceable and cannot be repaired.

GENERAL LIMITATIONS
DENTAL BENEFITS

No payment will be made for expenses incurred or services received:

- for or in connection with an injury arising out of, or in the course of, any employment for wage or profit if eligible for benefits under any workers' compensation act or similar law;
- for charges which would not have been made in any facility, other than a Hospital or a Correctional Institution owned or operated by the United States Government or by a state or municipal government if the person had no insurance;
- to the extent that payment is unlawful where the person resides when the expenses are incurred or the services are received;
- for the charges which the person is not legally required to pay;
- for charges which would not have been made if the person had no insurance;
- due to injuries which are intentionally self-inflicted.

H. SERVICES NOT COVERED UNDER YOUR DENTAL PLAN

Listed below are the services or expenses which are NOT covered under your Dental Plan and which are your responsibility at the dentist's Usual Fees. There is no coverage for:

- services not listed on the Patient Charge Schedule.
- services provided by a non-Network Dentist without Cigna Dental's prior approval (except emergencies, as described in Section IV.F).
- services related to an injury or illness paid under workers' compensation, occupational disease or similar laws.
- services provided or paid by or through a federal or state governmental agency or authority, political subdivision or a public program, other than Medicaid.
- services required while serving in the armed forces of any country or international authority or relating to a declared or undeclared war or acts of war.
- cosmetic dentistry or cosmetic dental surgery (dentistry or dental surgery performed solely to improve appearance) unless specifically listed on your Patient Charge Schedule. If bleaching (tooth whitening) is listed on your Patient Charge Schedule, only the use of take-home bleaching gel with trays is covered; all other types of bleaching methods are not covered.
- general anesthesia, sedation and nitrous oxide, unless specifically listed on your Patient Charge Schedule. When listed on your Patient Charge Schedule, general anesthesia and IV sedation are covered when medically necessary and provided in conjunction with Covered Services performed by an Oral Surgeon or Periodontist. There is no coverage for general anesthesia or intravenous sedation when used for the purposes of anxiety control or patient management.
- prescription medications.
- procedures, appliances or restorations if the main purpose is to: a. change vertical dimension (degree of separation of the jaw when teeth are in contact); b. restore teeth which have been damaged by attrition, abrasion, erosion and/or abfraction.

- replacement of fixed and/or removable appliances (including fixed and removable orthodontic appliances) that have been lost, stolen, or damaged due to patient abuse, misuse or neglect.
- surgical placement of a dental implant; repair, maintenance, or removal of a dental implant; implant abutment(s); or any services related to the surgical placement of a dental implant, unless specifically listed on your Patient Charge Schedule.
- services considered to be unnecessary or experimental in nature or do not meet commonly accepted dental standards..
- procedures or appliances for minor tooth guidance or to control harmful habits.
- hospitalization, including any associated incremental charges for dental services performed in a hospital. (Benefits are available for Network Dentist charges for Covered Services performed at a hospital. Other associated charges are not covered and should be submitted to the medical carrier for benefit determination.)
- services to the extent you or your enrolled Dependent are compensated under any group medical plan, no-fault auto insurance policy, or uninsured motorist policy. Kentucky Residents: Services compensated under no-fault auto insurance policies or uninsured motorist policies are not excluded.
- the completion of crowns, bridges, dentures, or root canal treatment, already in progress on the effective date of your Cigna Dental coverage.
- the completion of implant supported prosthesis (including crowns, bridges and dentures) already in progress on the effective date of your Cigna Dental coverage, unless specifically listed on your Patient Charge Schedule.
- consultations and/or evaluations associated with services that are not covered.
- endodontic treatment and/or periodontal (gum tissue and supporting bone) surgery of teeth exhibiting a poor or hopeless periodontal prognosis.
- bone grafting and/or guided tissue regeneration when performed at the site of a tooth extraction unless specifically listed on your Patient Charge Schedule.
- bone grafting and/or guided tissue regeneration when performed in conjunction with an apicoectomy or periradicular surgery.
- intentional root canal treatment in the absence of injury or disease to solely facilitate a restorative procedure.
- services performed by a prosthodontist.
- localized delivery of antimicrobial agents when performed alone or in the absence of traditional periodontal therapy.
- any localized delivery of antimicrobial agent procedures when more than eight (8) of these procedures are reported on the same date of service.
- infection control and/or sterilization. CIGNA dental considers this to be incidental to and part of the charges for services provided and not separately chargeable.
- the recementation of any inlay, onlay, crown, post and core or fixed bridge within 180 days of initial placement. Cigna Dental considers recementation within this timeframe to be incidental to and part of the charges for the initial

restoration.

- the recementation of any implant supported prosthesis (including crowns, bridges and dentures) within 180 days of initial placement. Cigna Dental considers recementation within this timeframe to be incidental to and part of the charges for the initial restoration unless specifically listed on your Patient Charge Schedule.
- services to correct congenital malformations, including the replacement of congenitally missing teeth.
- the replacement of an occlusal guard (night guard) beyond one per any 24 consecutive month period, when this limitation is noted on the Patient Charge Schedule.
- crowns, bridges and/or implant supported prosthesis used solely for splinting.
- resin bonded retainers and associated pontics.

Pre-existing conditions are not excluded if the procedures involved are otherwise covered under your Patient Charge Schedule.

Should any law require coverage for any particular service(s) noted above, the exclusion or limitation for that service(s) shall not apply.

V. APPOINTMENTS

To make an appointment with your Network Dentist, call the Dental Office that you have selected. When you call, your Dental Office will ask for your identification number and will check your eligibility.

VI. BROKEN APPOINTMENTS

The time your Network Dentist schedules for your appointment is valuable to you and the dentist. Broken appointments make it difficult for your Dental Office to schedule time with other patients.

If you or your enrolled Dependent breaks an appointment with less than 24 hours notice to the Dental Office, you may be charged a broken appointment fee.

VII. OFFICE TRANSFERS

If you decide to change Dental Offices, we can arrange a transfer. You should complete any dental procedure in progress before transferring to another Dental Office. To arrange a transfer, call Customer Service at [1.800.Cigna24]. To obtain a list of Dental Offices near you, visit our website at my.cigna.com, or call the Dental Office Locator at [1.800.Cigna24].

Your transfer request will take about 5 days to process. Transfers will be effective the first day of the month after the processing of your request. Unless you have an emergency, you will be unable to schedule an appointment at the new Dental Office until your transfer becomes effective.

There is no charge to you for the transfer; however, all Patient Charges which you owe to your current Dental Office must be paid before the transfer can be processed.

VIII. SPECIALTY CARE

Your Network General Dentist at your Dental Office has primary responsibility for your professional dental care. Because you may need specialty care, the Cigna Dental Network includes the following types of specialty dentists:

- Pediatric Dentists – children's dentistry.
- Endodontists – root canal treatment.
- Periodontists – treatment of gums and bone.
- Oral Surgeons – complex extractions and other surgical procedures.
- Orthodontists – tooth movement.

There is no coverage for referrals to prosthodontists or other specialty dentists not listed above.

When specialty care is needed, your Network General Dentist must start the referral process. X-rays taken by your Network General Dentist should be sent to the Network Specialty Dentist.

See Section IV.D, *Choice of Dentist*, regarding treatment by a Pediatric Dentist.

IX. SPECIALTY REFERRALS

A. IN GENERAL

Upon referral from a Network General Dentist, your Network Specialty Dentist will submit a specialty care treatment plan to Cigna Dental for payment authorization, except for Pediatrics, Orthodontics and Endodontics, for which prior authorization is not required. You should verify with the Network Specialty Dentist that your treatment plan has been authorized for payment by Cigna Dental before treatment begins.

When Cigna Dental authorizes payment to the Network Specialty Dentist, the fees or no-charge services listed on the Patient Charge Schedule in effect on the date each procedure is started will apply, except as set out in Section IX.B., Orthodontics. Treatment by the Network Specialty Dentist must begin within 90 days from the date of Cigna Dental’s authorization. If you are unable to obtain treatment within the 90 day period, please call Customer Service to request an extension. Your coverage must be in effect when each procedure begins.

For non-Covered Services or if Cigna Dental does not authorize payment to the Network Specialty Dentist for Covered Services, including Adverse Determinations, you must pay the Network Specialty Dentist’s Usual Fee. If you have a question or concern regarding an authorization or a denial, contact Customer Service.

After the Network Specialty Dentist has completed treatment, you should return to your Network General Dentist for cleanings, regular checkups and other treatment. If you visit a Network Specialty Dentist without a referral or if you continue to see a Network Specialty Dentist after you have completed specialty care, it will be your responsibility to pay for treatment at the dentist’s Usual Fees.

When your Network General Dentist determines that you need specialty care and a Network Specialty Dentist is not available,

as determined by Cigna Dental, Cigna Dental will authorize a referral to a non-Network Specialty Dentist. The referral procedures applicable to specialty care will apply. In such cases, you will be responsible for the applicable Patient Charge for Covered Services. Cigna Dental will reimburse the non-Network Dentist the difference, if any, between his or her Usual Fee and the applicable Patient Charge. For non-Covered Services or services not authorized for payment, including Adverse Determinations, you must pay the dentist's Usual Fee.

B. ORTHODONTICS (This section is applicable only when Orthodontics is listed on your Patient Charge Schedule.)

1. **Definitions –** If your Patient Charge Schedule indicates coverage for orthodontic treatment, the following definitions apply:
   a. **Orthodontic Treatment Plan and Records –** the preparation of orthodontic records and a treatment plan by the Orthodontist.
   b. **Interceptive Orthodontic Treatment –** treatment prior to full eruption of the permanent teeth, frequently a first phase preceding comprehensive treatment.
   c. **Comprehensive Orthodontic Treatment –** treatment after the eruption of most permanent teeth, generally the final phase of treatment before retention.
   d. **Retention (Post Treatment Stabilization) –** the period following orthodontic treatment during which you may wear an appliance to maintain and stabilize the new position of the teeth.

2. **Patient Charges**
   The Patient Charge for your entire orthodontic case, including retention, will be based upon the Patient Charge Schedule in effect on the date of your visit for Treatment Plan and Records. However, if a. banding/appliance insertion does not occur within 90 days of such visit, b. your treatment plan changes, or c. there is an interruption in your coverage or treatment, a later change in the Patient Charge Schedule may apply.

   The Patient Charge for Orthodontic Treatment is based upon 24 months of interceptive and/or comprehensive treatment. If you require more than 24 months of treatment in total, you will be charged an additional amount for each additional month of treatment, based upon the Orthodontist's Contract Fee. If you require less than 24 months of treatment, your Patient Charge will be reduced on a pro-rated basis.

3. **Additional Charges**
   You will be responsible for the Orthodontist's Usual Fees for the following non-Covered Services:
   a. incremental costs associated with optional/elective materials, including but not limited to ceramic, clear, lingual brackets, or other cosmetic appliances;
   b. orthognathic surgery and associated incremental costs;
   c. appliances to guide minor tooth movement;
   d. appliances to correct harmful habits; and
   e. services which are not typically included in Orthodontic Treatment. These services will be identified on a case-

by-case basis.

4. **Orthodontics In Progress**
If Orthodontic Treatment is in progress for you or your Dependent at the time you enroll, the fee listed on the Patient Charge Schedule is not applicable. Please call Customer Service at [1.800.Cigna24] to find out if you are entitled to any benefit under the Dental Plan.

X. COMPLEX REHABILITATION/MULTIPLE CROWN UNITS

Complex rehabilitation is extensive dental restoration involving 6 or more "units" of crown, bridge and/or implant supported prosthesis (including crowns and bridges) in the same treatment plan. Using full crowns (caps), fixed bridges and/or implant supported prosthesis (including crowns and bridges) which are cemented in place, your Network General Dentist will rebuild natural teeth, fill in spaces where teeth are missing and establish conditions which allow each tooth to function in harmony with the occlusion (bite). The extensive procedures involved in complex rehabilitation require an extraordinary amount of time, effort, skill and laboratory collaboration for a successful outcome.

Complex rehabilitation will be covered when performed by your Network General Dentist after consultation with you about diagnosis, treatment plan and charges. Each tooth or tooth replacement included in the treatment plan is referred to as a "unit" on your Patient Charge Schedule. The crown, bridge and/or implant supported prosthesis (including crowns and bridges) charges on your Patient Charge Schedule are for each unit of crown or bridge. You pay the per unit charge for each unit of crown, bridge and/or implant supported prosthesis (including crowns and bridges) PLUS an additional charge for each unit when 6 or more units are prescribed in your Network General Dentist's treatment plan.

Note: Complex Rehabilitation only applies for implant supported prosthesis, when implant supported prosthesis are specifically listed on your Patient Charge Schedule.

XI. WHAT TO DO IF THERE IS A PROBLEM

For the purposes of this section, any reference to “you” or “your” also refers to a representative or provider designated by you to act on your behalf. **Time frames or requirements may vary depending on the laws in your State.**

Most problems can be resolved between you and your dentist. However, we want you to be completely satisfied with the Dental Plan. That is why we have established a process for addressing your concerns and complaints. The complaint procedure is voluntary and will be used only upon your request.

A. START WITH CUSTOMER SERVICE

We are here to listen and to help. If you have a concern about your Dental Office or the Dental Plan, you can call [1.800.Cigna24] toll-free and explain your concern to one of our Customer Service Representatives. You can also express that concern in writing to Cigna Dental, P.O. Box 188047, Chattanooga, TN 37422-8047. We will do our best to resolve the matter during your initial contact. If we need more time to review or investigate your concern, we will get back to you as soon as

possible, usually by the end of the next business day, but in any case within 30 days.

If you are not satisfied with the results of a coverage decision, you may start the appeals procedure.

B. APPEALS PROCEDURE

Cigna Dental has a one-step appeals procedure for coverage decisions. To initiate an appeal, you must submit a request in writing to Cigna Dental, P.O. Box 188047, Chattanooga, TN 37422-8047, within 1 year from the date of the initial Cigna Dental decision. You should state the reason you feel your appeal should be approved and include any information to support your appeal. If you are unable or choose not to write, you may ask Customer Service to register your appeal by calling [1.800.Cigna24].

A customer is entitled to an internal appeal and can be attained with respect to the denial, reduction, or termination of a plan or the denial of a claim for a health care service in accordance with KRS 304.17C-030(2)(g)(2). A customer, authorized person, or provider acting on behalf of the customer may request an internal appeal within at least 1 year of receipt of a notice of the initial decision made by Cigna Dental. Cigna Dental will provide a written internal appeal determination within thirty (30) days following receipt of a request for an internal appeal.

1. Level-One Appeals

Your level-one appeal will be reviewed and the decision made by someone not involved in the initial review. Appeals involving dental necessity or clinical appropriateness will be reviewed by a dental professional.

If your appeal concerns a denied pre-authorization, we will respond with a decision within 15 calendar days after we receive your appeal. For appeals concerning all other coverage issues, we will respond with a decision within 30 calendar days after we receive your appeal. If we need more information to make your level-one appeal decision, we will notify you in writing to request an extension of up to 15 calendar days and to specify any additional information needed to complete the review.

You may request that the appeal resolution be expedited if the time frames under the above process would seriously jeopardize your life or health or would jeopardize your ability to regain the dental functionality that existed prior to the onset of your current condition. A dental professional, in consultation with the treating dentist, will decide if an expedited review is necessary. When a review is expedited, Cigna Dental will respond orally with a decision within 72 hours, followed up in writing.

2. Independent Review Procedure

The independent review procedure is a voluntary program arranged by the Dental Plan and is not available in all areas.

3. Appeals to the State

You have a right to contact the Kentucky Department of Insurance by sending to P.O. Box 517, Frankfort, KY 40602-

0517 or toll free 1.800.648.6056.

Cigna Dental will not cancel or refuse to renew your coverage because you or your Dependent has filed a complaint or an appeal involving a decision made by Cigna Dental. You have the right to file suit in a court of law for any claim involving the professional treatment performed by a dentist.

XII. DUAL COVERAGE

You and your Dependents may not be covered twice under this Dental Plan. If you and your spouse have enrolled each other or the same Dependents twice, please contact your Benefit Administrator.

If you or your Dependents have dental coverage through your spouse's employer or other sources such as an HMO or similar dental plan, applicable coordination of benefit rules will determine which coverage is primary or secondary. In most cases, the plan covering you as an employee is primary for you, and the plan covering your spouse as an employee is primary for him or her. Your children are generally covered as primary by the plan of the parent whose birthday occurs earlier in the year. Dual coverage should result in lowering or eliminating your out-of-pocket expenses. It should not result in reimbursement for more than 100% of your expenses.

Coordination of benefit rules are attached to the Group Contract and may be reviewed by contacting your Benefit Administrator. Cigna Dental coordinates benefits only for specialty care services.

XIII. DISENROLLMENT FROM THE DENTAL PLAN - TERMINATION OF BENEFITS

A. TIME FRAMES FOR DISENROLLMENT/TERMINATION

Except as otherwise provided in the sections titled "Extension/Continuation of Benefits" or in your Group Contract, disenrollment from the Dental Plan and termination of benefits will occur on the last day of the month:

1. in which Premiums are not remitted to Cigna Dental.
2. in which eligibility requirements are no longer met.
3. after 30 days notice from Cigna Dental due to permanent breakdown of the dentist-patient relationship as determined by Cigna Dental, after at least two opportunities to transfer to another Dental Office.
4. after 30 days notice from Cigna Dental due to fraud or misuse of dental services and/or Dental Offices.
5. after 60 days notice by Cigna Dental, due to continued lack of a Dental Office in your Service Area.
6. after voluntary disenrollment.

B. EFFECT ON DEPENDENTS

When one of your Dependents is disenrolled, you and your other Dependents may continue to be enrolled. When you are disenrolled, your Dependents will be disenrolled as well.

XIV. EXTENSION OF BENEFITS

Coverage for completion of a dental procedure (other than orthodontics) which was started before your disenrollment from the Dental Plan will be extended for 90 days after disenrollment unless disenrollment was due to nonpayment of Premiums.

Coverage for orthodontic treatment which was started before disenrollment from the Dental Plan will be extended to the end of the quarter or for 60 days after disenrollment, whichever is later, unless disenrollment was due to nonpayment of Premiums.

XV. CONTINUATION OF BENEFITS (COBRA)

For Groups with 20 or more employees, federal law requires the employer to offer continuation of benefits coverage for a specified period of time after termination of employment or reduction of work hours, for any reason other than gross misconduct. You will be responsible for sending payment of the required Premiums to the Group. Additional information is available through your Benefits Representative.

XVI. CONVERSION COVERAGE

If you are no longer eligible for coverage under your Group's Dental Plan, you and your enrolled Dependents may continue your dental coverage by enrolling in the Cigna Dental conversion plan. You must enroll within three (3) months after becoming ineligible for your Group's Dental Plan. Premium payments and coverage will be retroactive to the date coverage under your Group's Dental Plan ended. You and your enrolled Dependents are eligible for conversion coverage unless benefits were discontinued due to:

- Permanent breakdown of the dentist-patient relationship,
- Fraud or misuse of dental services and/or Dental Offices,
- Nonpayment of Premiums by the Subscriber,
- Selection of alternate dental coverage by your Group; or
- Lack of network/Service Area.

Benefits and rates for Cigna Dental conversion coverage and any succeeding renewals will be based on the Covered Services listed in the then-current standard conversion plan and may not be the same as those for your Group's Dental Plan. Please call the Cigna Dental Conversion Department at [1.800.Cigna24] to obtain current rates and make arrangements for continuing coverage.

XVII. CONFIDENTIALITY/PRIVACY

Cigna Dental is committed to maintaining the confidentiality of your personal and sensitive information. Information about Cigna Dental's confidentiality policies and procedures is made available to you during the enrollment process and/or as part of your customer plan materials. You may obtain additional information about Cigna Dental's confidentiality policies and procedures by calling Customer Service at [1.800.Cigna24], or via the Internet at my.cigna.com.

XVIII. MISCELLANEOUS

As a Cigna Dental plan customer, you may be eligible for various discounts, benefits, or other consideration for the purpose of promoting your general health and well being. Please visit our website at my.cigna.com for details.

If you are a Cigna Dental Care customer, you may also be eligible for additional dental benefits during certain health conditions. For example, certain frequency limitations for dental services may be relaxed for pregnant women and customers participating in certain disease management programs. Please review your plan enrollment materials for details.

STATE Amendment
Cigna Dental Health of Kentucky, Inc. (Illinois)
P.O. Box 453099
Sunrise, Florida 33345-3099

Illinois Residents:

This State Amendment contains information that either replaces, or is in addition to, information contained in your Plan Booklet.

The following information is added (by means of this insert) to your Plan Booklet:

I. DEFINITIONS

- The Religious Freedom Protection and Civil Union Act, 750 ILCS 75, allows both same-sex and different-sex couples to enter into a civil union with all of the obligations, protections, and legal rights that Illinois provides to married heterosexual couples. The definition of "Dependent" is amended to include civil union partners and a child acquired through a civil union who meets the eligibility requirements outlined in your Plan Booklet.

Dependent - your lawful spouse or your domestic partner;

Your unmarried child (including newborns, adopted children, stepchildren, a child for whom you must provide dental coverage under a court order; or, a dependent child who resides in your home as a result of court order or administrative placement) who is:

(a) less than [19-30] years old; or
(b) less than [23-30] years old if he or she is both:
i. a full-time student enrolled at an accredited educational institution, and
ii. reliant upon you for maintenance and support; or
(c) any age if he or she is both:
i. incapable of self-sustaining employment due to mental or physical disability, and
ii. reliant upon you for maintenance and support.

For a dependent child [19-30] years of age or older who is a full-time student at an educational institution, coverage will be provided for an entire academic term during which the child begins as a full-time student and remains enrolled, regardless of whether the number of hours of instruction for which the child is enrolled is reduced to a level that changes the child's academic status to less than that of a full-time student.

IV. YOUR CIGNA DENTAL COVERAGE

H. SERVICES NOT COVERED UNDER YOUR DENTAL PLAN

Illinois Residents: This exclusion does not apply to your Plan.

- services to the extent you or your enrolled Dependent are compensated under any group medical plan, no-fault auto insurance policy, or uninsured motorist policy.

BENEFIT RIDER
Cigna Dental Companies

Cigna Dental Health of Kentucky, Inc. (Kentucky and Illinois)
P.O. Box 453099
Sunrise, Florida 33345-3099

This State Rider is attached to and made part of your Plan Booklet/Evidence of Coverage and replaces the following provisions:

D. CHOICE OF DENTIST

You and your Dependents should have selected a Dental Office when you enrolled in the Dental Plan. If you did not, you must advise Cigna Dental of your Dental Office selection prior to receiving treatment. The benefits of the Dental Plan are available only at your Dental Office, except in the case of an emergency or when Cigna Dental otherwise approves payment for out-of-network benefits.

You may select a network Pediatric Dentist as the Network General Dentist for your dependent child under age 13 by calling Customer Service at 1-800Cigna24 to get a list of network Pediatric Dentists in your Service Area or if your Network General Dentist sends your child under the age of 13 to a network Pediatric Dentist, the network Pediatric Dentist's office will have primary responsibility for your child's care. For children 13 years and older, your Network General Dentist will provide care. If your child continues to visit the Pediatric Dentist upon the age of 13, you will be fully responsible for the Pediatric Dentist's Usual Fees. Exceptions for medical reasons may be considered on a case-by-case basis.

If for any reason your selected Dental Office cannot provide your dental care, or if your Network General Dentist terminates from the network, Cigna Dental will let you know and will arrange a transfer to another Dental Office. Refer to the Section titled "Office Transfers" if you wish to change your Dental Office.

To obtain a list of Dental Offices near you, visit our website at my.cigna.com, or call the Dental Office Locator at1-800Cigna24. It is available 24 hours a day, 7 days per week. If you would like to have the list faxed to you, enter your fax number, including your area code. You may always obtain a current Dental Office Directory by calling Customer Service.

F. EMERGENCY DENTAL CARE - REIMBURSEMENT

1. Emergency Care Away From Home

If you have an emergency while you are out of your Service Area or you are unable to contact your Network General Dentist, you may receive emergency Covered Services as defined above from any general dentist. Routine restorative procedures or definitive treatment (e.g. root canal) are not considered emergency care. You should return to your Network General Dentist for these procedures. For emergency Covered Services, you will be responsible for the Patient Charges listed on your Patient Charge Schedule. Cigna Dental will reimburse you the difference, if any, between the dentist's Usual Fee for emergency Covered Services and your Patient Charge. To receive reimbursement, send appropriate reports and x-rays to Cigna Dental at the address listed for your state on the front of this booklet.

G. LIMITATIONS ON COVERED SERVICES

Listed below are limitations on services when covered by your Dental Plan:

- **Pediatric Dentistry** - Coverage for treatment by a Pediatric Dentist ends on your child's 13th birthday. Effective on your child's 13th birthday, dental services must be obtained from a Network General Dentist however, exceptions for medical reasons may be considered on an individual basis.

VII. OFFICE TRANSFERS

If you decide to change Dental Offices, we can arrange a transfer. You should complete any dental procedure in progress before transferring to another Dental Office. To arrange a transfer, call Customer Service at 1-800Cigna24. To obtain a list of Dental Offices near you, visit our website at my.cigna.com, or call the Dental Office Locator at 1-800Cigna24.

Your transfer request may take up to 5 days to process. Transfers will be effective the first day of the month after the processing of your request. Unless you have an emergency, you will be unable to schedule an appointment at the new Dental Office until your transfer becomes effective. You can check the status of your request by visiting myCigna.com, or by calling us at 1-800Cigna24.

There is no charge to you for the transfer; however, all Patient Charges which you owe to your current Dental Office must be paid before the transfer can be processed.

IX. SPECIALTY REFERRALS

A. IN GENERAL

Preauthorization is not required for coverage of services by a Network Specialty Dentist.

When Cigna Dental approves payment to the Network Specialty Dentist, the fees or no-charge services listed on the Patient Charge Schedule in effect on the date each procedure is started will apply, except as set out in Section IX.B., Orthodontics. Treatment by the Network Specialty Dentist must begin within 90 days from the date of Cigna Dental's approval. If you are unable to obtain treatment within the 90 day period, please call Customer Service to request an extension. Your coverage must be in effect when each procedure begins.

For non-Covered Services or if Cigna Dental does not approve payment to the Network Specialty Dentist for Covered Services, including Adverse Determinations, you must pay the Network Specialty Dentist's Usual Fee. If you have a question or concern regarding an approval or a denial, contact Customer Service.

After the Network Specialty Dentist has completed treatment, you should return to your Network General Dentist for cleanings, regular checkups and other treatment. If you visit a Network Specialty Dentist without a referral or if you continue to see a Network Specialty Dentist after you have completed specialty care, it will be your responsibility to pay for treatment at the dentist's Usual Fees.

When your Network General Dentist determines that you need specialty care and a Network Specialty Dentist is not available, as determined by Cigna Dental, Cigna Dental will approve a referral to a non-Network Specialty Dentist. The referral procedures applicable to specialty care will apply. In such cases, you will be responsible for the applicable Patient Charge for Covered Services. Cigna Dental will reimburse the non-Network Dentist the difference, if any, between his or her Usual Fee and the applicable Patient Charge. For non-Covered Services or services not approved for payment, including Adverse Determinations, you must pay the dentist's Usual Fee.

Cigna Dental Health of North Carolina, Inc.
P.O. Box 453099
Sunrise, Florida 33345-3099

This Plan Booklet/Combined Evidence of Coverage and Disclosure Form/Certificate of Coverage is intended for your information; it constitutes a summary of the Dental Plan and is included as a part of the agreement between Cigna Dental and your Group (collectively, the "Group Contract"). The Group Contract must be consulted to determine the rates and the exact terms and conditions of coverage. If rates or coverages are changed under your Group Contract, your rates and coverage will also change. A prospective customer has the right to view the Combined Evidence of Coverage and Disclosure Form prior to enrollment. It should be read completely and carefully. Customers with special health care needs should read carefully those sections that apply to them. Please read the following information so you will know from whom or what group of providers dental care may be obtained.

NOTICE: IF YOU OR YOUR FAMILY MEMBERS ARE COVERED BY MORE THAN ONE HEALTH CARE PLAN, YOU MAY NOT BE ABLE TO COLLECT BENEFITS FROM BOTH PLANS. EACH PLAN MAY REQUIRE YOU TO FOLLOW ITS RULES OR USE SPECIFIC DOCTORS OR HOSPITALS, AND IT MAY BE IMPOSSIBLE TO COMPLY WITH BOTH PLANS AT THE SAME TIME. READ ALL OF THE RULES VERY CAREFULLY, INCLUDING THE DUAL COVERAGE SECTION.

Important Cancellation Information - Please Read the Provision Entitled "Disenrollment from the Dental Plan-Termination of Benefits."

READ YOUR PLAN BOOKLET CAREFULLY

Please call Customer Service at 1-800Cigna24 if you have any questions. The hearing impaired may call the state TTY toll-free relay service listed in their local telephone directory.

TABLE OF CONTENTS

In some instances, state laws will supersede or augment the provisions contained in this booklet. These requirements are listed at the end of this booklet as a State Rider. In case of a conflict between the provisions of this booklet and your State Rider, the State Rider will prevail.

I. DEFINITIONS

Capitalized terms, unless otherwise defined, have the meanings listed below.

Adverse Determination - a decision by Cigna Dental not to authorize payment for certain limited specialty care procedures on the basis of necessity or appropriateness of care. To be considered clinically necessary, the treatment or service must be reasonable and appropriate and meet the following requirements:

A. be consistent with the symptoms, diagnosis or treatment of the condition present;
B. conform to commonly accepted standards throughout the dental field;
C. not be used primarily for the convenience of the customer or provider of care; and
D. not exceed the scope, duration, or intensity of that level of care needed to provide safe and appropriate treatment.

Requests for payment authorizations that are declined by Cigna Dental based upon the above criteria will be the responsibility of the customer at the dentist's Usual Fees. A licensed dentist will make any such denial.

Cigna Dental - the Cigna Dental Health organization that provides dental benefits in your state as listed on the face page of this booklet.

Contract Fees - the fees contained in the Network Dentist agreement with Cigna Dental.

Covered Services - the dental procedures listed on your Patient Charge Schedule.

Dental Office - your selected office of Network General Dentist(s).

Dental Plan - managed dental care plan offered through the Group Contract between Cigna Dental and your Group.

Dependent - your lawful spouse;

Your unmarried child (including newborns, adopted children, foster children, stepchildren, a child for whom you must provide dental coverage under a court order; or, a dependent child who resides in your home as a result of court order or administrative placement) who is:

(a) less than [19] years old; or
(b) less than [23] years old if he or she is both:
iii. a full-time student enrolled at an accredited educational institution, and
iv. reliant upon you for maintenance and support; or
(c) any age if he or she is both:
iii. incapable of self-sustaining employment due to mental or physical disability, and
iv. reliant upon you for maintenance and support.

For a dependent child [19] years of age or older who is a full-time student at an educational institution, coverage will be provided for an entire academic term during which the child begins as a full-time student and remains enrolled, regardless of whether the number of hours of instruction for which the child is enrolled is reduced to a level

that changes the child's academic status to less than that of a full-time student.

For a child who falls into category (b) or (c) above, you will need to furnish Cigna Dental evidence of the child's reliance upon you, in the form requested, within 31 days after the Dependent reaches the age of [19] and once a year thereafter for as long as the child is claimed as a Dependent under the Plan.

A Newly Acquired Dependent is a dependent child who is adopted, born, or otherwise becomes your dependent after you become covered under the Plan.

Coverage for dependents living outside a Cigna Dental service area is subject to the availability of an approved network where the dependent resides.

Group - employer, labor union or other organization that has entered into a Group Contract with Cigna Dental for managed dental services on your behalf.

Network Dentist – a licensed dentist who has signed an agreement with Cigna Dental to provide general dentistry or specialty care services to you. The term, when used, includes both Network General Dentists and Network Specialty Dentists.

Network General Dentist - a licensed dentist who has signed an agreement with Cigna Dental under which he or she agrees to provide dental care services to you.

Network Specialty Dentist - a licensed dentist who has signed an agreement with Cigna Dental under which he or she agrees to provide specialized dental care services to You.

Patient Charge - the amount you owe your Network Dentist for any dental procedure listed on your Patient Charge Schedule.

Patient Charge Schedule - list of services covered under your Dental Plan and how much they cost you.

Premiums - fees that your Group remits to Cigna Dental, on your behalf, during the term of your Group Contract.

Service Area - the geographical area designated by Cigna Dental within which it shall provide benefits and arrange for dental care services.

Subscriber/You - the enrolled employee or customer of the Group.

Usual Fee - the customary fee that an individual dentist most frequently charges for a given dental service.

II. INTRODUCTION TO YOUR CIGNA DENTAL PLAN

Welcome to the Cigna Dental Plan. We encourage you to use your dental benefits. Please note that enrollment in the Dental Plan allows the release of patient records to Cigna Dental or its designee for health plan operation purposes.

III. ELIGIBILITY/WHEN COVERAGE BEGINS

To enroll in the Dental Plan, you and your Dependents must be able to seek treatment for Covered Services within a Cigna Dental Service Area. Other eligibility requirements are determined by your Group.

If you enrolled in the Dental Plan before the effective date of your Group Contract, you will be covered on the first day the Group Contract is effective. If you enrolled in the Dental Plan after the effective date of the Group Contract, you will be covered on the first day of the month following processing of your enrollment (unless effective dates other than the first day of the month are provided for in your Group Contract).

Dependents may be enrolled in the Dental Plan at the time you enroll, during an open enrollment, or within 30 days of becoming eligible due to a life status change such as marriage, birth, adoption, placement. Dependent children for whom you are required by a court or administrative order to provide dental coverage may be enrolled at any time. You may drop coverage for your Dependents only during the open enrollment periods for your Group, unless there is a change in status such as divorce. If your child is enrolled in the Dental Plan because of a court or administrative order, the child may not be disenrolled unless the order is no longer valid or the child is enrolled in another dental plan with comparable coverage.

If you have family coverage and have a new baby or if you are appointed as guardian or custodian of a foster child who is placed in your home, or an adopted child, the newborn, foster or adopted child will be automatically covered for the first 30 days following birth or placement. Waiting periods do not apply to these categories of Dependents. If you wish to continue coverage beyond the first 30 days, you should enroll the child in the Dental Plan and you need to begin to pay Premiums/Prepayment Fees during the period, if any additional are due, during that period. If additional premium is required you must submit an enrollment form within 30 days of acquiring the new Dependent child. If no additional premium is required, the child will be covered even if not formally enrolled in the plan. However, for ease of administration, you are encouraged to enroll the new Dependent child when coverage begins.

When a child, covered from the moment of birth or placement in the adoptive or foster home, requires dental care associated with congenital defects and anomalies, the dental only plan shall cover such defects to the same extent an otherwise covered dental service is provided by the plan.

A life status change may also include placement for adoption.

Evidence of good dental health is not required for late enrollees.

Under the Family and Medical Leave Act of 1993, you may be eligible to continue coverage during certain leaves of absence from work. During such leaves, you will be responsible for paying your Group the portion of the Premiums, if any, which you would have paid if you had not taken the leave. Additional information is available through your Benefits Representative.

IV. YOUR CIGNA DENTAL COVERAGE

The information below outlines your coverage and will help you to better understand your Dental Plan. Included is information about which services are covered, which are not, and how much dental services will

cost you. A copy of the Group Contract will be furnished to you upon your request.

A. CUSTOMER SERVICE

If you have any questions or concerns about the Dental Plan, Customer Service Representatives are just a toll-free phone call away. They can explain your benefits or help with matters regarding your Dental Office or Dental Plan. For assistance with transfers, specialty referrals, eligibility, second opinions, emergencies, Covered Services, plan benefits, ID cards, location of Dental Offices, conversion coverage or other matters, call Customer Service from any location at 1-800Cigna24. The hearing impaired may contact the state TTY toll-free relay service number listed in their local telephone directory.

B. PREMIUMS

Your Group sends a monthly fee to Cigna Dental for customers participating in the Dental Plan. The amount and term of this fee is set forth in your Group Contract. You may contact your Benefits Representative for information regarding any part of this fee to be withheld from your salary or to be paid by you to the Group.

No schedule of premiums, or any amendment to the schedule, shall be used until it has been filed with and approved by the Commissioner. Premiums are guaranteed for the group for a period of twelve (12) months. However, Premiums may be adjusted by Cigna Dental upon approval by the North Carolina Department of Insurance but no more often than once every 6 months based on at least 12 months of experience and 45 days' notice to the Group if, in Cigna Dental's sole opinion, its liability is altered by any state or federal law.

UNDER NORTH CAROLINA GENERAL STATUTE SECTION 58-50-40, NO PERSON, EMPLOYER, PRINCIPAL, AGENT, TRUSTEE, OR THIRD PARTY ADMINISTRATOR, WHO IS RESPONSIBLE FOR THE PAYMENT OF GROUP HEALTH OR LIFE INSURANCE OR GROUP HEALTH PLAN PREMIUMS, SHALL: (1) CAUSE THE CANCELLATION OR NONRENEWAL OF GROUP HEALTH OR LIFE INSURANCE, HOSPITAL, MEDICAL, OR DENTAL SERVICE CORPORATION PLAN, MULTIPLE EMPLOYER WELFARE ARRANGEMENT, OR GROUP HEALTH PLAN COVERAGES AND THE CONSEQUENTIAL LOSS OF THE COVERAGES OF THE PERSONS INSURED, BY WILLFULLY FAILING TO PAY THOSE PREMIUMS IN ACCORDANCE WITH THE TERMS OF THE INSURANCE OR PLAN CONTRACT, AND (2) WILLFULLY FAIL TO DELIVER, AT LEAST 45 DAYS BEFORE THE TERMINATION OF THOSE COVERAGES, TO ALL PERSONS COVERED BY THE GROUP POLICY A WRITTEN NOTICE OF THE PERSON'S INTENTION TO STOP PAYMENT OF PREMIUMS. THIS WRITTEN NOTICE MUST ALSO CONTAIN A NOTICE TO ALL PERSONS COVERED BY THE GROUP POLICY OF THEIR RIGHTS TO HEALTH INSURANCE CONVERSION POLICIES UNDER ARTICLE 53 OF CHAPTER 58 OF THE GENERAL STATUTES AND THEIR RIGHTS TO PURCHASE INDIVIDUAL POLICIES UNDER THE FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT AND UNDER ARTICLE 68 OF CHAPTER 58 OF THE GENERAL STATUTES. VIOLATION OF THIS LAW IS A FELONY. ANY PERSON VIOLATING THIS LAW IS ALSO SUBJECT TO A COURT ORDER REQUIRING THE PERSON TO COMPENSATE PERSONS INSURED FOR EXPENSES OR LOSSES INCURRED AS A RESULT OF THE TERMINATION OF THE INSURANCE.

C. OTHER CHARGES - PATIENT CHARGES

Network General Dentists are typically reimbursed by Cigna Dental through fixed monthly payments and supplemental payments for certain procedures. No bonuses or financial incentives are used as an inducement to limit services. Network Dentists are also

compensated by the fees which you pay, as set out in your Patient Charge Schedule.

Your Patient Charge Schedule lists the dental procedures covered under your Dental Plan. Some dental procedures are covered at no charge to you. For other Covered Services, the Patient Charge Schedule lists the fees you must pay when you visit your Dental Office. There are no deductibles and no annual dollar limits for services covered by your Dental Plan.

Your Network General Dentist should tell you about Patient Charges for Covered Services, the amount you must pay for non-Covered Services and the Dental Office's payment policies. Timely payment is important. It is possible that the Dental Office may add late charges to overdue balances.

Your Patient Charge Schedule is subject to annual change in accordance with your Group Contract. Cigna Dental will give written notice to your Group of any change in Patient Charges at least 60 days prior to such change. You will be responsible for the Patient Charges listed on the Patient Charge Schedule that is in effect on the date a procedure is started.

D. CHOICE OF DENTIST

You and your Dependents should have selected a Dental Office when you enrolled in the Dental Plan. If you did not, you must advise Cigna Dental of your Dental Office selection prior to receiving treatment. The benefits of the Dental Plan are available only at your Dental Office, except in the case of an emergency or when Cigna Dental otherwise approves payment for out-of-network benefits.

You may select a network Pediatric Dentist as the Network General Dentist for your dependent child under age 13 by calling Customer Service at 1-800Cigna24 to get a list of network Pediatric Dentists in your Service Area or if your Network General Dentist sends your child under the age of 13 to a network Pediatric Dentist, the network Pediatric Dentist’s office will have primary responsibility for your child’s care. For children 13 years and older, your Network General Dentist will provide care. If your child continues to visit the Pediatric Dentist upon the age of 13, you will be fully responsible for the Pediatric Dentist's Usual Fees. Exceptions for medical reasons may be considered on a case-by-case basis.

If for any reason your selected Dental Office cannot provide your dental care, or if your Network General Dentist terminates from the network, Cigna Dental will let you know and will arrange a transfer to another Dental Office. Refer to the Section titled "Office Transfers" if you wish to change your Dental Office.

To obtain a list of Dental Offices near you, visit our website at my.cigna.com, or call the Dental Office Locator at 1-800Cigna24. It is available 24 hours a day, 7 days per week. If you would like to have the list faxed to you, enter your fax number, including your area code. You may always obtain a current Dental Office Directory by calling Customer Service.

E. YOUR PAYMENT RESPONSIBILITY (General Care)

For Covered Services at your Dental Office, you will be charged the fees listed on your Patient Charge Schedule. For services listed on your Patient Charge Schedule at any other dental

office, you may be charged Usual Fees. For non-Covered Services, you are responsible for paying Usual Fees.

If, on a temporary basis, there is no Network General Dentist in your Service Area, Cigna Dental will let you know and you may obtain Covered Services from a non-Network Dentist. You will pay the non-Network Dentist the applicable Patient Charge for Covered Services. Cigna Dental will pay the non-Network Dentist the difference, if any, between his or her Usual Fee and the applicable Patient Charge.

If you are unable to locate, or you do not have timely access to, an In-Network General Dentist in your area who can provide you with a service or supply that is covered under this plan, you should call customer service at 1-800Cigna24 to obtain authorization for Out-of-Network Provider coverage. If authorization is obtained for services provided by an Out-of-Network Provider, benefits for those services will be covered at the In-Network benefit level.

See Section IX, *Specialty Referrals*, regarding payment responsibility for specialty care.

All contracts between Cigna Dental and Network Dentists state that you will not be liable to the Network Dentist for any sums owed to the Network Dentist by Cigna Dental.

F. EMERGENCY DENTAL CARE - REIMBURSEMENT

An emergency is a dental condition of recent onset and severity which would lead a prudent layperson possessing an average knowledge of dentistry to believe the condition needs immediate dental procedures necessary to control excessive bleeding, relieve severe pain, or eliminate acute infection. You should contact your Network General Dentist if you have an emergency in your Service Area.

1. Emergency Care Away From Home

If you have an emergency while you are out of your Service Area or you are unable to contact your Network General Dentist, you may receive emergency Covered Services as defined above from any general dentist. Routine restorative procedures or definitive treatment (e.g. root canal) are not considered emergency care. You should return to your Network General Dentist for these procedures. For emergency Covered Services, you will be responsible for the Patient Charges listed on your Patient Charge Schedule. Cigna Dental will reimburse you the difference, if any, between the dentist's Usual Fee for emergency Covered Services and your Patient Charge, up to a total of $50 per incident. To receive reimbursement, send appropriate reports and x-rays to Cigna Dental at the address listed for your state on the front of this booklet.

2. Emergency Care After Hours

There is a Patient Charge listed on your Patient Charge Schedule for emergency care rendered after regularly scheduled office hours. This charge will be in addition to other applicable Patient Charges.

G. LIMITATIONS ON COVERED SERVICES

Listed below are limitations on services when covered by your Dental Plan:

- **Frequency** - The frequency of certain Covered Services, like cleanings, is limited. Your Patient Charge Schedule lists any limitations on frequency.
- **Pediatric Dentistry** - Coverage for treatment by a Pediatric Dentist ends on your child's 13th birthday. Effective on your child's 13th birthday, dental services must be obtained from a Network General Dentist however, exceptions for medical reasons may be considered on an individual basis.
- **Oral Surgery** - The surgical removal of an impacted wisdom tooth may not be covered if the tooth is not diseased or if the removal is only for orthodontic reasons. Your Patient Charge Schedule lists any limitations on oral surgery.
- **Periodontal (gum tissue and supporting bone) Services** – Periodontal regenerative procedures are limited to one regenerative procedure per site (or per tooth, if applicable), when covered on the Patient Charge Schedule. Localized delivery of antimicrobial agents is limited to eight teeth (or eight sites, if applicable) per 12 consecutive months,when covered on the Patient Charge Schedule.
- **Clinical Oral Evaluations** – When this limitation is noted on the Patient Charge Schedule, periodic oral evaluations, comprehensive oral evaluations, comprehensive periodontal evaluations, and oral evaluations for patients under 3 years of age, are limited to a combined total of 4 evaluations during a 12 consecutive month period.
- **Surgical Placement of Implant Services** – When covered on the Patient Charge Schedule, surgical placement of a dental implant; repair, maintenance, or removal of a dental implant; implant abutment(s); or any services related to the surgical placement of a dental implant are limited to one per year with replacement of a surgical implant frequency limitation of one every 10 years.
- **Prosthesis Over Implant** – When covered on the Patient Charge Schedule, a prosthetic device, supported by an implant or implant abutment is considered a separate distinct service(s) from surgical placement of an implant. Replacement of any type of prosthesis with a prosthesis supported by an implant or implant abutment is only covered if the existing prosthesis is at least 5 calendar years old, is not serviceable and cannot be repaired.

GENERAL LIMITATIONS

DENTAL BENEFITS

No payment will be made for expenses incurred or services received:

- for or in connection with an injury arising out of, or in the course of, any employment for wage or profit;
- for charges which would not have been made in any facility, other than a Hospital or a Correctional Institution owned or operated by the United States Government or by a state or municipal government if the person had no insurance;
- to the extent that payment is unlawful where the person resides when the expenses are incurred or the services are received;
- for the charges which the person is not legally required to pay;

- for charges which would not have been made if the person had no insurance;
- due to injuries which are intentionally self-inflicted.

Exclusions and limitations do not apply to services performed to correct congenital defects, including cosmetic surgery.

H. SERVICES NOT COVERED UNDER YOUR DENTAL PLAN

Listed below are the services or expenses which are NOT covered under your Dental Plan and which are your responsibility at the dentist's Usual Fees. There is no coverage for:

- services not listed on the Patient Charge Schedule.
- services provided by a non-Network Dentist without Cigna Dental's prior approval (except emergencies, as described in Section IV.F).
- Services or supplies for the treatment of an occupational injury or sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.
- services provided or paid by or through a federal or state governmental agency or authority, political subdivision or a public program, other than Medicaid.
- services required while serving in the armed forces of any country or international authority or relating to a declared or undeclared war or acts of war.
- cosmetic dentistry or cosmetic dental surgery (dentistry or dental surgery performed solely to improve appearance) unless specifically listed on your Patient Charge Schedule. If bleaching (tooth whitening) is listed on your Patient Charge Schedule, only the use of take-home bleaching gel with trays is covered; all other types of bleaching methods are not covered.
- general anesthesia, sedation and nitrous oxide, unless specifically listed on your Patient Charge Schedule. When listed on your Patient Charge Schedule, general anesthesia and IV sedation are covered when medically necessary and provided in conjunction with Covered Services performed by an Oral Surgeon or Periodontist. There is no coverage for general anesthesia or intravenous sedation when used for the purposes of anxiety control or patient management.
- prescription medications.
- procedures, appliances or restorations if the main purpose is to: a. change vertical dimension (degree of separation of the jaw when teeth are in contact); b. restore teeth which have been damaged by attrition, abrasion, erosion and/or abfraction.
- replacement of fixed and/or removable appliances (including fixed and removable orthodontic appliances) that have been lost, stolen, or damaged due to patient abuse, misuse or neglect.
- Surgical placement of a dental implant; repair, maintenance, or removal of a dental implant; implant abutment(s); or any services related to the surgical placement of a dental implant, unless specifically listed

on your Patient Charge Schedule.

- services considered to be unnecessary or experimental in nature or do not meet commonly accepted dental standards..
- procedures or appliances for minor tooth guidance or to control harmful habits.
- hospitalization, including any associated incremental charges for dental services performed in a hospital. (Benefits are available for Network Dentist charges for Covered Services performed at a hospital. Other associated charges are not covered and should be submitted to the medical carrier for benefit determination.)
- services to the extent you or your enrolled Dependent are compensated under any group medical plan when Coordination of Benefits rules are applied.
- the completion of crowns, bridges, dentures, or root canal treatment already in progress on the effective date of your Cigna Dental coverage.
- the completion of implant supported prosthesis (including crowns, bridges and dentures) already in progress on the effective date of your Cigna Dental coverage, unless specifically listed on your Patient Charge Schedule.
- consultations and/or evaluations associated with services that are not covered.
- endodontic treatment and/or periodontal (gum tissue and supporting bone) surgery of teeth exhibiting a poor or hopeless periodontal prognosis.
- bone grafting and/or guided tissue regeneration when performed at the site of a tooth extraction unless specifically listed on your Patient Charge Schedule.
- bone grafting and/or guided tissue regeneration when performed in conjunction with an apicoectomy or periradicular surgery.
- intentional root canal treatment in the absence of injury or disease to solely facilitate a restorative procedure.
- services performed by a prosthodontist.
- localized delivery of antimicrobial agents when performed alone or in the absence of traditional periodontal therapy.
- any localized delivery of antimicrobial agent procedures when more than eight (8) of these procedures are reported on the same date of service.
- infection control and/or sterilization. Cigna dental considers this to be incidental to and part of the charges for services provided and not separately chargeable.
- the recementation of any inlay, onlay, crown, post and core or fixed bridge within 180 days of initial placement. Cigna Dental considers recementation within this timeframe to be incidental to and part of the charges for the initial restoration.
- the recementation of any implant supported prosthesis (including crowns, bridges and dentures) within 180 days of initial placement. Cigna Dental considers recementation within this timeframe to be incidental to and part of the charges for the initial restoration unless specifically listed on your Patient Charge Schedule.
- the replacement of an occlusal guard (night guard) beyond one per any 24 consecutive month period, when this limitation is noted on the Patient Charge Schedule.
- crowns, bridges and/or implant supported prosthesis used solely for splinting.

- resin bonded retainers and associated pontics.

Exclusions and limitations do not apply to services performed to correct congenital defects, including cosmetic surgery.

Pre-existing conditions are not excluded if the procedures involved are otherwise covered under your Patient Charge Schedule.

Should any law require coverage for any particular service(s) noted above, the exclusion or limitation for that service(s) shall not apply.

V. APPOINTMENTS

To make an appointment with your Network Dentist, call the Dental Office that you have selected. When you call, your Dental Office will ask for your identification number and will check your eligibility.

VI. BROKEN APPOINTMENTS

The time your Network Dentist schedules for your appointment is valuable to you and the dentist. Broken appointments make it difficult for your Dental Office to schedule time with other patients.

If you or your enrolled Dependent breaks an appointment with less than 24 hours notice to the Dental Office, you may be charged a broken appointment fee.

VII. OFFICE TRANSFERS

If you decide to change Dental Offices, we can arrange a transfer. You should complete any dental procedure in progress before transferring to another Dental Office. To arrange a transfer, call Customer Service at 1-800Cigna24. To obtain a list of Dental Offices near you, visit our website at my.cigna.com, or call the Dental Office Locator at 1-800Cigna24.

Your transfer request may take up to 5 days to process. Transfers will be effective the first day of the month after the processing of your request. Unless you have an emergency, you will be unable to schedule an appointment at the new Dental Office until your transfer becomes effective. You can check the status of your request by visiting myCigna.com, or by calling us at 1-800Cigna24.

There is no charge to you for the transfer; however, all Patient Charges which you owe to your current Dental Office must be paid before the transfer can be processed.

VIII. SPECIALTY CARE

Your Network General Dentist at your Dental Office has primary responsibility for your professional dental care. Because you may need specialty care, the Cigna Dental Network includes the following types of specialty dentists:

- Pediatric Dentists – children's dentistry.
- Endodontists – root canal treatment.
- Periodontists – treatment of gums and bone.
- Oral Surgeons – complex extractions and other surgical procedures.
- Orthodontists – tooth movement.

There is no coverage for referrals to prosthodontists or other specialty dentists not listed above.

When specialty care is needed, your Network General Dentist must start the referral process. X-rays taken by your Network General Dentist should be sent to the Network Specialty Dentist.

See Section IV.D, *Choice of Dentist*, regarding treatment by a Pediatric Dentist.

IX. SPECIALTY REFERRALS

A. IN GENERAL

Preauthorization is not required for coverage of services by a Network Specialty Dentist.

When Cigna Dental approves payment to the Network Specialty Dentist, the fees or no-charge services listed on the Patient Charge Schedule in effect on the date each procedure is started will apply, except as set out in Section IX.B., Orthodontics. Treatment by the Network Specialty Dentist must begin within 90 days from the date of Cigna Dental's authorization. If you are unable to obtain treatment within the 90 day period, please call Customer Service to request an extension. Your coverage must be in effect when each procedure begins.

For non-Covered Services or if Cigna Dental does not approve payment to the Network Specialty Dentist for Covered Services, including Adverse Determinations, you must pay the Network Specialty Dentist's Usual Fee. If you have a question or concern regarding an approval or a denial, contact Customer Service.

After the Network Specialty Dentist has completed treatment, you should return to your Network General Dentist for cleanings, regular checkups and other treatment. If you visit a Network Specialty Dentist without a referral or if you continue to see a Network Specialty Dentist after you have completed specialty care, it will be your responsibility. to pay for treatment at the dentist's Usual Fees.

When your Network General Dentist determines that you need specialty care and a Network Specialty Dentist is not available, as determined by Cigna Dental, Cigna Dental will approve a referral to a non-Network Specialty Dentist. The referral procedures applicable to specialty care will apply. In such cases, you will be responsible for the applicable Patient Charge for Covered Services. Cigna Dental will reimburse the non-Network Dentist the difference, if any, between his or her Usual Fee and the applicable Patient Charge. For non-Covered Services or services not approved for payment, including Adverse Determinations, you must pay the dentist's Usual Fee.

B. ORTHODONTICS (This section is applicable only when Orthodontics is listed on your Patient Charge Schedule.)

1. **Definitions –** If your Patient Charge Schedule indicates coverage for orthodontic treatment, the following definitions apply:
   a. **Orthodontic Treatment Plan and Records –** the preparation of orthodontic records and a treatment plan by the Orthodontist.

b. **Interceptive Orthodontic Treatment –** treatment prior to full eruption of the permanent teeth, frequently a first phase preceding comprehensive treatment.
c. **Comprehensive Orthodontic Treatment –** treatment after the eruption of most permanent teeth, generally the final phase of treatment before retention.
d. **Retention (Post Treatment Stabilization) –** the period following orthodontic treatment during which you may wear an appliance to maintain and stabilize the new position of the teeth.

2. Patient Charges

The Patient Charge for your entire orthodontic case, including retention, will be based upon the Patient Charge Schedule in effect on the date of your visit for Treatment Plan and Records. However, if a. banding/appliance insertion does not occur within 90 days of such visit, b. your treatment plan changes, or c. there is an interruption in your coverage or treatment, a later change in the Patient Charge Schedule may apply.

The Patient Charge for Orthodontic Treatment is based upon 24 months of interceptive and/or comprehensive treatment. If you require more than 24 months of treatment in total, you will be charged an additional amount for each additional month of treatment, based upon the Orthodontist's Contract Fee. If you require less than 24 months of treatment, your Patient Charge will be reduced on a pro-rated basis.

3. Additional Charges

You will be responsible for the Orthodontist's Usual Fees for the following non-Covered Services:

a. incremental costs associated with optional/elective materials, including but not limited to ceramic, clear, lingual brackets, or other cosmetic appliances;
b. orthognathic surgery and associated incremental costs;
c. appliances to guide minor tooth movement;
d. appliances to correct harmful habits; and
e. services which are not typically included in Orthodontic Treatment. These services will be identified on a case-by-case basis.

4. Orthodontics In Progress

If Orthodontic Treatment is in progress for you or your Dependent at the time you enroll, the fee listed on the Patient Charge Schedule is not applicable. Please call Customer Service at 1-800Cigna24 to find out if you are entitled to any benefit under the Dental Plan.

X. COMPLEX REHABILITATION/MULTIPLE CROWN UNITS

Complex rehabilitation is extensive dental restoration involving 6 or more "units" of crown, bridge and/or implant supported prosthesis (including crowns and bridges) in the same treatment plan. Using full crowns (caps), fixed bridges and/or implant supported prosthesis (including crowns and bridges) which are cemented in place, your Network General Dentist will rebuild natural teeth, fill in spaces where teeth are missing and establish conditions which allow each tooth to function in harmony with the occlusion (bite). The extensive

procedures involved in complex rehabilitation require an extraordinary amount of time, effort, skill and laboratory collaboration for a successful outcome.

Complex rehabilitation will be covered when performed by your Network General Dentist after consultation with you about diagnosis, treatment plan and charges. Each tooth or tooth replacement included in the treatment plan is referred to as a "unit" on your Patient Charge Schedule. The crown, bridge and/or implant supported prosthesis (including crowns and bridges) charges on your Patient Charge Schedule are for each unit of crown or bridge. You pay the per unit charge for each unit of crown, bridge and/or implant supported prosthesis (including crowns and bridges) PLUS an additional charge for each unit when 6 or more units are prescribed in your Network General Dentist's treatment plan.

Note: Complex Rehabilitation only applies for implant supported prosthesis, when implant supported prosthesis are specifically listed on your Patient Charge Schedule.

XI. WHAT TO DO IF THERE IS A PROBLEM

For the purposes of this section, any reference to "you" or "your" also refers to a representative or provider designated by you to act on your behalf. **Time frames or requirements may vary depending on the laws in your State. Consult your State Rider for further details.**

Most problems can be resolved between you and your dentist. However, we want you to be completely satisfied with the Dental Plan. That is why we have established a process for addressing your concerns and complaints. The complaint procedure is voluntary and will be used only upon your request.

A. START WITH CUSTOMER SERVICE

We are here to listen and to help. If you have a concern about your Dental Office or the Dental Plan, you can call 1-800Cigna24 toll-free and explain your concern to one of our Customer Service Representatives. You can also express that concern in writing to Cigna Dental, P.O. Box 188047, Chattanooga, TN 37422-8047. We will do our best to resolve the matter during your initial contact. If we need more time to review or investigate your concern, we will get back to you as soon as possible, usually by the end of the next business day, but in any case within 30 days.

If you are not satisfied with the results of a coverage decision, you may start the appeals procedure.

B. APPEALS PROCEDURE

Cigna Dental has a two-step appeals procedure for coverage decisions. To initiate an appeal, you must submit a request in writing to Cigna Dental, P.O. Box 188047, Chattanooga, TN 37422-8047, within 1 year from the date of the initial Cigna Dental decision. You should state the reason you feel your appeal should be approved and include any information to support your appeal. If you are unable or choose not to write, you may ask Customer Service to register your appeal by calling 1-800Cigna24.

1. Level-One Appeals

Your level-one appeal will be reviewed and the decision made by someone not involved in the initial review. Appeals involving dental necessity or clinical appropriateness will be reviewed by a dental professional.

If your appeal concerns a denied pre-authorization, we will respond with a decision within 15 calendar days after we receive your appeal. For appeals concerning all other coverage issues, we will respond with a decision within 30 calendar days after we receive your appeal. If we need more information to make your level-one appeal decision, we will notify you in writing to request an extension of up to 15 calendar days and to specify any additional information needed to complete the review.

You may request that the appeal resolution be expedited if the time frames under the above process would seriously jeopardize your life or health or would jeopardize your ability to regain the dental functionality that existed prior to the onset of your current condition. A dental professional, in consultation with the treating dentist, will decide if an expedited review is necessary. When a review is expedited, Cigna Dental will respond orally with a decision within 72 hours, followed up in writing.

If you are not satisfied with our level-one appeal decision, you may request a level-two appeal.

2. Level Two Appeals

To initiate a level-two appeal, follow the same process required for a level-one appeal. Your level-two appeal will be reviewed and a decision made by someone not involved in the level-one appeal. For appeals involving dental necessity or clinical appropriateness, the decision will be made by a dentist. If specialty care is in dispute, the appeal will be conducted by a dentist in the same or similar specialty as the care under review.

The review will be completed within 30 calendar days. If we need more information to complete the appeal, we will notify you in writing to request an extension of up to 15 calendar days and to specify any additional information needed to complete the review. You will be notified in writing of the decision no later than 30 days after the date the appeal is made. The decision will include the specific contractual or clinical reasons for the decision, as applicable.

You may request that the appeal resolution be expedited if the time frames under the above process would seriously jeopardize your life or health or would jeopardize your ability to regain the dental functionality that existed prior to the onset of your current condition. A dental professional, in consultation with the treating dentist, will decide if an expedited review is necessary. When a review is expedited, the Dental Plan will respond orally with a decision within 72 hours, followed up in writing.

3. Appeals to the State

You have the right to contact your State’s Department of Insurance and/or Department of Health for assistance at any time.

Cigna Dental will not cancel or refuse to renew your coverage because you or your dependent has filed a complaint or an appeal involving a decision made by Cigna Dental. You have the right to

file suit in a court of law for any claim involving the professional treatment performed by a dentist.

XII. DUAL COVERAGE

You and your Dependents may not be covered twice under this Dental Plan. If you and your spouse have enrolled each other or the same Dependents twice, please contact your Benefit Administrator.

If you or your Dependents have dental coverage through your spouse's employer or other sources such as an HMO or similar dental plan, applicable coordination of benefit rules will determine which coverage is primary or secondary. In most cases, the plan covering you as an employee is primary for you, and the plan covering your spouse as an employee is primary for him or her. Your children are generally covered as primary by the plan of the parent whose birthday occurs earlier in the year. Dual coverage should result in lowering or eliminating your out-of-pocket expenses. It should not result in reimbursement for more than 100% of your expenses.

Coordination of benefit rules are attached to the Group Contract and may be reviewed by contacting your Benefit Administrator. Cigna Dental coordinates benefits only for specialty care services.

XIII. DISENROLLMENT FROM THE DENTAL PLAN - TERMINATION OF BENEFITS

A. TIME FRAMES FOR DISENROLLMENT/TERMINATION

Except as otherwise provided in the sections titled "Extension/Continuation of Benefits" or in your Group Contract, disenrollment from the Dental Plan and termination of benefits will occur on the last day of the month:

7. in which Premiums are not remitted to Cigna Dental.
8. in which eligibility requirements are no longer met.

9. after 30 days notice from Cigna Dental due to permanent breakdown of the dentist-patient relationship as determined by Cigna Dental, after at least two opportunities to transfer to another Dental Office.
10. after 30 days notice from Cigna Dental due to fraud or misuse of dental services and/or Dental Offices.
11. after voluntary disenrollment.

B. EFFECT ON DEPENDENTS

When one of your Dependents is disenrolled, you and your other Dependents may continue to be enrolled. When you are disenrolled, your Dependents will be disenrolled as well.

XIV. EXTENSION OF BENEFITS

Coverage for completion of a dental procedure (other than orthodontics) which was started before your disenrollment from the Dental Plan will be extended for 90 days after disenrollment unless disenrollment was due to nonpayment of Premiums.

Coverage for orthodontic treatment which was started before disenrollment from the Dental Plan will be extended to the end of the quarter or for 60 days after disenrollment, whichever is later, unless disenrollment was due to nonpayment of Premiums.

XV. CONTINUATION OF BENEFITS (COBRA)

For Groups with 20 or more employees, federal law requires the employer to offer continuation of benefits coverage for a specified period of time after termination of employment or reduction of work hours, for any reason other than gross misconduct. You will be responsible for sending payment of the required Premiums to the Group. Additional information is available through your Benefits Representative.

XVI. CONVERSION COVERAGE

If you are no longer eligible for coverage under your Group's Dental Plan, you and your enrolled Dependents may continue your dental coverage by enrolling in the Cigna Dental conversion plan. You must enroll within three (3) months after becoming ineligible for your Group's Dental Plan. Premium payments and coverage will be retroactive to the date coverage under your Group's Dental Plan ended. You and your enrolled Dependents are eligible for conversion coverage unless benefits were discontinued due to:

- Permanent breakdown of the dentist-patient relationship,
- Fraud or misuse of dental services and/or Dental Offices,
- Nonpayment of Premiums by the Subscriber,
- Selection of alternate dental coverage by your Group; or
- Lack of network/Service Area.

Benefits and rates for Cigna Dental conversion coverage and any succeeding renewals will be based on the Covered Services listed in the then-current standard conversion plan and may not be the same as those for your Group's Dental Plan. Please call the Cigna Dental Conversion Department at 1-800Cigna24 to obtain current rates and make arrangements for continuing coverage.

XVII. CONFIDENTIALITY/PRIVACY

Cigna Dental is committed to maintaining the confidentiality of your personal and sensitive information. Information about Cigna Dental's confidentiality policies and procedures is made available to you during the enrollment process and/or as part of your customer plan materials. You may obtain additional information about Cigna Dental's confidentiality policies and procedures by calling Customer Service at 1-800Cigna24, or via the Internet at my.cigna.com.

XVIII. MISCELLANEOUS

A. HEALTHY REWARDS

From time to time, Cigna Dental Health may offer or provide certain persons who enroll in the Cigna Dental plan access to certain discounts, benefits or other consideration for the purpose of promoting general health and well being. Discounts arranged by our Cigna HealthCare affiliates may be offered in areas such as acupuncture, cosmetic dentistry, fitness club memberships, hearing care and hearing instruments, laser vision correction, vitamins and herbal supplements, and non-prescription health and wellness products. In addition, our Cigna HealthCare affiliates may arrange for third party service providers, such as chiropractors, massage therapists and optometrists, to provide discounted goods and services to those persons who enroll in the Cigna Dental plan. While Cigna HealthCare has arranged these goods, services and/or third party provider discounts, the third party service providers are liable to enrollees

for the provision of such goods and/or services. Cigna HealthCare and Cigna Dental Health are not responsible for the provision of such goods and/or services, nor are we liable for the failure of the provision of the same. Further, Cigna HealthCare and Cigna Dental Health are not liable to enrollees for the negligent provision of such goods and/or services by third party service providers.

As a Cigna Dental plan customer, you may also be eligible for additional dental benefits during certain health conditions. For example, certain frequency limitations for dental services may be relaxed for pregnant women and customers participating in certain disease management programs. Please review your plan enrollment materials for details

B. INCONTESTABILITY

Under North Carolina law, no misstatements made by a Subscriber in the application for benefits can be used to void coverage after a period of two years from the date of issue.

C. WILLFUL FAILURE TO PAY GROUP INSURANCE PREMIUMS

UNDER NORTH CAROLINA GENERAL STATUTE SECTION 58-50-40, NO PERSON, EMPLOYER, PRINCIPAL, AGENT, TRUSTEE, OR THIRD PARTY ADMINISTRATOR, WHO IS RESPONSIBLE FOR THE PAYMENT OF GROUP HEALTH OR LIFE INSURANCE OR GROUP HEALTH PLAN PREMIUMS, SHALL: (1) CAUSE THE CANCELLATION OR NONRENEWAL OF GROUP HEALTH OR LIFE INSURANCE, HOSPITAL, MEDICAL, OR DENTAL SERVICE CORPORATION PLAN, MULTIPLE EMPLOYER WELFARE ARRANGEMENT, OR GROUP HEALTH PLAN COVERAGES AND THE CONSEQUENTIAL LOSS OF THE COVERAGES OF THE PERSONS INSURED, BY WILLFULLY FAILING TO PAY THOSE PREMIUMS IN ACCORDANCE WITH THE TERMS OF THE INSURANCE OR PLAN CONTRACT, AND (2) WILLFULLY FAIL TO DELIVER, AT LEAST 45 DAYS BEFORE THE TERMINATION OF THOSE COVERAGES, TO ALL PERSONS COVERED BY THE GROUP POLICY A WRITTEN NOTICE OF THE PERSON'S INTENTION TO STOP PAYMENT OF PREMIUMS. THIS WRITTEN NOTICE MUST ALSO CONTAIN A NOTICE TO ALL PERSONS COVERED BY THE GROUP POLICY OF THEIR RIGHTS TO HEALTH INSURANCE CONVERSION POLICIES UNDER ARTICLE 53 OF CHAPTER 58 OF THE GENERAL STATUTES AND THEIR RIGHTS TO PURCHASE INDIVIDUAL POLICIES UNDER THE FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT AND UNDER ARTICLE 68 OF CHAPTER 58 OF THE GENERAL STATUTES. VIOLATION OF THIS LAW IS A FELONY. ANY PERSON VIOLATING THIS LAW IS ALSO SUBJECT TO A COURT ORDER REQUIRING THE PERSON TO COMPENSATE PERSONS INSURED FOR EXPENSES OR LOSSES INCURRED AS A RESULT OF THE TERMINATION OF THE INSURANCE.

D. NC LIFE & HEALTH GUARANTY ASSOCIATION NOTICE

NOTICE CONCERNING COVERAGE
LIMITATIONS AND EXCLUSIONS UNDER THE NORTH CAROLINA
LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the North Carolina Life and Health Insurance Guaranty Association. The purpose of this association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the guaranty association will assess its other member insurance companies for the money to pay the claims of the insured persons who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the guaranty association is not unlimited, however. And, as noted below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

The North Carolina Life and Health Insurance Guaranty association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in North Carolina. You should not rely on coverage by the North Carolina Life and Health Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy.

Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as a variable contract sold by prospectus.

Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the guaranty association to induce you to purchase any kind of insurance policy.

The North Carolina Life and Health Insurance Guaranty Association
Post Office Box 10218
Raleigh, North Carolina, 27605

North Carolina Department of Insurance, Consumer Services Division
1201 Mail Service Center
Raleigh, NC 27699-1201

The state law that provides for this safety-net coverage is called the North Carolina Life and Health Insurance Guaranty Association Act. *On the back of this page* is a brief summary of this law's coverages, exclusions and limits. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations under the act or the rights or obligations of the guaranty association.

NC LIFE & HEALTH GUARANTY ASSOCIATION NOTICE

COVERAGE

Generally, individuals will be protected by the life and health insurance guaranty association if they live in this state and hold a life or health insurance contract, or an annuity, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons holding such policies are not protected by this association if:

- they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- the insurer was not authorized to do business in this state;
- their policy was issued by an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessments, or by an insurance exchange.

The association also does not provide coverage for:

- any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
- any policy of reinsurance (unless an assumption certificate was issued);
- interest rate yields that exceed the average rate specified in the law;
- dividends;
- experience or other credits given in connection with the administration of a policy by a group contractholder;
- employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- unallocated annuity contracts (which give rights to group contractholders, not individuals), unless they fund a government lottery or a benefit plan of an employer, association or union, except that unallocated annuities issued to employee benefit plans protected by the Federal Pension Benefit Guaranty Corporation are not covered.

LIMITS ON AMOUNT OF COVERAGE

The benefits for which the Association is liable do not, in any event, exceed the lesser of:

(1) The contractual obligations for which the insurer is liable or would have been liable if it were not a delinquent insurer; or

(2) With respect to any one individual, regardless of the number of policies, three hundred thousand dollars ($300,000) for all benefits, including cash values; or

(2a) With respect to health insurance benefits for any one individual, regardless of the number of policies:

a. Three hundred thousand dollars ($300,000) for coverages not defined as basic hospital, medical, and surgical insurance or major medical insurance as defined in this Chapter and regulations adopted pursuant to this Chapter, including disability insurance and long-term care insurance; or

b. Five hundred thousand dollars ($500,000) for basic hospital, medical, and surgical insurance or major medical insurance as

defined in this Chapter and regulations adopted pursuant to this Chapter;

(3) With respect to each individual participating in a governmental retirement plan established under section 401, 403(b), or 457 of the Internal Revenue Code covered by an unallocated annuity contract, or the beneficiaries of each individual if deceased, in the aggregate, three hundred thousand dollars ($300,000) in present value annuity benefits, including net cash surrender and net cash withdrawal values; or

(4) With respect to any one contract holder covered by any unallocated annuity contract not included in subdivision (3) of this subsection, five million dollars ($5,000,000) in benefits, regardless of the number of such contracts held by that contract holder; or

(5) With respect to any one payee (or beneficiaries of one payee if the payee is deceased) of a structured settlement annuity, one million dollars ($1,000,000) for all benefits, including cash values.

(6) However, in no event shall the Association be obligated to cover more than an aggregate of three hundred thousand dollars ($300,000) in benefits with respect to any one individual under subdivisions (2) and (3) and sub subdivision (2a)a. except with respect to benefits for basic hospital, medical, and surgical and major medical insurance under sub subdivision (2a)b. of this subsection, in which case the aggregate liability of the Association shall not exceed five hundred thousand dollars ($500,000) with respect to any one individual.

Cigna Dental Health of Texas, Inc.
1640 Dallas Parkway
Plano, Texas 75093

This Certificate of Coverage is intended for your information; and is included as a part of the agreement between Cigna Dental and your Group (collectively, the "Group Contract"). The Group Contract must be consulted to determine the rates and the exact terms and conditions of coverage. If rates or coverages are changed under your Group Contract, your rates and coverage will also be changed. Please read the following information so you will know from whom or what group of providers dental care may be obtained.

Important Cancellation Information – Please Read the Provision Entitled "Disenrollment from the Dental Plan-Termination of Benefits ".

READ YOUR PLAN BOOKLET CAREFULLY

Please call Customer Service at 1-800Cigna24 if you have any questions.

If you have a hearing or speech disability, please use your state Telecommunications Relay Service to call us. This service makes it easier for people who have hearing or speech disabilities to communicate with people who do not. Check your local telephone directory for your Relay Service's phone number.

If you have a visual disability, you may call Customer Service and request this booklet in a larger print type or Braille.

IMPORTANT NOTICE

To obtain information or to make a complaint;

You may call Cigna Dental Health's toll-free telephone number for information or to make a complaint at:

[1.800.Cigna24]

You may also write to: **Cigna Dental Health of Texas, Inc.**
[1640 Dallas Parkway
Plano, TX 75093]

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance:
P.O. Box 149104
Austin, TX 78714-9104
FAX # (512) 490-1007
Web: www.tdi. texas.gov
E-mail: ConsumerProtection@tdi. texas.gov
Premium or Claim Disputes:
Should you have a dispute concerning your premium or about a claim, you should contact the agent or the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.Attach this Notice to Your Policy:

This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para obtener informacion o para someter una queja;

Usted pueda llamar al numero de telefono gratis de Cigna Dental Health para informacion o para someter una queja al:

[1.800.Cigna24]

Usted tambien pueda escribir a **Cigna Dental Health of Texas, Inc.**
[1640 Dallas Parkway
Plano, TX 75093]

Puede communicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al:
1-800-252-3439

Usted puede escribir al Departamento de Seguros de Texas a:
P.O. Box 149104
Austin, TX 78714-9104
FAX # (512) 490-1007
Sitio Web: www.tdi.texas.gov
E-mail: ConsumerProtection@tdi. texas.gov
Disputas por Primas de Seguros o Reclamaciones:
Si tiene una disputa relacionada con su prima de seguro o con una reclamoación, usted debe comunicarse con el agente o la compañía primero. Si la disputa no es resuelta, usted puede comunicarse con el Departamento de Seguros de Texas.
Una Este Aviso A Su Poliza:

Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

NOTICE OF RIGHTS

- A health maintenance organization (HMO) plan provides no benefits for services you receive from out-of-network physicians or providers, with specific exceptions as described in your evidence of coverage and below.
- You have the right to an adequate network of in-network physicians and providers (known as network physicians and providers).
- If you believe that the network is inadequate, you may file a complaint with the Texas Department of Insurance at: www.tdi.texas.gov/consumer/complfrm.html.
- If your HMO approves a referral for out-of-network services because no network physician or provider is available, or if you have received out-of-network emergency care, the HMO must, in most cases, resolve the out-of-network physician's or provider's bill so that you only have to pay any applicable in-network copayment, coinsurance, and deductible amounts.
- You may obtain a current directory of network physicians and providers at the following website: my.cigna.com or by calling [1.800.Cigna24] for assistance in finding available network physicians and providers. If you relied on materially inaccurate directory information, you may be entitled to have a claim by an out-of-network physician or provider paid as if it were from a network physician or provider, if you present a copy of the inaccurate directory information to the HMO, dated not more than 30 days before you received the service.

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I. DEFINITIONS

Capitalized terms, unless otherwise defined, have the meanings listed below.

Adverse Determination – a determination by a utilization review agent that the dental care services provided or proposed to be furnished to you or your Dependents are not medically necessary or are experimental or investigational. To be considered medically necessary, the specialty referral procedure must be reasonable and appropriate and meet the following requirements:

A. be consistent with the symptoms, diagnosis or treatment of the condition present;
B. conform to commonly accepted standards throughout the dental field;
C. not be used primarily for the convenience of the customer or dentist of care; and
D. not exceed the scope, duration, or intensity of that level of care needed to provide safe and appropriate treatment.

Requests for payment approvals that are declined by Cigna Dental based upon the above criteria will be the responsibility of the customer at the dentist's Usual Fees. A licensed dentist will make any such denial.

Cigna Dental - the Cigna Dental Health organization that provides dental benefits in your state as listed on the face page of this booklet.

Contract Fees - the fees contained in the Network Dentist agreement with Cigna Dental.

Covered Services - the dental procedures listed on your Patient Charge Schedule.

Dental Office - your selected office of Network General Dentist(s).

Dental Plan - managed dental care plan offered through the Group Contract between Cigna Dental and your Group.

Dependent - your lawful spouse; your unmarried child (including newborns, adopted children (includes a child who has become the subject of a suit for adoption), stepchildren, a child for whom you must provide dental coverage under a court order; or, a dependent child who resides in your home as a result of court order or administrative placement) who is:

A. less than 25 years old; or
B. any age if he or she is both:
    1. incapable of self sustaining employment due to mental or physical disability, and
    2. reliant upon you for maintenance and support.

A Dependent includes your grandchild if the child is your dependent for federal income tax purposes at the time of application or a child for whom you must provide medical or dental support under a court order.

Coverage for dependents living outside a Cigna Dental Service Area is subject to the availability of an approved network where the dependent resides.

This definition of "Dependent" applies unless modified by your Group Contact.

Group - employer, labor union or other organization that has entered into a Group Contract with Cigna Dental for managed dental services on your behalf.

Network Dentist – a licensed dentist who has signed an agreement with Cigna Dental to provide general dentistry or specialty care services to you. The term, when used, includes both Network General Dentists and Network Specialty Dentists.

Network General Dentist - a licensed dentist who has signed an agreement with Cigna Dental under which he or she agrees to provide dental care services to you.

Network Specialty Dentist - a licensed dentist who has signed an agreement with Cigna Dental under which he or she agrees to provide specialized dental care services to You.

Patient Charge - the amount you owe your Network Dentist for any dental procedure listed on your Patient Charge Schedule.

Patient Charge Schedule - list of services covered under your Dental Plan and how much they cost you.

Premiums - fees that your Group remits to Cigna Dental, on your behalf, during the term of your Group Contract.

Service Area - the geographical area designated by Cigna Dental within which it shall provide benefits and arrange for dental care services, as set out in the attached list of service areas.

Subscriber/You - the enrolled employee or customer of the Group.

Usual Fee - the customary fee that an individual dentist most frequently charges for a given dental service.

II. INTRODUCTION TO YOUR CIGNA DENTAL PLAN

Welcome to the Cigna Dental Plan. We encourage you to use your dental benefits. Please note that enrollment in the Dental Plan allows the release of patient records to Cigna Dental or its designee for health plan operation purposes.

III. ELIGIBILITY/WHEN COVERAGE BEGINS

To enroll in the Dental Plan, you and your Dependents must live, work or reside within the Cigna Dental Service Area. Other eligibility requirements are determined by your Group.

If the legal residence of an enrolled Dependent is different from that of the Subscriber, the Dependent must:
A. reside in the Service Area with a person who has temporary or permanent guardianship, including adoptees or children subject to adoption, and the Subscriber must have legal responsibility for that Dependent’s health care; or
B. reside in the Service Area, and the Subscriber must have legal responsibility for that Dependent’s health care; or
C. reside in the Service Area with the Subscriber’s spouse; or

D. reside anywhere in the United States when the Dependent's coverage is required by a medical or dental support order.

If you or your Dependent becomes eligible for Medicare, you may continue coverage so long as you or your Medicare-eligible Dependent meet all other group eligibility requirements.

If you enrolled in the Dental Plan before the effective date of your Group Contract, you will be covered on the first day the Group Contract is effective. If you enrolled in the Dental Plan after the effective date of the Group Contract, you will be covered on the first day of the month following processing of your enrollment (unless effective dates other than the first day of the month are provided for in your Group Contract).

Dependents may be enrolled in the Dental Plan at the time you enroll, during an open enrollment, or within 31 days of becoming eligible due to a life status change such as marriage, birth, adoption, placement, or court or administrative order. You may drop coverage for your Dependents only during the open enrollment periods for your Group, unless there is a change in status such as divorce. Cigna Dental may require evidence of good dental health at your expense if you or your Dependents enroll after the first period of eligibility (except during open enrollment) or after disenrollment because of nonpayment of Premiums.

If you have family coverage, a newborn child is automatically covered during the first 31 days of life. If you wish to continue coverage beyond the first 31 days, your baby must be enrolled in the Dental Plan and you must begin paying Premiums, if any additional are due, during that period.

Under the Family and Medical Leave Act of 1993, you may be eligible to continue coverage during certain leaves of absence from work. During such leaves, you will be responsible for paying your Group the portion of the Premiums, if any, which you would have paid if you had not taken the leave. Additional information is available through your Benefits Representative.

IV. YOUR CIGNA DENTAL COVERAGE

The information below outlines your coverage and will help you to better understand your Dental Plan. Included is information about which services are covered, which are not, and how much dental services will cost you. A copy of the Group Contract will be furnished to you upon your request.

A. CUSTOMER SERVICE

If you have any questions or concerns about the Dental Plan, Customer Service Representatives are just a toll-free phone call away. They can explain your benefits or help with matters regarding your Dental Office or Dental Plan. For assistance with transfers, specialty referrals, eligibility, second opinions, emergencies, Covered Services, plan benefits, ID cards, location of Dental Offices, conversion coverage or other matters, call Customer Service from any location at 1-800Cigna24. The hearing impaired may contact Customer Service through the State Relay Service located in your local telephone directory.

B. **PREMIUMS**

Your Group sends a monthly fee to Cigna Dental for customers participating in the Dental Plan. The amount and term of this fee is set forth in your Group Contract. You may contact your Benefits Representative for information regarding any part of this fee to be withheld from your salary or to be paid by you to the Group. Your Premium is subject to annual change in accordance with your Group Contract. Cigna Dental will give written notice to your Group of any change in Premiums at least 60 days before any change.

In addition to any other premiums for which the Group is liable, the Group shall also be liable for a customer's premiums from the time the customer is no longer eligible for coverage under the contract until the end of the month in which the Group notifies Cigna Dental that the customer is no longer part of the group eligible for coverage.

C. **OTHER CHARGES - PATIENT CHARGES**

Cigna Dental typically pays Network General Dentists fixed monthly payments for each covered customer and supplemental payments for certain procedures. No bonuses or financial incentives are used as an inducement to limit services. Network Dentists are also compensated by the fees that you pay, as set out in your Patient Charge Schedule.

Your Patient Charge Schedule lists the dental procedures covered under your Dental Plan. Some dental procedures are covered at no charge to you. For other Covered Services, the Patient Charge Schedule lists the fees you must pay when you visit your Dental Office. There are no deductibles and no annual dollar limits for services covered by your Dental Plan.

Your Network General Dentist should tell you about Patient Charges for Covered Services, the amount you must pay for non-Covered Services and the Dental Office's payment policies. Timely payment is important. The Dental Office may add late charges to overdue balances.

Your Patient Charge Schedule is subject to annual change in accordance with your Group Contract. Cigna Dental will give written notice to your Group of any change in Patient Charges at least 60 days prior to such change. You must pay the Patient Charge listed on the Patient Charge Schedule that is in effect on the date a procedure is started.

D. **CHOICE OF DENTIST**

You and your Dependents should have selected a Dental Office when you enrolled in the Dental Plan. If you did not, you must advise Cigna Dental of your Dental Office selection prior to receiving treatment. The benefits of the Dental Plan are available only at your Dental Office, except in the case of an emergency or when Cigna Dental otherwise approves payment for out-of-network benefits.

You may select a network Pediatric Dentist as the Network General Dentist for your dependent children under age 13 by calling Customer Service at 1-800Cigna24 to get a list of network Pediatric Dentists in your Service Area or if your Network General Dentist sends your child under the age of 13 to a network Pediatric Dentist, the network Pediatric Dentist's office will have primary responsibility for your child's care. For children 13 years and older, your Network General Dentist will provide care. If your child continues to visit the

Pediatric Dentist upon the age of 13, you will be fully responsible for the Pediatric Dentist's Usual Fees. Exceptions for medical reasons may be considered on a case-by-case basis.

If for any reason your selected Dental Office cannot provide your dental care, or if your Network General Dentist terminates from the network, Cigna Dental will let you know and will arrange a transfer to another Dental Office. Refer to the Section titled "Office Transfers" if you wish to change your Dental Office.

To obtain a list of Dental Offices near you, visit our website at my.cigna.com, or call the Dental Office Locator at 1-800Cigna24. It is available 24 hours a day, 7 days per week. If you would like to have the list faxed to you, enter your fax number, including your area code. You may always obtain a current Dental Office Directory by calling Customer Service.

E. **YOUR PAYMENT RESPONSIBILITY (General Care)**

For Covered Services at your Dental Office, you will be charged the fees listed on your Patient Charge Schedule. For services listed on your Patient Charge Schedule at any other dental office, you may be charged Usual Fees. For non-Covered Services, you are responsible for paying Usual Fees.

If on a temporary basis there is no Network General Dentist in your Service Area, Cigna Dental will let you know and you may obtain Covered Services from a non-Network Dentist. Cigna Dental will approve a referral to a non-Network Dentist within 5 business days. You will pay the non-Network Dentist the applicable Patient Charge for Covered Services. Cigna Dental will pay the non-Network Dentist the difference, if any, between his or her Usual Fee and the applicable Patient Charge.

See Section IX, *Specialty Referrals*, regarding payment responsibility for specialty care.

All contracts between Cigna Dental and Network Dentists state that you will not be liable to the Network Dentist for any sums owed to the Network Dentist by Cigna Dental.

F. **GENERAL CARE – REIMBURSEMENT**

Cigna Dental Health will acknowledge your claim for covered services within 15 days and accept, deny, or request additional information within 15 business days of receipt. If Cigna Dental Health accepts your claim, reimbursement for all appropriate covered services will be made within 5 days of acceptance.

G. **EMERGENCY DENTAL CARE - REIMBURSEMENT**

Emergency dental services are limited to procedures administered in a dental office, dental clinic, or other comparable facility to evaluate and stabilize emergency dental conditions of recent onset and severity accompanied by excessive bleeding, severe pain or acute infection that would lead a prudent layperson with average knowledge of dentistry to believe that immediate care is needed. .

1. **Emergency Care Away From Home** - If you have an emergency while you are out of your Service Area or unable to contact your Network General Dentist, you may receive emergency Covered Services as defined above without restrictions as to where the services are rendered. Routine restorative procedures or definitive treatment

(e.g. root canal) are not considered emergency care. You should return to your Network General Dentist for these procedures. For emergency Covered Services, you will be responsible for the Patient Charges listed on your Patient Charge Schedule. Cigna Dental will reimburse you the difference, if any, between the dentist's Usual Fee for emergency Covered Services and your Patient Charge.

To receive reimbursement, send appropriate reports and X-rays to Cigna Dental at the address listed on the front of this booklet. Cigna Dental Health will acknowledge your claim for emergency services within 15 days and accept, deny, or request additional information within 15 business days of receipt. If Cigna Dental Health accepts your claim, reimbursement for all appropriate emergency services will be made within 5 days of acceptance. Claims for non-emergency services will be processed within the same timeframes as claims for emergency services.

H. **LIMITATIONS ON COVERED SERVICES**

Listed below are limitations on services when covered by your Dental Plan:

- **Frequency** - The frequency of certain Covered Services, like cleanings, is limited. Your Patient Charge Schedule lists any limitations on frequency. If your Network General Dentist certifies to Cigna Dental that, due to medical necessity, you require certain Covered Services more frequently than the limitation allows, Cigna Dental may waive the applicable limitation.

- **Pediatric Dentistry** - Coverage for treatment by a Pediatric Dentist ends on your child's 13th birthday. Effective on your child's 13th birthday, dental services must be obtained from a Network General Dentist; however, exceptions for medical reasons may be considered on an individual basis.

- **Oral Surgery** - The surgical removal of an impacted wisdom tooth may not be covered if the tooth is not diseased or if the removal is only for orthodontic reasons. Your Patient Charge Schedule lists any limitations on oral surgery.

- **Periodontal (gum tissue and supporting bone) Services** – Periodontal regenerative procedures are limited to one regenerative procedure per site (or per tooth, if applicable), when covered on the Patient Charge Schedule. Localized delivery of antimicrobial agents is limited to eight teeth (or eight sites, if applicable) per 12 consecutive months, when covered on the Patient Charge Schedule.

- **Clinical Oral Evaluations** – When this limitation is noted on the Patient Charge Schedule, periodic oral evaluations, comprehensive oral evaluations, comprehensive periodontal evaluations, and oral evaluations for patients under 3 years of age, are limited to a combined total of 4 evaluations during a 12 consecutive month period.

- **Surgical Placement of Implant Services** – When covered on the Patient Charge Schedule, surgical placement of a dental implant; repair, maintenance, or removal of a dental implant; implant abutment(s); or any services related to the surgical placement of a dental implant are limited to one per year with replacement of a surgical implant frequency limitation of one every 10 years.

- **Prosthesis Over Implant** – When covered on the Patient Charge Schedule, a prosthetic device, supported by an implant or implant abutment is considered a separate distinct service(s) from surgical placement of an implant. Replacement of any type of prosthesis with a prosthesis supported by an implant or implant abutment is only covered if the existing prosthesis is at least 5 calendar years old, is not serviceable and cannot be repaired.

GENERAL LIMITATIONS
DENTAL BENEFITS

No payment will be made for expenses incurred or services received:

- for or in connection with an injury arising out of, or in the course of, any employment for wage or profit;
- for charges which would not have been made in any facility, other than a Hospital or a Correctional Institution owned or operated by the United States Government or by a state or municipal government if the person had no insurance;
- to the extent that payment is unlawful where the person resides when the expenses are incurred or the services are received;
- for the charges which the person is not legally required to pay;
- for charges which would not have been made if the person had no insurance;
- due to injuries which are intentionally self-inflicted.

I. SERVICES NOT COVERED UNDER YOUR DENTAL PLAN

Listed below are the services or expenses which are NOT covered under your Dental Plan and which are your responsibility at the dentist's Usual Fees. There is no coverage for:

- services not listed on the Patient Charge Schedule.
- services provided by a non-Network Dentist without Cigna Dental's prior approval (except emergencies, as described in Section IV.F).
- services related to an injury or illness paid under workers' compensation, occupational disease or similar laws.
- services provided or paid by or through a federal or state governmental agency or authority, political subdivision or a public program, other than Medicaid.
- services required while serving in the armed forces of any country or international authority or relating to a declared or undeclared war or acts of war.
- cosmetic dentistry or cosmetic dental surgery (dentistry or dental surgery performed solely to improve appearance) unless specifically listed on your Patient Charge Schedule. If bleaching (tooth whitening) is listed on your Patient Charge Schedule, only the use of take-home bleaching gel with trays is covered; all other types of bleaching methods are not covered.

- general anesthesia, sedation and nitrous oxide, unless specifically listed on your Patient Charge Schedule. When listed on your Patient Charge Schedule, general anesthesia and IV Sedation are covered when medically necessary and provided in conjunction with Covered Services performed by an Oral Surgeon or Periodontist. There is no coverage for general anesthesia or intravenous sedation when used for the purposes of anxiety control or patient management.
- prescription medications.
- procedures, appliances or restorations if the main purpose is to: a. change vertical dimension (degree of separation of the jaw when the teeth are in contact); b. restore teeth which have been damaged by attrition, abrasion, erosion and/or abfraction; or c. restore the occlusion.
- replacement of fixed and/or removable appliances (including fixed and removable orthodontic appliances) that have been lost, stolen, or damaged due to patient abuse, misuse or neglect.
- surgical placement of a dental implant; repair, maintenance, or removal of a dental implant; implant abutment(s); or any services related to the surgical placement of a dental implant, unless specifically listed on your Patient Charge Schedule.
- services considered to be unnecessary or experimental in nature or do not meet commonly accepted dental standards.
- procedures or appliances for minor tooth guidance or to control harmful habits.
- hospitalization, including any associated incremental charges for dental services performed in a hospital. (Benefits are available for Network Dentist charges for Covered Services performed at a hospital. Other associated charges are not covered and should be submitted to the medical carrier for benefit determination.)
- services to the extent you or your enrolled Dependent are compensated under any group medical plan, no-fault auto insurance policy, or uninsured motorist policy.
- crowns, bridges and/or implant supported prosthesis used solely for splinting.
- resin bonded retainers and associated pontics.
- consultations and/or evaluations associated with services that are not covered.
- endodontic treatment and/or periodontal (gum tissue and supporting bone) surgery of teeth exhibiting a poor or hopeless prognosis.
- bone grafting and/or guided tissue regeneration when performed at the site of a tooth extraction unless specifically listed on your Patient Charge Schedule.
- bone grafting and/or guided tissue regeneration when performed in conjunction with an apicoectomy or periradicular surgery.
- intentional root canal treatment in the absence of injury or disease to solely facilitate a restorative procedure.
- services performed by a prosthodontist.
- localized delivery of antimicrobial agents when performed alone or in the absence of traditional periodontal therapy.
- any localized delivery of antimicrobial agent procedures when more than eight (8) of these procedures are reported on the same date of service.
- infection control and/or sterilization. Cigna Dental considers this to be incidental to and part of the charges for services provided and not separately chargeable.
- the recementation of any inlay, onlay, crown, post and core, or fixed bridge within 180 days of initial placement. Cigna Dental

considers recementation within the timeframe to be incidental to and part of the charges for the initial restoration.

- the recementation of any implant supported prosthesis (including crowns, bridges and dentures) within 180 days of initial placement. Cigna Dental considers recementation within this timeframe to be incidental to and part of the charges for the initial restoration unless specifically listed on your Patient Charge Schedule.
- services to correct congenital malformations, including the replacement of congenitally missing teeth.
- the replacement of an occlusal guard (night guard) beyond one per any 24 consecutive month period, when this limitation is noted on the Patient Charge Schedule.

Pre-existing conditions are not excluded if the procedures involved are otherwise covered under your Patient Charge Schedule.

Should any law require coverage for any particular service(s) noted above, the exclusion or limitation for that service(s) shall not apply.

V. APPOINTMENTS

To make an appointment with your Network Dentist, call the Dental Office that you have selected. When you call, your Dental Office will ask for your identification number and will check your eligibility.

VI. BROKEN APPOINTMENTS

The time your Network Dentist schedules for your appointment is valuable to you and the dentist. Broken appointments make it difficult for your Dental Office to schedule time with other patients. If you must change your appointment, please contact your dentist at least 24 hours before the scheduled time.

VII. OFFICE TRANSFERS

If you decide to change Dental Offices, we can arrange a transfer at no charge. You should complete any dental procedure in progress before transferring to another Dental Office. To arrange a transfer, call Customer Service at 1-800Cigna24. To obtain a list of Dental Offices near you, visit our website at my.cigna.com, or call the Dental Office Locator at 1-800Cigna24.

Your transfer request may take up to 5 days to process. Unless you have an emergency, you will be unable to schedule an appointment at the new Dental Office until your transfer becomes effective. You can check the status of your request by visiting myCigna.com, or by calling us at 1-800Cigna24.

Network Dentists are Independent Contractors. Cigna Dental cannot require that you pay your Patient Charges before processing of your transfer request; however, it is suggested that all Patient Charges owed to your current Dental Office be paid prior to transfer.

VIII. SPECIALTY CARE

Your Network General Dentist at your Dental Office has primary responsibility for your professional dental care. Because you may need

specialty care, the Cigna Dental Network includes the following types of specialty dentists:

Pediatric Dentists – children's dentistry.
Endodontists – root canal treatment.
Periodontists – treatment of gums and bone.
Oral Surgeons – complex extractions and other surgical procedures.
Orthodontists – tooth movement.

There is no coverage for referrals to prosthodontists or other specialty dentists not listed above.

When specialty care is needed, your Network General Dentist must start the referral process. X-rays taken by your Network General Dentist should be sent to the Network Specialty Dentist.
You and your Dependents may not be covered twice under this Dental Plan. If you and your spouse have enrolled each other or the same Dependents twice, please contact your Benefit Administrator.

Contact your Benefit Administrator for more information.

See Section IV.D, *Choice of Dentist*, regarding treatment by a Pediatric Dentist.

IX. SPECIALTY REFERRALS

A. IN GENERAL

Preauthorization is not required for coverage of services by a Network Specialty Dentist.

When Cigna Dental approves payment to the Network Specialty Dentist, the fees or no-charge services listed on the Patient Charge Schedule in effect on the date each procedure is started will apply, except as set out in Section IX.B, *Orthodontics*. Treatment by the Network Specialty Dentist must begin within 90 days from the date of Cigna Dental's approval. If you are unable to obtain treatment within the 90 day period, please call Customer Service to request an extension. Your coverage must be in effect when each procedure begins.

For non-Covered Services or if Cigna Dental does not approve payment to the Network Specialty Dentist for Covered Services, including Adverse Determinations, you must pay the Network Specialty Dentist's Usual Fee. If you have a question or concern regarding an approval or a denial, contact Customer Service.

After the Network Specialty Dentist has completed treatment, you should return to your Network General Dentist for cleanings, regular checkups and other treatment. If you visit a Network Specialty Dentist without a referral or if you continue to see a Network Specialty Dentist after you have completed specialty care, you must pay for treatment at the dentist's Usual Fees.

When your Network General Dentist determines that you need specialty care and a Network Specialty Dentist is not available, as determined by Cigna Dental, Cigna Dental will approve a referral to a non-Network Specialty Dentist within 5 business days. The referral procedures applicable to specialty care will apply. In such cases, you will be responsible for the applicable Patient Charge for Covered Services. Cigna Dental will pay the non-Network Dentist the difference, if any, between his or her Usual Fee and the applicable

Patient Charge. For non-Covered Services or services not approved for payment, including Adverse Determinations, you must pay the dentist's Usual Fee.

B. **ORTHODONTICS** (This section is applicable only when Orthodontics is listed on your Patient Charge Schedule.)

1. **Definitions –** If your Patient Charge Schedule indicates coverage for orthodontic treatment, the following definitions apply:
   - **a. Orthodontic Treatment Plan and Records –** the preparation of orthodontic records and a treatment plan by the Orthodontist.
   - **b. Interceptive Orthodontic Treatment –** treatment prior to full eruption of the permanent teeth, frequently a first phase preceding comprehensive treatment.
   - **c. Comprehensive Orthodontic Treatment –** treatment after the eruption of most permanent teeth, generally the final phase of treatment before retention.
   - **d. Retention (Post Treatment Stabilization) –** the period following orthodontic treatment during which you may wear an appliance to maintain and stabilize the new position of the teeth.

2. **Patient Charges**
   The Patient Charge for your entire orthodontic case, including retention, will be based upon the Patient Charge Schedule in effect on the date of your visit for Treatment Plan and Records. However, if a. banding/appliance insertion does not occur within 90 days of such visit, b. your treatment plan changes, or c. there is an interruption in your coverage or treatment, a later change in the Patient Charge Schedule may apply.

   The Patient Charge for Orthodontic Treatment is based upon 24 months of interceptive and/or comprehensive treatment. If you require more than 24 months of treatment in total, you will be charged an additional amount for each additional month of treatment, based upon the Orthodontist's Contract Fee. If you require less than 24 months of treatment, your Patient Charge will be reduced on a pro-rated basis.

3. **Additional Charges** - You will be responsible for the Orthodontist's Usual Fees for the following non-Covered Services:
   - **a.** incremental costs associated with optional/elective materials, including but not limited to ceramic, clear, lingual brackets, or other cosmetic appliances;
   - **b.** orthognathic surgery and associated incremental costs;
   - **c.** appliances to guide minor tooth movement;
   - **d.** appliances to correct harmful habits; and
   - **e.** services which are not typically included in orthodontic treatment. These services will be identified on a case-by-case basis.

4. **Orthodontics in Progress** - If orthodontic treatment is in progress for you or your Dependent at the time you enroll, the fee listed on the Patient Charge Schedule is not applicable. Please call Customer Service at 1-800Cigna24 to find out if you are entitled to any benefit under the Dental Plan.

X. COMPLEX REHABILITATION/MULTIPLE CROWN UNITS

Complex rehabilitation is extensive dental restoration involving 6 or more "units" of crown, bridge and/or implant supported prosthesis (including crowns and bridges) in the same treatment plan. Using full crowns (caps), fixed bridges and/or implant supported prosthesis (including crowns and bridges) which are cemented in place, your Network General Dentist will rebuild natural teeth, fill in spaces where teeth are missing and establish conditions which allow each tooth to function in harmony with the occlusion (bite). The extensive procedures involved in complex rehabilitation require an extraordinary amount of time, effort, skill and laboratory collaboration for a successful outcome.

Complex rehabilitation will be covered when performed by your Network General Dentist after consultation with you about diagnosis, treatment plan and charges. Each tooth or tooth replacement included in the treatment plan is referred to as a "unit" on your Patient Charge Schedule. The crown, bridge and/or implant supported prosthesis (including crowns and bridges) charges on your Patient Charge Schedule are for each unit of crown or bridge. You pay the per unit charge for each unit of crown, bridge and/or implant supported prosthesis (including crowns and bridges) PLUS an additional charge for each unit when 6 or more units are prescribed in your Network General Dentist's treatment plan.

Note: Complex Rehabilitation only applies for implant supported prosthesis, when implant supported prosthesis are specifically listed on your Patient Charge Schedule.

XI. WHAT TO DO IF THERE IS A PROBLEM

For the purposes of this section, any reference to "you" or "your" also refers to a representative or dentist designated by you to act on your behalf.

Most problems can be resolved between you and your dentist. However, we want you to be completely satisfied with the Dental Plan. That is why we have established a process for addressing your concerns and complaints. The complaint procedure is voluntary and will be used only upon your request.

A. START WITH CUSTOMER SERVICE

We are here to listen and to help. If you have a question about your Dental Office or the Dental Plan, you can call the toll-free number to reach one of our Customer Service Representatives. We will do our best to respond upon your initial contact or get back to you as soon as possible, usually by the end of the next business day. You can call Customer Service at 1-800Cigna24, or you may write P.O. Box 188047, Chattanooga, TN 37422-8047.

If you are unable to undergo dental treatment in an office setting or under local anesthesia due to a documented physical, mental, or medical reason as determined by the dentist providing you dental care, please contact Cigna at 1-800Cigna24 and we will assist you in getting the care you need.

B. APPEALS PROCEDURE

1. Problems Concerning Plan Benefits, Quality of Care, or Plan Administration

The Dental Plan has a two-step procedure for complaints and appeals.

a. Level One Review ("Complaint")

For the purposes of this section, a complaint means a written or oral expression of dissatisfaction with any aspect of the Dental Plan's operation. A complaint is not (1) a misunderstanding or misinformation that is resolved promptly by supplying the appropriate information or clearing up a misunderstanding to your satisfaction; nor (2) you or your dentist's dissatisfaction or disagreement with an Adverse Determination.

To initiate a complaint, submit a request in writing to the Dental Plan stating the reason why you feel your request should be approved and include any information supporting your request. If you are unable or choose not to write, you may ask Customer Service to register your request by calling the toll-free number.

Within 5 business days of receiving your complaint, we will send you a letter acknowledging the date the complaint was received, a description of the complaint procedure and timeframes for resolving your complaint. For oral complaints, you will be asked to complete a one-page complaint form to confirm the nature of your problem or to provide additional information.

Upon receipt of your written complaint or one-page complaint form, Customer Service will review and/or investigate your problem. Your complaint will be considered and the resolution made by someone not involved in the initial decision or occurrence. Issues involving clinical appropriateness will be considered by a dental professional. A written resolution will be provided to you within 30 calendar days. If applicable, the written resolution will include a statement of the specific dental or contractual reasons for the resolution, the specialization of any dentist consulted, and a description of the appeals process, including the time frames for the appeals process and final decision of the appeal. If you are not satisfied with our decision, you may request an appeal.

b. Level Two Review ("Appeal")

Cigna Dental will acknowledge your appeal in writing within 5 business days. The acknowledgment will include the name, address, and telephone number of the Appeals Coordinator. The review will be held at Cigna Dental Health's administrative offices or at another location within the Service Area, including the location where you normally receive services, unless you agree to another site.

Additional information may be requested at that time. Second level reviews will be conducted by an Appeals Committee, which will include:
(1) An employee of Cigna Dental Health;
(2) A dentist who will preside over the Appeals Panel; and,
(3) An enrollee who is not an employee of Cigna Dental Health.

Anyone involved in the prior decision may not vote on the Appeals Committee. If specialty care is in dispute, the

Committee will include a dentist in the same or similar specialty as the care under consideration, as determined by Cigna Dental. The review will be held and you will be notified in writing of the Committee's decision within 30 calendar days.

Cigna Dental will identify the committee customers to you and provide copies of any documentation to be used during the review no later than 5 business days before the review, unless you agree otherwise. You, or your designated representative if you are a minor or disabled, may appear in person or by conference call before the Appeals Committee; present expert testimony; and, request the presence of and question any person responsible for making the prior determination that resulted in your appeal. Please advise Cigna Dental 5 days in advance if you or your representative plans to be present. Cigna Dental will pay the expenses of the Appeals Committee; however, you must pay your own expenses, if any, relating to the Appeals process, including any expenses of your designated representative.

The appeal will be heard and you will be notified in writing of the committee's decision within 30 calendar days from the date of your request. Notice of the Appeals Committee's decision will include a statement of the specific clinical determination, the clinical basis and contractual criteria used, and the toll free telephone number and address of the Texas Department of Insurance.

2. **Problems Concerning Adverse Determinations**

a. Appeals

For the purpose of this section, a complaint concerning an Adverse Determination constitutes an appeal of that determination. You, your designated representative, or your dentist may appeal an Adverse Determination orally or in writing. We will acknowledge the appeal in writing within 5 working days of receipt, confirming the date we received the appeal, outlining the appeals procedure, and requesting any documents you should send us. For oral appeals, we will include a one-page appeal form.

Appeal decisions will be made by a licensed dentist; provided that, if the appeal is denied and your dentist sends us a letter showing good cause, the denial will be reviewed by a specialty dentist in the same or similar specialty as the care under review. The specialty review will be completed within 15 working days of receipt.

We will send you and your dentist a letter explaining the resolution of your appeal as soon as practical but in no case later than 30 calendar days after we receive the request. If the appeal is denied, the letter will include:
(1) the clinical basis and principal reasons for the denial;
(2) the specialty of the dentist making the denial;
(3) a description of the source of the screening criteria used as guidelines in making the adverse determination; and
(4) notice of the rights to seek review of the denial by an

independent review
organization and the procedure for obtaining that review.

b. Independent Review Organization

If the appeal of an Adverse Determination is denied, you, your representative, or your dentist have the right to request a review of that decision by an Independent Review Organization ("IRO"). The written denial outlined above will include information on how to appeal the denial to an IRO, and the forms that must be completed and returned to us to begin the independent review process.

In life-threatening situations, you are entitled to an immediate review by an IRO without having to comply with our procedures for internal appeals of Adverse Determinations. Call Customer Service to request the review by the IRO if you have a life-threatening condition and we will provide the required information.

In order to request a referral to an IRO, the reason for the denial must be based on a medical necessity determination by Cigna Dental. Administrative, eligibility or benefit coverage limits are not eligible for additional review under this process.

c. Expedited Appeals

You may request that the above complaint and appeal process be expedited if the timeframes under the above process would seriously jeopardize your life or health or would jeopardize your ability to regain the dental functionality that existed prior to the onset of your current condition. A dental professional, in consultation with the treating Dentist, will decide if an expedited review is necessary.

Investigation and resolution of expedited complaints and appeals will be concluded in accordance with the clinical immediacy of the case but will not exceed 1 business day from receipt of the complaint. If an expedited appeal involves an ongoing emergency, you may request that the appeal be reviewed by a dental professional in the same or similar specialty as the care under consideration.

d. Filing Complaints with the Texas Department of Insurance

Any person, including persons who have attempted to resolve complaints through our complaint system process and who are dissatisfied with the resolution, may file a complaint in writing with the Texas Department of Insurance at P. O. Box 149091, Austin, Texas 78714-9091, or you may call their toll-free number, 1.800.252.3439.

The Department will investigate a complaint against Cigna Dental to determine compliance with insurance laws within 30 days after the Department receives your complaint and all information necessary for the Department to determine compliance. The Department may extend the time necessary to complete an investigation in the event any of the following circumstances occur:

(1) additional information is needed;
(2) an on-site review is necessary;
(3) we, the physician or dentist, or you do not provide all

documentation necessary to complete the investigation; or (4) other circumstances occur that are beyond the control of the Department.

Cigna Dental cannot retaliate against a Network General Dentist or Network Specialty Dentist for filing a complaint or appealing a decision on your behalf. Cigna Dental will not cancel or refuse to renew coverage because you or your Dependent has filed a complaint or appealed a decision made by Cigna Dental. You have the right to file suit in a court of law for any claim involving the professional treatment performed by a Dentist.

XII. TREATMENT IN PROGRESS

A. **Treatment In Progress For Procedures Other Than Orthodontics**

If your dental treatment is in progress when your enroll in the Cigna Dental Plan, you should check to make sure your dentist is in the Cigna Dental Plan Network by contacting Customer Service at 1-800Cigna24 as treatment in progress will only be covered on an in-network basis. You can elect a new dentist at this time. If you do not, your treatment expenses will not be covered by the Cigna Dental Plan.

B. **Treatment in Progress For Orthodontics**

If orthodontic treatment is in progress for you or your Dependent at the time you enroll in this Dental plan, the copays listed on your Patient Charge Schedule do not apply to treatment that is already in progress. This is because your enrollment in this Dental plan does not override any obligation you or your Dependent may have under any agreement with an Orthodontist prior to your enrollment. Cigna may make a quarterly contribution toward the completion of your treatment, even if your Orthodontist does not participate in the Cigna Dental Health network. Cigna's contribution is based on the Patient Charge Schedule selected by your Employer and the number of months remaining to complete your interceptive or comprehensive treatment, excluding retention. Please call Customer Service at 1-800Cigna24 to obtain an Orthodontics in Progress Information Form. You and your Orthodontist should complete this form and return it to Cigna to receive confirmation of Cigna's contribution.

XIII. DISENROLLMENT FROM THE DENTAL PLAN - TERMINATION OF BENEFITS

Except as otherwise provided in the Sections titled "Extension/Continuation of Benefits" or in your Group Contract, disenrollment from the Dental Plan/termination of benefits and coverages will be as follows:

A. **TERMINATION OF YOUR GROUP**

1. due to nonpayment of Premiums, coverage shall remain in effect for 30 days after the due date of the Premium. If the late payment is received within the 30-day grace period, a 20% penalty will be added to the Premium. If payment is not received within the 30 days, coverage will be canceled on the 31st day and the terminated customers will be liable for the cost of services received during the grace period.

2. either the Group or Cigna Dental Health may terminate the Group

Contract, effective as of any renewal date of the Group Contract, by providing at least 60 days prior written notice to the other party.

B. **TERMINATION OF BENEFITS FOR YOU AND/OR YOUR DEPENDENTS**

1. the last day of the month in which Premiums are not paid to Cigna Dental.
2. the last day of the month in which eligibility requirements are no longer met.
3. the last day of the month in which your Group notifies Cigna Dental of your termination from the Dental Plan.
4. the last day of the month after voluntary disenrollment.
5. upon 15 days written notice from Cigna Dental due to fraud or intentional material misrepresentation or fraud in the use of services or dental offices.
6. immediately for misconduct detrimental to safe plan operations and delivery of services.
7. for failure to establish a satisfactory patient-dentist relationship, Cigna Dental will give 30 days written notification that it considers the relationship unsatisfactory and will specify necessary changes. If you fail to make such changes, coverage may be cancelled at the end of the 30-day period.
8. upon 30 days notice, due to neither residing, living nor working in the Service Area. Coverage for a dependent child who is the subject of a medical or dental support order cannot be cancelled solely because the child does not reside, live or work in the Service Area.

When coverage for one of your Dependents ends, you and your other Dependents may continue to be enrolled. When your coverage ends, your Dependents' coverage will also end.

XIV. EXTENSION OF BENEFITS

Coverage for completion of a dental procedure (other than orthodontics) which was started before your disenrollment from the Dental Plan will be extended for 90 days after disenrollment unless disenrollment was due to nonpayment of Premiums.

Coverage for orthodontic treatment which was started before disenrollment from the Dental Plan will be extended to the end of the quarter or for 60 days after disenrollment, whichever is later, unless disenrollment was due to nonpayment of Premiums.

XV. CONTINUATION OF BENEFITS (COBRA)

For Groups with 20 or more employees, federal law requires the employer to offer continuation of benefits coverage for a specified period of time after termination of employment or reduction of work hours, for any reason other than gross misconduct. You will be responsible for sending payment of the required Premiums to the Group. Additional information is available through your Benefits Representative.

Under Texas law you may also choose continuation coverage for you and your Dependents if coverage is terminated for any reason except your involuntary termination for cause and if you or your Dependent has been continuously covered for 3 consecutive months prior to the termination. You must request continuation coverage from your Group in writing and pay the monthly Premiums, in advance, within 60 days of the date your termination ends or the date your Group notifies you of your rights to continuation. If you elect continuation coverage, it will not end until the earliest of:

A. 9 months after the date you choose continuation coverage if you or your dependents are not eligible for COBRA;
B. 6 months after the date you choose continuation coverage if you or your dependents are eligible for COBRA;
C. the date you and/or your Dependent becomes covered under another dental plan;
D. the last day of the month in which you fail to pay Premiums; or
E. the date the Group Contract ends.

You must pay your Group the amount of Premiums plus 2%, in advance, on a monthly basis. You must make the first premium payment no later than the 45th day following your election for continued coverage. Subsequent premium payments will be considered timely if you make such payments by the 30th day after the date that payment is due.

XVI. CONVERSION COVERAGE

If you are no longer eligible for coverage under your Group's Dental Plan, you and your enrolled Dependents may continue your dental coverage by enrolling in the Cigna Dental conversion plan. You must enroll within three months after becoming ineligible for your Group's Dental Plan. Premium payments and coverage will be retroactive to the date your Group coverage ended. You and your enrolled Dependents are eligible for conversion coverage unless benefits were discontinued due to:

A. permanent breakdown of the dentist-patient relationship,
B. fraud or misuse of dental services and/or Dental Offices,
C. nonpayment of Premiums by the Subscriber, or
D. selection of alternate dental coverage by your Group.

Benefits for conversion coverage will be based on the then-current standard conversion plan and may not be the same as those for your Group's Dental Plan. Premiums will be the Cigna Dental conversion premiums in effect at the time of conversion. Conversion premiums may not exceed 200% of Cigna Dental's premiums charged to groups with similar coverage. Please call the Cigna Dental Conversion Department at 1-800Cigna24 to obtain rates and make arrangements for continuing coverage.

XVII. CONFIDENTIALITY/PRIVACY

Cigna Dental is committed to maintaining the confidentiality of your personal and sensitive information. Information about Cigna Dental's confidentiality policies and procedures is made available to you during the enrollment process and/or as part of your customer plan materials. You may obtain additional information about Cigna Dental's confidentiality policies and procedures by calling Customer Service at 1-800Cigna24, or via the Internet at my.cigna.com.

XVIII. MISCELLANEOUS

As a Cigna Dental plan customer, you may also be eligible for additional dental benefits during certain health conditions. For example, certain frequency limitations for dental services may be relaxed for pregnant women and customers participating in certain disease management programs. Please review your plan enrollment materials for details.

A. **NOTICE:** Any notice required by the Group Contract shall be in writing and mailed with postage fully prepaid and addressed to the entities named in the Group Contract.

B. **INCONTESTABILITY:** All statements made by a Subscriber on the enrollment application shall be considered representations and not warranties. The statements are considered to be truthful and are made to the best of the Subscriber's knowledge and belief. A statement may not be used in a contest to void, cancel, or non-renew an enrollee's coverage or reduce benefits unless it is in a written enrollment application signed by you, and a signed copy of the enrollment application is or has been furnished to you or your personal representative.

This Certificate of Coverage may only be contested because of fraud or intentional misrepresentation of material fact on the enrollment application.

C. **ENTIRE AGREEMENT:** The Contract, Pre-Contract Application, amendments and attachments thereto represent the entire agreement between Cigna Dental Health and your Group. Any change in the Group Contract must be approved by an officer of Cigna Dental Health and attached thereto; no agent has the authority to change the Group Contract or waive any of its provisions. In the event this Certificate contains any provision not in conformity with the Texas Health Maintenance Organization Act (the "Act") or other applicable laws, this Certificate shall not be rendered invalid but shall be construed and implied as if it were in full compliance with the Act or other applicable laws.

D. **CONFORMITY WITH STATE LAW:** If this Certificate of Coverage contains any provision not in conformity with the Texas Insurance Code Chapter 1271 or other applicable laws, it shall not be rendered invalid but shall be considered and applied as if it were in full compliance with the Texas Insurance Code Chapter 1271 and other applicable laws.

Cigna Dental Health
Texas Service Areas

Fort Worth Area:
Clay
Collin
Cooke
Dallas
Denton
Ellis
Fannin
Grayson
Hill
Hood
Hunt
Jack
Johnson
Kaufman
Montague
Navarro
Parker
Rockwall
Somervell
Tarrant
Wise

Houston-Beaumont Area:
Austin
Brazoria
Chambers
Colorado
Fort Bend
Galveston
Grimes
Hardin
Harris
Jasper
Jefferson
Liberty
Montgomery
Newton
Orange
Polk
San Jacinto
Tyler
Walker
Waller
Washington
Wharton

San Antonio Area:
Atascosa
Bandera
Bexar
Blanco
Comal
Frio
Gonzales
Guadelupe
Karnes
Kendall
Medina
Wilson

Austin Area:
Bastrop
Fayette
Hays
Travis
Williamson

Midland Odessa Area:
Andrews
Crane
Ector
Glasscock
Howard
Loving
Martin

Midland
Reagan
Upton
Ward
Winkler

El Paso Area:
Culberson
El Paso
Hudspeth
Reeves

San Angelo Area:
Coke
Concho
Irion
Menard
Runnels
Schleicher
Sterling
Tom Green

College Station-Bryan Area:
Brazos
Burleson
Madison

Corpus Christi Area:
Bee
Brooks
Duval
Goliad
Jim Wells
Kennedy
Kleberg
Live Oak
Nueces
Refugio
San Patricio

Tyler/Longview Area:
Anderson
Cherokee
Camp
Cass
Franklin
Gregg
Harrison
Henderson
Hopkins
Marion
Morris
Panola
Rains
Rusk
Smith
Titus
Upshur
Van Zandt
Wood

Waco Area:
Bell
Bosque
Burnet
Coryell
Falls
Freestone
Lampasas
Limestone
McClennan
Milam
Robertson

Victoria Area:
Bastrop
Calhoun
De Witt
Jackson
Lavaca
Lee
Matagorda
Victoria

Cigna Dental Health
Texas Service Areas

Brownsville, McAllen, Laredo Area:
Cameron
Dimmit
Hidalgo
Jim Hogg
LaSalle
Maverick
Starr
Webb
Willacy
Zapata

Wichita Falls Area:
Archer
Baylor
Erath
Foard
Hardeman
Haskell
Knox
Palo Pinto
Stephen
Throckmorton
Wichita
Wilbarger
Young

Texarkana Area:
Bowie
Delta
Lamar
Red River

Lubbock Area:
Bailey
Borden
Cochran
Cottle
Crosby
Dawson
Dickens
Floyd
Gaines
Garza
Hale
Hockley
Kent
King
Lamb
Lubbock
Lynn
Motley
Scurry
Stonewall
Terry
Yoakum

Abilene Area:
Brown
Callahan
Coleman
Comanche
Eastland
Fisher
Hamilton
Llano
Jones
Mason
McCulloch
Mills
Mitchell
Nolan
San Saba
Shackelford
Taylor

Amarillo Area:
Armstrong
Briscoe
Carson
Castro
Childress
Collingsworth
Dallam
Deaf Smith
Donley
Gray
Hall
Hansford
Hartley
Hemphill
Hutchinson
Lipscomb
Moore
Ochiltree
Oldham
Parmer
Potter
Randall
Roberts
Sherman
Swisher
Wheeler

Lufkin Area:
Angelina
Houston
Leon
Madison
Nacogdoches
Sabine
San Augustine
Shelby
Trinity

Network Analysis - Texas Network Adequacy Report

Cigna Network Approval Filing

EXHIBIT B

Cigna Dental Health Plan of Arizona, Inc.
Cigna Dental Health of California, Inc.
Cigna Dental Health of Colorado, Inc.
Cigna HealthCare of Connecticut, Inc.
Cigna Dental Health of Delaware, Inc.
Cigna Dental Health of Florida, Inc.
Cigna Dental Health of Kansas, Inc.
Cigna Dental Health of Kansas, Inc. (Nebraska)
Cigna Dental Health of Kentucky, Inc.
Cigna Dental Health of Kentucky, Inc. (Illinois)
Cigna Dental Health of Maryland, Inc.
Cigna Dental Health of Missouri, Inc.
Cigna Dental Health of North Carolina, Inc.
Cigna Dental Health of New Jersey, Inc.
Cigna Dental Health of Ohio, Inc.
Cigna Dental Health of Pennsylvania, Inc.
Cigna Dental Health of Texas, Inc.
Cigna Dental Health of Virginia, Inc.

COORDINATION OF SERVICES AND BENEFITS

Applicability. This Coordination of Benefits (COB) provision applies when a Covered Person has health care coverage under more than one Plan. ("Plan" is defined below.)

If a Covered Person is covered by this Contract and another Plan, the Order of Benefit Determination Rules described below determine whether this Contract or the other Plan is Primary. The benefits of this Contract:

1. shall not be reduced when, under the Order of Benefit Determination Rules, this Contract is Primary; but

2. may be reduced for the Reasonable Cash Value of any service provided under this Contract that may be recovered from another Plan when, under the Order of Benefit Determination Rules, the other Plan is Primary. (The above reduction is described in the subsection below entitled "Effect on the Benefits of this Plan.")

Definitions. "Plan" means this Contract or any of the following which provides benefits or services for, or because of, dental care or treatment:

1. Group insurance or group-type coverage, whether insured or uninsured. This includes prepayment or group practice coverage.

2. Coverage under a governmental plan or coverage required or provided by law. This does not include a state plan under Medicaid (Title XIX of the United States Social Security Act, as amended from time to time). It also does not include any plan when, by law, its benefits are excess to those of any private insurance program or other non-governmental program.

3. Dental benefits coverage of all group and group-type contracts.

"Plan" does not include coverage under individual policies or contracts. Each contract or other arrangement for coverage under subparagraphs 1, 2, or 3 above is a separate Plan. Also, if an arrangement has two parts and COB rules apply only to one of the two, each of the parts is a separate Plan.

"Primary" means that a Plan's benefits are to be provided or paid without considering any other Plan's benefits. (The Order of Benefit Determination Rules below determine whether a Plan is Primary or Secondary to another Plan.)

"Secondary" means that a Plan's benefits may be reduced and it may recover the Reasonable Cash Value of the services it provided from the Primary Plan. (The Order of Benefit Determination Rules below determine whether a Plan is Primary or Secondary to another Plan.)

"Allowable Expense" means a necessary, reasonable, and customary item of expense for dental care, when the item of expense is covered at least in part by one or more Plans covering the person for whom the claim is made.

1. When a Plan provides benefits in the form of services, the Reasonable Cash Value of each service rendered is an Allowable Expense and a benefit paid.

2. When benefits are reduced under a Primary Plan because a Covered Person does not comply with the Plan provisions, the amount of such reduction will not be considered an Allowable Expense.

"Claim Determination Period" means a calendar year. However, it does not include any part of a year during which a Covered Person has no coverage under this Plan, or any part of a year before the date this COB provision or a similar provision takes effect.

"Reasonable Cash Value" means an amount which a duly licensed provider of dental care services usually charges patients and which is within the range of fees usually charged for the same service by other dental care providers located within the immediate geographic area where the dental care service is rendered under similar or comparable circumstances.

Order of Benefit Determination Rules. When a Covered Person receives services through this Plan or is otherwise entitled to claim benefits under this Plan, and the services or benefits are a basis for a claim under another Plan, this Plan shall be Secondary and the other Plan shall be Primary, unless:

1. The other Plan has rules coordinating its benefits with those of this Plan; and

2. both the other Plan's rules and this Plan's rules, as stated below, require that this Plan's benefits be determined before those of the other Plan.

This Plan determines its Order of Benefits using the first of the following rules that applies:

1. The Plan under which the Covered Person is an employee shall be Primary.

2. If the Covered Person is not an employee under a Plan, then the Plan which covers the Covered Person's parent (as an employee) whose birthday occurs earlier in a calendar year shall be Primary.

NOTE: The word "birthday" as used in this subparagraph refers only to month and day in a calendar year, not to the year in which the person was born. To aid in the interpretation of this paragraph, the following example is given: If a Covered Person's mother has a birthday on January 1 and the Covered Person's father has a birthday on January 2, the Plan which covers the Covered Person's mother would be Primary.

3. If two or more Plans cover a Covered Person as a dependent child of divorced or separated parents, benefits for the Covered Person shall be determined in the following order:

   a. First, the Plan of the parent with custody of the child;

   b. Then, the Plan of the spouse of the parent with custody of the child; and

   c. Finally, the Plan of the parent not having custody of the child.

4. Notwithstanding subparagraph 3 above, if the specific terms of a court decree state that one of the parents is responsible for the health care expenses of the child, and the entity obligated to pay or provide the benefits of the Plan of that parent has actual knowledge of those terms, the benefits of that Plan shall be

   Primary. This subparagraph 4 does not apply with respect to any Claim Determination Period or Plan year in which benefits are paid or provided before the entity has that actual knowledge.

5. The benefits of a Plan which covers a Covered Person as an employee (or as that employee's dependent) shall be determined before those of a Plan which covers that Covered Person as a laid off or retired employee (or as that employee's dependent). If the other Plan does not have this provision and if, as a result, the Plans do not agree on the order of benefit determination, this paragraph shall not apply.

6. If a Covered Person whose coverage is provided under a right of continuation pursuant to federal or state law is also covered under another Plan, the benefits of the Plan covering the Covered Person as an employee (or as that employee's dependent) shall be determined before those of a Plan under continuation coverage. If the other Plan does not have this provision and if, as a result, the Plans do not agree on the order of benefit determination, this paragraph shall not apply.

7. If one of the Plans which covers a Covered Person is issued out of the state whose laws govern this Contract and determines the order of benefits based upon the gender of a parent, and as result, the Plans do not agree on the order of benefit determination, the Plan with the gender rules shall determine the order of benefits.

8. If none of the above rules determines the order of benefits, the Plan which has covered the Covered Person for the longer period of time shall be Primary.

Effect on the Benefits of this Plan. This subsection applies when, in accordance with the Order of Benefit Determination Rules, this Plan is Secondary to one or more other Plans. In that event, the benefits of this

Plan may be reduced under this subsection. Such other Plan or Plans are referred to as "the other Plans' in the subparagraphs below.

This Plan may reduce benefits payable or may recover the Reasonable Cash Value of services provided when the sum of:

1. The benefits that would be payable for the Allowable Expenses under this Plan, in the absence of this COB provision; and

2. The benefits that would be payable for the Allowable Expenses under the other Plans, in the absence of provisions with a purpose like that of this COB provision, whether or not claim is made, exceeds those Allowable Expenses in a Claim Determination Period. In that case, the benefits of this Plan will be reduced, or the Reasonable Cash Value of any services provided by this Plan may be recovered from the other Plan, so that they and the benefits payable under the other Plans do not total more than those Allowable Expenses.

When the benefits of this Plan are reduced as described above, each benefit is reduced in proportion. It is then charged against any applicable benefit limit of this Plan.

Recovery of Excess Benefits. In the event a service or benefit is provided by Cigna Dental Health which is not required by this Contract, or if it has provided a service or benefit which should have been paid by the Primary Plan, that service or benefit shall be considered an excess benefit. Cigna Dental Health shall have the right to recover to the extent of the excess benefit. If the excess benefit is a service, recovery shall be based upon the Reasonable Cash Value for that service. If the excess benefit is a payment, recovery shall be based upon the actual payment made. Recovery may be sought from among one or more of the following, as Cigna Dental Health shall determine: any person to, or for, or with respect to whom, such services were provided or such payments were made; any insurance company; health care plan or other organization. This right of recovery shall be Cigna Dental Health's alone and at its sole discretion. If determined necessary by Cigna Dental Health, the Covered Person (or his or her legal representative if a minor or legally incompetent), upon request, shall execute and deliver to Cigna Dental Health such instruments and papers required and do whatever else is necessary to secure Cigna Dental Health's rights hereunder.

Medicare Benefits. Except as otherwise provided by applicable federal law, the services and benefits under this Plan for Covered Persons aged sixty-five (65) and older, or for Covered Persons otherwise eligible for Medicare payments, shall not duplicate any services or benefits to which such Covered Persons are eligible under Parts A or B of the Medicare Act. Where Medicare is the responsible payor, all amounts payable pursuant to the Medicare program for services and benefits provided hereunder to Covered Persons are payable to and shall be retained by Cigna Dental Health. Covered Persons enrolled in Medicare shall cooperate with and assist Cigna Dental Health in its efforts to obtain reimbursement from Medicare.

Right to Receive and Release Information. Cigna Dental Health may, without consent of or notice to any Covered Person, and to the extent permitted by law, release to or obtain from any person or organization or governmental entity any information with respect to the administering of this Section. A Covered Person shall provide to Cigna Dental Health any information it requests to implement this provision.

CIGNA DENTAL HEALTH
GROUP DENTAL PLAN
PRE-CONTRACT APPLICATION

- ☐ Cigna Dental Health Plan of Arizona, Inc.
- ☐ Cigna Dental Health of California, Inc.
- ☐ Cigna Dental Health of Colorado, Inc.
- ☐ Cigna HealthCare of Connecticut, Inc.
- ☐ Cigna Dental Health of Delaware, Inc.
- ☐ Cigna Dental Health of Florida, Inc.
- ☐ Cigna Dental Health of Kansas, Inc. (Nebraska)
- ☐ Cigna Dental Health of Kansas, Inc.
- ☐ Cigna Dental Health of Kentucky, Inc.
- ☐ Cigna Dental Health of Kentucky, Inc. (Illinois)
- ☐ Cigna Dental Health of Maryland, Inc.
- ☐ Cigna Dental Health of Missouri, Inc.
- ☐ Cigna Dental Health of North Carolina, Inc.
- ☐ Cigna Dental Health of New Jersey, Inc.
- ☐ Cigna Dental Health of Ohio, Inc.
- ☐ Cigna Dental Health of Pennsylvania, Inc.
- ☐ Cigna Dental Health of Texas, Inc.
- ☐ Cigna Dental Health of Virginia, Inc.

FILL IN EVERY LINE – Information must be completed by Applicant.

APPLICANT

A. APPLICANT'S FULL LEGAL NAME: ____________________
B. ADDRESS: ____________________ PHONE: ____________________
C. BILLING ADDRESS, IF DIFFERENT: ____________________
D. NAME OF CONTACT: ____________________ TITLE: ____________________
E. THE APPLICANT IS: ☐ EMPLOYER ☐ LABOR UNION ☐ ASSOCIATION
F. NATURE OF BUSINESS: ____________________
G. PRIOR DENTAL COVERAGE: ☐ YES ☐ NO
H. ERISA APPLIES: ☐ YES ☐ NO
I. I.R.C. SECTION 125 APPLIES: ☐ YES ☐ NO

ELIGIBILITY

A. TOTAL NO. OF EMPLOYEES: __________ TOTAL NUMBER OF ELIGIBLE EMPLOYEES: __________
B. ALL CLASSES OF FULL-TIME EMPLOYEES WILL BE ELIGIBLE EXCEPT:
EXCLUDED CLASS(ES) ____________________
C. CURRENT EMPLOYEES WILL BE ELIGIBLE UPON: __________ Months of Service *or* Other __________
D. FUTURE EMPLOYEES WILL BE ELIGIBLE UPON: __________ Months of Service *or* Other __ .
E. AGE LIMITATIONS FOR DEPENDENTS: All unmarried children of Employees are eligible to enroll if (a) less than 19 years of age; or (b) full-time students less than 23 years of age. Please indicate changes, if any, applicable to: (a)__________ (b)__________

DENTAL PLAN

A. EFFECTIVE DATE: The proposed Effective Date of group coverage is __________, or the first day of the month after which enrollment information and payment for the first month's coverage are received and accepted by Cigna Dental Health. If this Pre-Contract Application is not accepted by Cigna Dental Health, no coverage will become effective, and any premium advanced by the Applicant will be refunded. Employees who enroll after the Effective Date will be covered: as of the first day of the month after processing of enrollment by Cigna Dental Health *or* Other .
B. CONTRACT TERM: The initial term of the Group Contract shall extend from the Effective Date until the expiration of the initial premium guarantee period shown below. The Group Contract shall be automatically renewed on an annual basis in accordance with the Group Contract, unless terminated in accordance with the Group Contract.
C. PREMIUMS: Cigna Dental Health Premiums will be: 01-______ 02-______ 03-______ 04-______ Composite _____.
Premiums are guaranteed through ______________; however, premiums may be adjusted upon 30 days written notice* to the Group if, in Cigna Dental Health's sole opinion, its liability (e.g., for taxes or benefits) is altered by any state or federal law.
D. EMPLOYER CONTRIBUTION: Employee Only ______% Dependents ____%. If no employer contribution, plan must be funded on a pre-tax basis under I.R.C. Section 125.
E. PATIENT CHARGE SCHEDULE:_______. The Patient Charge Schedule of the Dental Plan is subject to annual change in accordance with the terms of the Group Contract. Please indicate expiration of guarantee period for the Patient Charge Schedule if other than one year from the Effective Date of coverage:
F. DENTAL OFFICE: Enrolled employees and their enrolled dependents must select a Dental Office. ☐ All family members must use the same Dental Office, *or* ☑Each family member may select a different Dental Office.

***North Carolina Groups Only: North Carolina law requires 45-days' notice to group.**

Applicant declares that he/she has read these statements and the answers to these questions are complete and true. Applicant agrees that: (1) this Pre-Contract Application is offered as an inducement for the group coverage applied for; (2) this Pre-Contract Application will form a part of any Group Contract issued; (3) no information given to or acquired by any representative of Cigna Dental Health will bind Cigna Dental Health unless it appears in writing on this Pre-Contract Application; and (4) no waiver or change will bind Cigna Dental Health unless signed by an officer of Cigna Dental Health. Group coverage will only be provided for persons eligible under the Group Contract issued.

APPLICANT: ____________________ TITLE: ____________________ AGENT/BROKER: ____________________
(PRINT NAME OF APPLICANT'S REPRESENTATIVE) (PRINT NAME)

____________________ DATE: ______________ ____________________ DATE: ______________
(SIGNATURE OF REPRESENTATIVE) (SIGNATURE OF AGENT/BROKER)

The following notice is required by Ohio and Kentucky Law:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Statement to be signed by Applicant upon payment of the premium or any part thereof

I HEREBY DECLARE that I have paid to____________________Agent______________
____________________Dollars for which I hold his or her receipt bearing the same number as this Pre-Contract Application.

Date:__________________ Applicant____________________

No. ____________________

- - CIGNA DENTAL HEALTH

No.____________________

CONDITIONAL RECEIPT

Received of____________________/____________________Dollars to be applied against the first premium on the proposed Group Dental Plan under this Pre-Contract Application. This payment is made and accepted subject to the following conditions. Group coverage at Cigna Dental Health rates applied for will take effect as of the Effective Date requested if the Pre-Contract Application is accepted at the Cigna Dental Health Home Office. If certain persons eligible are to contribute to the cost of the Group Dental Plan, such Group coverage will take effect on the later of: the date the required number have enrolled, or on the Effective Date requested. If the Pre-Contract Application is not accepted, no coverage will become effective. Any premium payment advanced by the Applicant will be refunded upon surrender of this Conditional Receipt.
Date:____________________Agent

Detach This Receipt When Payment is Made

80085GE2.95

Cigna Dental Companies

PLAN BOOKLET
COMBINED EVIDENCE OF COVERAGE AND DISCLOSURE FORM/CERTIFICATE OF COVERAGE

Cigna Dental Health of Florida, Inc. (a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes)
P.O. Box 453099
Sunrise, Florida 33345-3099

This Plan Booklet/Combined Evidence of Coverage and Disclosure Form/Certificate of Coverage is intended for your information; it constitutes a summary of the Dental Plan and is included as a part of the agreement between Cigna Dental and your Group (collectively, the "Group Contract"). The Group Contract must be consulted to determine the rates and the exact terms and conditions of coverage. If rates or coverages are changed under your Group Contract, your rates and coverage will also change. A prospective customer has the right to view the Combined Evidence of Coverage and Disclosure Form prior to enrollment. It should be read completely and carefully. Customers with special health care needs should read carefully those sections that apply to them. Please read the following information so you will know from whom or what group of providers dental care may be obtained.

NOTICE: IF YOU OR YOUR FAMILY MEMBERS ARE COVERED BY MORE THAN ONE HEALTH CARE PLAN, YOU MAY NOT BE ABLE TO COLLECT BENEFITS FROM BOTH PLANS. EACH PLAN MAY REQUIRE YOU TO FOLLOW ITS RULES OR USE SPECIFIC DOCTORS OR HOSPITALS, AND IT MAY BE IMPOSSIBLE TO COMPLY WITH BOTH PLANS AT THE SAME TIME. READ ALL OF THE RULES VERY CAREFULLY, INCLUDING THE DUAL COVERAGE SECTION.

Important Cancellation Information - Please Read the Provision Entitled "Disenrollment from the Dental Plan-Termination of Benefits."

READ YOUR PLAN BOOKLET CAREFULLY

Please call Customer Service at 1-800Cigna24 if you have any questions. The hearing impaired may call the state TTY toll-free relay service listed in their local telephone directory.

PB09.FL [11.01.16901746 11/16]

Table of Contents

In some instances, state laws will supersede or augment the provisions contained in this booklet. These requirements are listed at the end of this booklet as a State Rider. In case of a conflict between the provisions of this booklet and your State Rider, the State Rider will prevail.

I. Definitions

Capitalized terms, unless otherwise defined, have the meanings listed below.

Adverse Determination - a decision by Cigna Dental not to authorize payment for certain limited specialty care procedures on the basis of necessity or appropriateness of care. To be considered clinically necessary, the treatment or service must be reasonable and appropriate and meet the following requirements:

A. Be consistent with the symptoms, diagnosis or treatment of the condition present;
B. Conform to commonly accepted standards throughout the dental field;
C. Not be used primarily for the convenience of the customer or provider of care; and
D. Not exceed the scope, duration or intensity of that level of care needed to provide safe and appropriate treatment.

Requests for payment authorizations that are declined by Cigna Dental based upon the above criteria will be the responsibility of the customer at the dentist's Usual Fees. A licensed dentist will make any such denial.

Cigna Dental - The Cigna Dental Health organization that provides dental benefits in your state as listed on the face page of this booklet.

Contract Fees - The fees contained in the Network Dentist agreement with Cigna Dental.

Covered Services - The dental procedures listed on your Patient Charge Schedule.

Dental Office - Your selected office of Network General Dentist(s).

Dental Plan - Managed dental care plan offered through the Group Contract between Cigna Dental and your Group.

Dependent - Your lawful spouse; your unmarried child (including newborns, adopted children, stepchildren, a child for whom you must provide dental coverage under a court order; or, a dependent child who resides in your home as a result of court order or administrative placement) who is:

A. Less than 19 years old; or

B. Less than 23 years old if he or she is both:
   1. A Full-time student enrolled at an accredited educational institution, and
   2. Reliant upon you for maintenance and support; or

C. Any age if he or she is both:
   1. Incapable of self-sustaining employment due to mental or physical disability, and
   2. Reliant upon you for maintenance and support.

For a dependent child 19 years of age or older who is a full-time student at an educational institution, coverage will be provided for an entire academic term during which the child begins as a full-time student and remains enrolled, regardless of whether the number of hours of instruction for which the child is enrolled is reduced to a level that changes the child's academic status to less than that of a full-time student.

For a child who falls into category (B) or (C) above, you will need to furnish Cigna Dental evidence of the child's reliance upon you, in the form requested, within 31 days after the Dependent reaches the age of [19] and once a year thereafter for as long as the child is claimed as a Dependent under the Plan.

A **Newly Acquired Dependent** is a dependent child who is adopted, born, or otherwise becomes your dependent after you become covered under the Plan.

Coverage for dependents living outside a Cigna Dental service area is subject to the availability of an approved network where the dependent resides.

Group - Employer, labor union or other organization that has entered into a Group Contract with Cigna Dental for managed dental services on your behalf.

Network Dentist – A licensed dentist who has signed an agreement with Cigna Dental to provide general dentistry or specialty care services to you. The term, when used, includes both Network General Dentists and Network Specialty Dentists.

Network General Dentist - A licensed dentist who has signed an agreement with Cigna Dental under which he or she agrees to provide dental care services to you.

Network Specialty Dentist - A licensed dentist who has signed an agreement with Cigna Dental under which he or she agrees to provide specialized dental care services to You.

Patient Charge - The amount you owe your Network Dentist for any dental procedure listed on your Patient Charge Schedule.

Patient Charge Schedule - List of services covered under your Dental Plan and how much they cost you.

Premiums - Fees that your Group remits to Cigna Dental, on your behalf, during the term of your Group Contract.

Service Area - The geographical area designated by Cigna Dental within which it shall provide benefits and arrange for dental care services.

Subscriber/You - The enrolled employee or customer of the Group.

Usual Fee - The customary fee that an individual dentist most frequently charges for a given dental service.

II. Introduction to Your Cigna Dental Plan

Welcome to the Cigna Dental Plan. We encourage you to use your dental benefits. Please note that enrollment in the Dental Plan allows the release of patient records to Cigna Dental or its designee for health plan operation purposes.

III. Eligibility/When Coverage Begins

To enroll in the Dental Plan, you and your Dependents must be able to seek treatment for Covered Services within a Cigna Dental Service Area. Other eligibility requirements are determined by your Group.

If you enrolled in the Dental Plan before the effective date of your Group Contract, you will be covered on the first day the Group Contract is effective. If you enrolled in the Dental Plan after the effective date of the Group Contract, you will be covered on the first day of the month following processing of your enrollment (unless effective dates other than the first day of the month are provided for in your Group Contract).

Dependents may be enrolled in the Dental Plan at the time you enroll, during an open enrollment, or within 31 days of becoming eligible due to a life status change such as marriage, birth, adoption, placement, or court or administrative order. You may drop coverage for your Dependents only during the open enrollment periods for your Group, unless there is a change in status such as divorce. Cigna Dental may require evidence of good dental health at your expense if you or your Dependents enroll after the first period of eligibility (except during open enrollment) or after disenrollment because of nonpayment of Premiums.

If you have family coverage, a newborn child is automatically covered during the first 31 days of life. If you wish to continue coverage beyond the first 31 days, your baby must be enrolled in the Dental Plan and you must begin paying Premiums, if any additional are due, during that period.

Under the Family and Medical Leave Act of 1993, you may be eligible to continue coverage during certain leaves of absence from work. During such leaves, you will be responsible for paying your Group the portion of the Premiums, if any, which you would have paid if you had not taken the leave. Additional information is available through your Benefits Representative.

IV. Your Cigna Dental Coverage

The information below outlines your coverage and will help you to better understand your Dental Plan. Included is information about which services are covered, which are not, and how much dental services will cost you. A copy of the Group Contract will be furnished to you upon your request.

A. Customer Service

If you have any questions or concerns about the Dental Plan, Customer Service Representatives are just a toll-free phone call away. They can explain your benefits or help with matters regarding your Dental Office or Dental Plan. For assistance with transfers, specialty referrals, eligibility, second opinions, emergencies, Covered Services, plan benefits, ID cards, location

of Dental Offices, conversion coverage or other matters, call Customer Service from any location at 1-800Cigna24. The hearing impaired may contact the state TTY toll-free relay service number listed in their local telephone directory.

B. Premiums

Your Group sends a monthly fee to Cigna Dental for customers participating in the Dental Plan. The amount and term of this fee is set forth in your Group Contract. You may contact your Benefits Representative for information regarding any part of this fee to be withheld from your salary or to be paid by you to the Group.

C. Other Charges – Patient Charges

Network General Dentists are typically reimbursed by Cigna Dental through fixed monthly payments and supplemental payments for certain procedures. No bonuses or financial incentives are used as an inducement to limit services. Network Dentists are also compensated by the fees which you pay, as set out in your Patient Charge Schedule.

Your Patient Charge Schedule lists the dental procedures covered under your Dental Plan. Some dental procedures are covered at no charge to you. For other Covered Services, the Patient Charge Schedule lists the fees you must pay when you visit your Dental Office. There are no deductibles and no annual dollar limits for services covered by your Dental Plan.

Your Network General Dentist should tell you about Patient Charges for Covered Services, the amount you must pay for non-Covered Services and the Dental Office's payment policies. Timely payment is important. It is possible that the Dental Office may add late charges to overdue balances.

Your Patient Charge Schedule is subject to annual change in accordance with your Group Contract. Cigna Dental will give written notice to your Group of any change in Patient Charges at least 60 days prior to such change. You will be responsible for the Patient Charges listed on the Patient Charge Schedule that is in effect on the date a procedure is started.

D. Choice of Dentist

You and your Dependents should have selected a Dental Office when you enrolled in the Dental Plan. If you did not, you must advise Cigna Dental of your Dental Office selection prior to receiving treatment. The benefits of the Dental Plan are available only at your Dental Office, except in the case of an emergency or when Cigna Dental otherwise authorizes payment for out-of-network benefits.

You may select a network Pediatric Dentist as the Network General Dentist for your dependent child under age 13 by calling Customer Service at 1-800Cigna24 to get a list of network Pediatric Dentists in your Service Area or if your Network General Dentist sends your child under the age of 13 to a network Pediatric Dentist, the network Pediatric Dentist’s office will have primary responsibility for your child’s care. For children 13 years and older, your Network General Dentist will provide care. If your

child continues to visit the Pediatric Dentist upon the age of 7, you will be fully responsible for the Pediatric Dentist's Usual Fees. Exceptions for medical reasons may be considered on a case-by-case basis.

If for any reason your selected Dental Office cannot provide your dental care, or if your Network General Dentist terminates from the network, Cigna Dental will let you know and will arrange a transfer to another Dental Office. Refer to the Section titled "Office Transfers" if you wish to change your Dental Office.

To obtain a list of Dental Offices near you, visit our website at my.Cigna.com, or call the Dental Office Locator at 1-800Cigna24. It is available 24 hours a day, 7 days per week. If you would like to have the list faxed to you, enter your fax number, including your area code. You may always obtain a current Dental Office Directory by calling Customer Service.

E. Your Payment Responsibility(General Care)

For Covered Services at your Dental Office, you will be charged the fees listed on your Patient Charge Schedule. For services listed on your Patient Charge Schedule at any other dental office, you may be charged Usual Fees. For non-covered services, you are responsible for paying Usual Fees.

If, on a temporary basis, there is no Network General Dentist in your Service Area, Cigna Dental will let you know and you may obtain Covered Services from a non-network dentist. You will pay the non-network dentist the applicable Patient Charge for Covered Services. Cigna Dental will pay the non-network dentist the difference, if any, between his or her Usual Fee and the applicable Patient Charge.

See Section IX. *Specialty Referrals*, regarding payment responsibility for specialty care.

All contracts between Cigna Dental and Network Dentists state that you will not be liable to the Network Dentist for any sums owed to the Network Dentist by Cigna Dental.

F. Emergency Dental Care - Reimbursement

An emergency is a dental condition of recent onset and severity which would lead a prudent layperson possessing an average knowledge of dentistry to believe the condition needs immediate dental procedures necessary to control excessive bleeding, relieve severe pain, or eliminate acute infection. You should contact your Network General Dentist if you have an emergency in your Service Area.

1. **Emergency Care Away from Home**

   If you have an emergency while you are out of your Service Area or you are unable to contact your Network General Dentist, you may receive emergency Covered Services as defined above from any general dentist. Routine restorative procedures or definitive treatment (e.g. root canal) are not considered emergency care. You should return to your Network General Dentist for these procedures. For emergency Covered Services, you will be responsible for the

Patient Charges listed on your Patient Charge Schedule. Cigna Dental will reimburse you the difference, if any, between the dentist's Usual Fee for emergency Covered Services and your Patient Charge, up to a total of $50 per incident. To receive reimbursement, send appropriate reports and x-rays to Cigna Dental at the address listed for your state on the front of this booklet.

2. **Emergency Care After Hours**
There is a Patient Charge listed on your Patient Charge Schedule for emergency care rendered after regularly scheduled office hours. This charge will be in addition to other applicable Patient Charges.

G. Limitations on Covered Services

Listed below are limitations on services when covered by your Dental Plan:

- **Frequency** - The frequency of certain Covered Services, like cleanings, is limited. Your Patient Charge Schedule lists any limitations on frequency.

- **Pediatric Dentistry** - Coverage for treatment by a Pediatric Dentist ends on your child's 7th birthday. Effective on your child's 7th birthday, dental services must be obtained from a Network General Dentist however; exceptions for medical reasons may be considered on an individual basis.

- **Oral Surgery** - The surgical removal of an impacted wisdom tooth may not be covered if the tooth is not diseased or if the removal is only for orthodontic reasons. Your Patient Charge Schedule lists any limitations on oral surgery.

- **Periodontal (gum tissue and supporting bone) Services** – Periodontal regenerative procedures are limited to one regenerative procedure per site (or per tooth, if applicable), when covered on the Patient Charge Schedule. Localized delivery of antimicrobial agents is limited to eight teeth (or eight sites, if applicable) per 12 consecutive months,when covered on the Patient Charge Schedule.

- **Clinical Oral Evaluations** – When this limitation is noted on the Patient Charge Schedule, periodic oral evaluations, comprehensive oral evaluations, comprehensive periodontal evaluations, and oral evaluations for patients under 3 years of age, are limited to a combined total of four evaluations during a 12 consecutive month period.

- **Surgical Placement of Implant Services** – When covered on the Patient Charge Schedule, surgical placement of a dental implant; repair, maintenance, or removal of a dental implant; implant abutment(s); or any services related to the surgical placement of a dental implant are limited to one per year with replacement of a surgical implant frequency limitation of one every 10 years.

- **Prosthesis Over Implant** – When covered on the Patient Charge Schedule, a prosthetic device, supported by an implant or implant abutment is considered a separate distinct service(s) from surgical placement of an implant. Replacement of any type of prosthesis with a prosthesis supported by an implant or implant abutment is only covered if the existing prosthesis is at least 5 calendar years old, is not serviceable and cannot be repaired.

General Limitations – Dental Benefits

No payment will be made for expenses incurred or services received:

- For or in connection with an injury arising out of, or in the course of, any employment for wage or profit.
- For charges which would not have been made in any facility, other than a Hospital or a Correctional Institution owned or operated by the United States Government or by a state or municipal government if the person had no insurance.
- To the extent that payment is unlawful where the person resides when the expenses are incurred or the services are received.
- For the charges which the person is not legally required to pay.
- For charges which would not have been made if the person had no insurance.
- Due to injuries which are intentionally self-inflicted.

H. Services Not Covered Under Your Dental Plan

Listed below are the services or expenses which are NOT covered under your Dental Plan and which are your responsibility at the dentist's Usual Fees. There is no coverage for:

- Services not listed on the Patient Charge Schedule.
- Services provided by a non-network dentist without Cigna Dental's prior approval (except emergencies, as described in Section IV.F.).
- Services related to an injury or illness paid under workers' compensation, occupational disease or similar laws.
- Services provided or paid by or through a federal or state governmental agency or authority, political subdivision or a public program, other than Medicaid.
- Services required while serving in the armed forces of any country or international authority or relating to a declared or undeclared war or acts of war.
- Cosmetic dentistry or cosmetic dental surgery (dentistry or dental surgery performed solely to improve appearance) unless specifically listed on your Patient Charge Schedule. If bleaching (tooth whitening) is listed on your Patient Charge Schedule, only the use of take-home bleaching gel with trays is covered; all other types of bleaching methods are not covered.

- General anesthesia, sedation and nitrous oxide, unless specifically listed on your Patient Charge Schedule. When listed on your Patient Charge Schedule, general anesthesia and IV sedation are covered when medically necessary and provided in conjunction with Covered Services performed by an Oral Surgeon or Periodontist. (Maryland residents: General anesthesia is covered when medically necessary and authorized by your physician.) There is no coverage for general anesthesia or intravenous sedation when used for the purposes of anxiety control or patient management.

- Prescription medications.

- Procedures, appliances or restorations if the main purpose is to:
  a. Change vertical dimension (degree of separation of the jaw when teeth are in contact);
  b. Restore teeth which have been damaged by attrition, abrasion, erosion and/or abfraction.

- Replacement of fixed and/or removable appliances (including fixed and removable orthodontic appliances) that have been lost, stolen, or damaged due to patient abuse, misuse or neglect.

- Surgical placement of a dental implant; repair, maintenance, or removal of a dental implant; implant abutment(s); or any services related to the surgical placement of a dental implant, unless specifically listed on your Patient Charge Schedule.
- Services considered to be unnecessary or experimental in nature or do not meet commonly accepted dental standards..

- Procedures or appliances for minor tooth guidance or to control harmful habits.

- Hospitalization, including any associated incremental charges for dental services performed in a hospital. (Benefits are available for Network Dentist charges for Covered Services performed at a hospital. Other associated charges are not covered and should be submitted to the medical carrier for benefit determination.)

- Services to the extent you or your enrolled Dependent are compensated under any group medical plan, no-fault auto insurance policy or uninsured motorist policy. (Arizona and Pennsylvania residents: Coverage for covered services to the extent compensated under group medical plan, no fault auto insurance policies or uninsured motorist policies is not excluded. Kentucky and North Carolina residents: Services compensated under no-fault auto insurance policies or uninsured motorist policies are not excluded. Maryland residents: Services compensated under group medical plans are not excluded.)

- The completion of crowns, bridges, dentures, or root canal treatment already in progress on the effective date of your

Cigna Dental coverage.

- The completion of implant supported prosthesis (including crowns, bridges and dentures) already in progress on the effective date of your Cigna Dental coverage, unless specifically listed on your Patient Charge Schedule.

- Consultations and/or evaluations associated with services that are not covered.

- Endodontic treatment and/or periodontal (gum tissue and supporting bone) surgery of teeth exhibiting a poor or hopeless periodontal prognosis.

- Bone grafting and/or guided tissue regeneration when performed at the site of a tooth extraction unless specifically listed on your Patient Charge Schedule.

- Bone grafting and/or guided tissue regeneration when performed in conjunction with an apicoectomy or periradicular surgery.

- Intentional root canal treatment in the absence of injury or disease to solely facilitate a restorative procedure.

- Services performed by a prosthodontist.
- Localized delivery of antimicrobial agents when performed alone or in the absence of traditional periodontal therapy.

- Any localized delivery of antimicrobial agent procedures when more than eight (8) of these procedures are reported on the same date of service.

- Infection control and/or sterilization. Cigna dental considers this to be incidental to and part of the charges for services provided and not separately chargeable.

- The recementation of any inlay, onlay, crown, post and core or fixed bridge within 180 days of initial placement. Cigna Dental considers recementation within this timeframe to be incidental to and part of the charges for the initial restoration.

- The recementation of any implant supported prosthesis (including crowns, bridges and dentures) within 180 days of initial placement. Cigna Dental considers recementation within this timeframe to be incidental to and part of the charges for the initial restoration unless specifically listed on your Patient Charge Schedule.

- Services to correct congenital malformations, including the replacement of congenitally missing teeth.

- The replacement of an occlusal guard (night guard) beyond one per any 24 consecutive month period, when this limitation is noted on the Patient Charge Schedule.

- Crowns, bridges and/or implant supported prosthesis used solely for splinting.

- Resin bonded retainers and associated pontics.

Preexisting conditions are not excluded if the procedures involved are otherwise covered under your Patient Charge Schedule.

Should any law require coverage for any particular service(s) noted above, the exclusion or limitation for that service(s) shall not apply.

V. Appointments

To make an appointment with your Network Dentist, call the Dental Office that you have selected. When you call, your Dental Office will ask for your identification number and will check your eligibility.

VI. Broken Appointments

The time your Network Dentist schedules for your appointment is valuable to you and the dentist. Broken appointments make it difficult for your Dental Office to schedule time with other patients.

If you or your enrolled Dependent breaks an appointment with less than 24 hours notice to the Dental Office, you may be charged a broken appointment fee.

VII. Office Transfers

If you decide to change Dental Offices, we can arrange a transfer. You should complete any dental procedure in progress before transferring to another Dental Office. To arrange a transfer, call Customer Service at 1-800Cigna24. To obtain a list of Dental Offices near you, visit our website at my.Cigna.com, or call the Dental Office Locator at 1-800Cigna24.

Your transfer request will take about five days to process. Transfers will be effective the first day of the month after the processing of your request. Unless you have an emergency, you will be unable to schedule an appointment at the new Dental Office until your transfer becomes effective.

There is no charge to you for the transfer; however, all Patient Charges which you owe to your current Dental Office must be paid before the transfer can be processed.

VIII. Specialty Care

Your Network General Dentist at your Dental Office has primary responsibility for your professional dental care. Because you may need specialty care, the Cigna Dental Network includes the following types of specialty dentists:

- Pediatric Dentists – **C**hildren's dentistry.
- Endodontists – **R**oot canal treatment.
- Periodontists – Treatment of gums and bone.

- Oral Surgeons – Complex extractions and other surgical procedures.
- Orthodontists – Tooth movement.

There is no coverage for referrals to prosthodontists or other specialty dentists not listed above.

When specialty care is needed, your Network General Dentist must start the referral process. X-rays taken by your Network General Dentist should be sent to the Network Specialty Dentist.

See Section IV.D., *Choice of Dentist*, regarding treatment by a Pediatric Dentist.

IX. Specialty Referrals

A. In General

Upon referral from a Network General Dentist, your Network Specialty Dentist will submit a specialty care treatment plan to Cigna Dental for payment authorization, except for Pediatrics, Orthodontics and Endodontics, for which prior authorization is not required. You should verify with the Network Specialty Dentist that your treatment plan has been authorized for payment by Cigna Dental before treatment begins.

When Cigna Dental authorizes payment to the Network Specialty Dentist, the fees or no-charge services listed on the Patient Charge Schedule in effect on the date each procedure is started will apply, except as set out in Section IX.B., Orthodontics. Treatment by the Network Specialty Dentist must begin within 90 days from the date of Cigna Dental's authorization. If you are unable to obtain treatment within the 90 day period, please call Customer Service to request an extension. Your coverage must be in effect when each procedure begins.

For non-covered services or if Cigna Dental does not authorize payment to the Network Specialty Dentist for Covered Services, including Adverse Determinations, you must pay the Network Specialty Dentist's Usual Fee. If you have a question or concern regarding an authorization or a denial, contact Customer Service.

After the Network Specialty Dentist has completed treatment, you should return to your Network General Dentist for cleanings, regular checkups and other treatment. If you visit a Network Specialty Dentist without a referral or if you continue to see a Network Specialty Dentist after you have completed specialty care, it will be your responsibility to pay for treatment at the dentist's Usual Fees.

When your Network General Dentist determines that you need specialty care and a Network Specialty Dentist is not available, as determined by Cigna Dental, Cigna Dental will authorize a referral to a non-network specialty dentist. The referral procedures applicable to specialty care will apply. In such cases, you will be responsible for the applicable Patient Charge for Covered Services. Cigna Dental will reimburse the non-network dentist the difference, if any, between his or her Usual Fee and the applicable Patient Charge. For non-covered services

or services not authorized for payment, including Adverse Determinations, you must pay the dentist's Usual Fee.

B. Orthodontics (This section is applicable only when orthodontics is listed on your Patient Charge Schedule.)

1. **Definitions –** If your Patient Charge Schedule indicates coverage for orthodontic treatment, the following definitions apply:
   e. **Orthodontic Treatment Plan and Records –** the preparation of orthodontic records and a treatment plan by the orthodontist.
   f. **Interceptive Orthodontic Treatment –** treatment prior to full eruption of the permanent teeth, frequently a first phase preceding comprehensive treatment.
   g. **Comprehensive Orthodontic Treatment –** treatment after the eruption of most permanent teeth, generally the final phase of treatment before retention.
   h. **Retention (Post Treatment Stabilization) –** the period following orthodontic treatment during which you may wear an appliance to maintain and stabilize the new position of the teeth.

2. **Patient Charges**
   The Patient Charge for your entire orthodontic case, including retention, will be based upon the Patient Charge Schedule in effect on the date of your visit for Treatment Plan and Records. However, if a. banding/appliance insertion does not occur within 90 days of such visit, b. your treatment plan changes, or c. there is an interruption in your coverage or treatment, a later change in the Patient Charge Schedule may apply.

   The Patient Charge for orthodontic treatment is based upon 24 months of interceptive and/or comprehensive treatment. If you require more than 24 months of treatment in total, you will be charged an additional amount for each additional month of treatment, based upon the Orthodontist's Contract Fee. If you require less than 24 months of treatment, your Patient Charge will be reduced on a prorated basis.

3. **Additional Charges**
   You will be responsible for the Orthodontist's Usual Fees for the following non-covered services:
   a. Incremental costs associated with optional/elective materials, including but not limited to ceramic, clear, lingual brackets, or other cosmetic appliances;
   b. Orthognathic surgery and associated incremental costs;
   c. Appliances to guide minor tooth movement;
   d. Appliances to correct harmful habits; and
   e. Services which are not typically included in Orthodontic Treatment. These services will be identified on a case-by-case basis.

4. **Orthodontics in Progress**

If Orthodontic Treatment is in progress for you or your Dependent at the time you enroll, the fee listed on the Patient Charge Schedule is not applicable. Please call Customer Service at 1-800Cigna24 to find out if you are entitled to any benefit under the Dental Plan.

X. Complex Rehabilitation/Multiple Crown Units

Complex rehabilitation is extensive dental restoration involving six or more "units" of crown, bridge and/or implant supported prosthesis (including crowns and bridges) in the same treatment plan. Using full crowns (caps), fixed bridges and/or implant supported prosthesis (including crowns and bridges) which are cemented in place, your Network General Dentist will rebuild natural teeth, fill in spaces where teeth are missing and establish conditions which allow each tooth to function in harmony with the occlusion (bite). The extensive procedures involved in complex rehabilitation require an extraordinary amount of time, effort, skill and laboratory collaboration for a successful outcome.

Complex rehabilitation will be covered when performed by your Network General Dentist after consultation with you about diagnosis, treatment plan and charges. Each tooth or tooth replacement included in the treatment plan is referred to as a "unit" on your Patient Charge Schedule. The crown, bridge and/or implant supported prosthesis (including crowns and bridges) charges on your Patient Charge Schedule are for each unit of crown or bridge. You pay the per unit charge for each unit of crown, bridge and/or implant supported prosthesis (including crowns and bridges) PLUS an additional charge for each unit when six or more units are prescribed in your Network General Dentist's treatment plan.

Note: Complex rehabilitation only applies for implant supported prosthesis, when implant supported prosthesis are specifically listed on your Patient Charge Schedule.

XI. What to Do if There Is a Problem

For the purposes of this section, any reference to “you” or “your” also refers to a representative or provider designated by you to act on your behalf. **Time frames or requirements may vary depending on the laws in your State. Consult your State Rider for further details.**

Most problems can be resolved between you and your dentist. However, we want you to be completely satisfied with the Dental Plan. That is why we have established a process for addressing your concerns and complaints. The complaint procedure is voluntary and will be used only upon your request.

A. Start with Customer Service

We are here to listen and to help. If you have a concern about your Dental Office or the Dental Plan, you can call 1-800Cigna24 toll-free and explain your concern to one of our Customer Service Representatives. You can also express that concern in writing to Cigna Dental, P.O. Box 188047, Chattanooga, TN 37422-8047. We will do our best to resolve the matter during your initial contact. If we need more time to review or investigate your concern, we will get back to you as soon as possible, usually by the end of the

next business day, but in any case within 30 days.
If you are not satisfied with the results of a coverage decision, you may start the appeals procedure.

B. Appeals Procedure

Cigna Dental has a two-step appeals procedure for coverage decisions. To initiate an appeal, you must submit a request in writing to Cigna Dental, P.O. Box 188047, Chattanooga, TN 37422-8047, within one year from the date of the initial Cigna Dental decision. You should state the reason you feel your appeal should be approved and include any information to support your appeal. If you are unable or choose not to write, you may ask Customer Service to register your appeal by calling 1-800Cigna24.

1. **Level-One Appeals**

Your level-one appeal will be reviewed and the decision made by someone not involved in the initial review. Appeals involving dental necessity or clinical appropriateness will be reviewed by a dental professional.

If your appeal concerns a denied preauthorization, we will respond with a decision within 15 calendar days after we receive your appeal. For appeals concerning all other coverage issues, we will respond with a decision within 30 calendar days after we receive your appeal. If we need more information to make your level-one appeal decision, we will notify you in writing to request an extension of up to 15 calendar days and to specify any additional information needed to complete the review.

You may request that the appeal resolution be expedited if the time frames under the above process would seriously jeopardize your life or health or would jeopardize your ability to regain the dental functionality that existed prior to the onset of your current condition. A dental professional, in consultation with the treating dentist, will decide if an expedited review is necessary. When a review is expedited, Cigna Dental will respond orally with a decision within 72 hours, followed up in writing.

If you are not satisfied with our level-one appeal decision, you may request a level-two appeal.

2. **Level Two Appeals**

To initiate a level-two appeal, follow the same process required for a level-one appeal. Your level-two appeal will be reviewed and a decision made by someone not involved in the level-one appeal. For appeals involving dental necessity or clinical appropriateness, the decision will be made by a dentist. If specialty care is in dispute, the appeal will be conducted by a dentist in the same or similar specialty as the care under review.

The review will be completed within 30 calendar days. If we need more information to complete the appeal, we will notify you in writing to request an extension of up to 15 calendar days and to specify any additional information

needed to complete the review. The decision will include the specific contractual or clinical reasons for the decision, as applicable.

You may request that the appeal resolution be expedited if the time frames under the above process would seriously jeopardize your life or health or would jeopardize your ability to regain the dental functionality that existed prior to the onset of your current condition. A dental professional, in consultation with the treating dentist, will decide if an expedited review is necessary. When a review is expedited, the Dental Plan will respond orally with a decision within 72 hours, followed up in writing.

3. **Independent Review Procedure**

The independent review procedure is a voluntary program arranged by the Dental Plan and is not available in all areas. Consult your State Rider for more details if applicable.

4. **Appeals to the State**

You have the right to contact your State's Department of Insurance and/or Department of Health for assistance at any time. **See your State Rider for further details.**

Cigna Dental will not cancel or refuse to renew your coverage because you or your Dependent has filed a complaint or an appeal involving a decision made by Cigna Dental. You have the right to file suit in a court of law for any claim involving the professional treatment performed by a dentist.

XII. Dual Coverage

You and your Dependents may not be covered twice under this Dental Plan. If you and your spouse have enrolled each other or the same Dependents twice, please contact your Benefits Administrator.

If you or your Dependents have dental coverage through your spouse's employer or other sources such as an HMO or similar dental plan, applicable coordination of benefits rules will determine which coverage is primary or secondary. In most cases, the plan covering you as an employee is primary for you, and the plan covering your spouse as an employee is primary for him or her. Your children are generally covered as primary by the plan of the parent whose birthday occurs earlier in the year. Dual coverage should result in lowering or eliminating your out-of-pocket expenses. It should not result in reimbursement for more than 100% of your expenses.

Coordination of benefits rules are attached to the Group Contract and may be reviewed by contacting your Benefits Administrator. Cigna Dental coordinates benefits only for specialty care services.

XIII. Disenrollment from the Dental Plan – Termination of Benefits

A. Time Frames for Disenrollment/Termination

Except as otherwise provided in the sections titled "Extension/Continuation of Benefits" or in your Group Contract, disenrollment from the Dental Plan and termination of benefits will occur on the last day of the month:

1. In which Premiums are not remitted to Cigna Dental.

2. In which eligibility requirements are no longer met.

3. After 30 days' notice from Cigna Dental due to permanent breakdown of the dentist-patient relationship as determined by Cigna Dental, after at least two opportunities to transfer to another Dental Office.

4. After 30 days' notice from Cigna Dental due to fraud or misuse of dental services and/or Dental Offices.

5. After 60 days' notice by Cigna Dental, due to continued lack of a Dental Office in your Service Area.

6. After voluntary disenrollment.

B. Effect on Dependents

When one of your Dependents is disenrolled, you and your other Dependents may continue to be enrolled. When you are disenrolled, your Dependents will be disenrolled as well.

XIV. Extension of Benefits

Coverage for completion of a dental procedure (other than orthodontics) which was started before your disenrollment from the Dental Plan will be extended for 90 days after disenrollment unless disenrollment was due to nonpayment of Premiums.

Coverage for orthodontic treatment which was started before disenrollment from the Dental Plan will be extended to the end of the quarter or for 60 days after disenrollment, whichever is later, unless disenrollment was due to nonpayment of Premiums.

XV. Continuation of Benefits (COBRA)

For Groups with 20 or more employees, federal law requires the employer to offer continuation of benefits coverage for a specified period of time after termination of employment or reduction of work hours, for any reason other than gross misconduct. You will be responsible for sending payment of the required Premiums to the Group. Additional information is available through your Benefits Representative.

XVI. Conversion Coverage

If you are no longer eligible for coverage under your Group's Dental Plan, you and your enrolled Dependents may continue your dental coverage by enrolling in the Cigna Dental conversion plan. You must enroll within three (3) months after becoming ineligible for your Group's Dental Plan. Premium payments and coverage will be retroactive to the date coverage under your Group's Dental Plan ended. You and your enrolled Dependents are eligible for conversion coverage unless benefits were discontinued due to:

- Permanent breakdown of the dentist-patient relationship.
- Fraud or misuse of dental services and/or Dental Offices.
- Nonpayment of Premiums by the Subscriber.
- Selection of alternate dental coverage by your Group.
- Lack of network/Service Area.

Benefits and rates for Cigna Dental conversion coverage and any succeeding renewals will be based on the Covered Services listed in the then-current standard conversion plan and may not be the same as those for your Group's Dental Plan. Please call the Cigna Dental Conversion Department at 1-800Cigna24 to obtain current rates and make arrangements for continuing coverage.

XVII. Confidentiality/Privacy

Cigna Dental is committed to maintaining the confidentiality of your personal and sensitive information. Information about Cigna Dental's confidentiality policies and procedures is made available to you during the enrollment process and/or as part of your customer plan materials. You may obtain additional information about Cigna Dental's confidentiality policies and procedures by calling Customer Service at 1-800Cigna24, or via the Internet at my.Cigna.com.

XVIII. Miscellaneous

As a Cigna Dental plan customer, you may be eligible for various discounts, benefits, or other consideration for the purpose of promoting your general health and well being. Please visit our website at my.Cigna.com for details.

As a Cigna Dental plan customer, you may also be eligible for additional dental benefits during certain health conditions. For example, certain frequency limitations for dental services may be relaxed for pregnant women and customers participating in certain disease management programs. Please review your plan enrollment materials for details.

See Your State Rider for Additional Details.

STATE RIDER
Cigna Dental Health Plan of Arizona, Inc.

Arizona Residents:

I. DEFINITIONS

Dependent -

The following provision, included as the next to the last sentence under the definition of "Dependent" in your Plan Booklet, does not apply to Arizona residents:

Coverage for dependents living outside a Cigna Dental service area is subject to the availability of an approved network where the dependent resides.

III. ELIGIBILITY/WHEN COVERAGE BEGINS

Employees may enroll within 31 days of becoming eligible.

If you have family coverage, a newly born child, newly adopted child, or a child newly placed in your home for adoption by you, is automatically covered during the first 31 days of life, adoption or placement. If you wish to continue coverage beyond the first 31 days, you should enroll your child in the Dental Plan and you need to begin to pay any additional Premiums during that period.

IV. YOUR CIGNA DENTAL COVERAGE

F. EMERGENCY DENTAL CARE - REIMBURSEMENT

An emergency is a dental problem that requires immediate treatment (includes control of bleeding, acute infection, or relief of pain including local anesthesia). Reimbursement for emergencies will be made by Cigna Dental in accordance with your plan benefits, regardless of the location of the facility providing the services.

H. SERVICES NOT COVERED UNDER YOUR DENTAL PLAN

The following bullet does not apply to Arizona residents.

- services to the extent you or your enrolled Dependent are compensated under any group medical plan, no-fault auto insurance policy, or uninsured motorist policy. **Arizona residents: Coverage for covered services to the extent compensated under group medical plan, no fault auto insurance policies or uninsured motorist policies is not excluded.**

XI. WHAT TO DO IF THERE IS A PROBLEM

Section B, "Appeals Procedure", is hereby deleted and replaced with the following:

B. PROBLEMS CONCERNING DENIED PREAUTHORIZATIONS OR DENIED CLAIMS FOR SERVICES ALREADY PROVIDED

If your problem concerns a specialty referral pre-authorization that is not approved for payment or a claim for services already provided that is denied by Cigna Dental, you or your designated representative may request a review as set out below by contacting Member Services, P.O. Box 188047, Chattanooga, Tennessee 37422, Telephone 1.800.Cigna24 (244.6224).

1. Expedited Review Process (Pre-authorizations Only)

a. Expedited Review

An Expedited Review is available if your Network Dentist certifies in writing that the time to follow the Informal Reconsideration process, as described below, would cause a significant negative change in your medical condition. Cigna Dental will notify you and your dentist of its decision, by telephone and by mail, within 1 business day after receipt of all documentation. If Cigna Dental upholds the denial, the written notice will include the criteria used, the clinical reasons for the decision, references to any supporting documentation, and notice of your right to proceed to an Expedited Appeal.

b. Expedited Appeal

An Expedited Appeal is available if Cigna Dental upholds the denial of a pre-authorization at the Expedited Review level. To request an Expedited Appeal, your Network Dentist must immediately inform Cigna Dental, in writing, that you are requesting an Expedited Appeal. Cigna Dental will notify you and your dentist of its decision, by telephone and by mail, within 72 hours of receiving the request. If Cigna Dental upholds the denial, you may request an Expedited External Independent Review.

c. Expedited External Independent Review

An Expedited External Independent Review is available if Cigna Dental upholds the denial of a pre-authorization at the Expedited Appeal level. You have 5 business days from the date you receive written notice that your denial was upheld at the Expedited Appeal level to request an Expedited External Independent Review. You must send your request in writing to the Appeals Coordinator at the above address. Cigna Dental will notify the Director of Insurance and acknowledge your request in writing within 1 business day. The Director of Insurance will advise you and your treating dentist of the decision.

2. Informal Reconsideration (Pre-authorizations Only)

An Informal Reconsideration is available if Cigna Dental denies a pre-authorization that does not qualify for Expedited Review. You have up to 2 years from the date your pre-authorization was denied to request Informal Reconsideration. Your coverage must be in effect at the time of the request. Cigna Dental will acknowledge your request for Informal Reconsideration in writing within 5 business days. An Appeals Information Packet will be

included. Cigna Dental will notify you and your treating dentist of its decision in writing within 15 days. If Cigna Dental upholds the denial, the notice will include a description of the criteria used, the clinical reasons for the decision, references to any supporting documentation, and notice of your right to proceed to a Formal Appeal.

3. Formal Appeal (Pre-authorizations and Claims for Services Already Provided)

a. Denied Pre-authorizations: You have 60 days from the date you receive notice that your denial was upheld at the Informal Reconsideration level to request a Formal Appeal. Cigna Dental will notify you and your dentist of its decision in writing within 15 days.

b. Denied Claims for Services Already Provided: You have 2 years from the date your claim was denied to request a Formal Appeal. Cigna Dental will notify you and your dentist of its decision in writing within 60 days.

You must send your request for a Formal Appeal in writing to the Appeals Coordinator at the above address. You or your Network Dentist must provide Cigna Dental with any material justification or documentation to support your request. Cigna Dental will acknowledge your appeal in writing within 5 business days of your request. If Cigna Dental upholds the denial, the written notice will include the criteria used, the clinical reasons for the decision, references to any supporting documentation, and your right to proceed to External Independent Review.

4. External Independent Review (Pre-authorizations and Claims for Services Already Provided):

If Cigna Dental upholds the denial of a pre-authorization or a claim for services already provided at the Formal Appeal level, you may seek an External Independent Review. You have 30 days from the date you receive notice that your denial was upheld at the Formal Appeal level to request an External Independent Review. You must send your request for an External Independent Review in writing to the Appeals Coordinator at the above address. Cigna Dental will notify the Director of Insurance and acknowledge your request in writing within 5 business days. The Director of Insurance will notify you and your treating dentist of the Independent Review Organization's decision.

Further information concerning the above Appeal Process is contained in the Appeals Information Packet. You may obtain a replacement packet by contacting Member Services at 1.800.Cigna24.

5. Appeals to the State

You have the right to contact the Arizona Department of Insurance and/or Department of Health for assistance at any time.

XII. DUAL COVERAGE

If you are also an insured or certificate holder under an indemnity health insurance policy that provides benefits for Covered Services provided by the Dental Plan, the indemnity health insurance policy will pay benefits without regard to the existence of the Cigna Dental Plan. Notwithstanding, the indemnity plan is not obligated to pay any amount for a procedure provided under the Dental Plan at no charge or to pay in excess of the amount of the Patient Charge for any Covered Service. In the event the Patient Charge has been paid to the Network Dentist, then the Indemnity Plan must remit any payments due directly to you.

Cigna Dental Health of Florida, Inc.
STATE RIDER

Florida residents:
This State Rider is attached to and made part of your Plan Booklet and contains information that either replaces, or is in addition to, information contained in your Plan Booklet.

I. Definitions

Dependent - A child born to or adopted by your covered family member may also be considered a dependent if the child is pre-enrolled at the time of birth or adoption.

III. Eligibility/when coverage begins

There will be at least one open enrollment period of not less than 30 days every 18 months unless Cigna Dental Health and your Group mutually agree to a shorter period of time than 18 months.

If you have family coverage, your newly-born child, or a newly-born child of a covered family member, is automatically covered during the first 31 days of life if the child is pre-enrolled in the Dental Plan at the time of birth. If you wish to continue coverage beyond the first 31 days, you need to begin to pay Premiums, if any additional are due, during that period.

IV. **Y**our Cigna Dental coverage

B. Premiums/prepayment fees

Your Group Contract has a 31-day grace period. This provision means that if any required premium is not paid on or before the date it is due, it may be paid subsequently during the grace period. During the grace period, the Group Contract will remain in force.

D. Choice of dentist

You may receive a description of the process used to analyze the qualifications and credentials of Network Dentists upon request.

XI. **W**hat to do if there is a problem

The following is in addition to the Section XI of your Plan Booklet:

B. Appeals procedure

The Appeals Coordinator can be reached at 1-800-Cigna24 (244.6224) or by writing to P.O. Box 188047, Chattanooga, TN 37422.

1. Level one appeals

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Your written complaint will be processed within 60 days of receipt unless the complaint involves the collection of information outside the service area, in which case Cigna Dental Health will have an additional 30 days to process the complaint. You may file a complaint up to one year from the date of occurrence.

If a meeting with you is necessary, the location of the meeting shall be at Cigna Dental Health's administrative office or at a location within the service area that is convenient for you.

4. Appeals to the State

You always have the right to file a complaint with or seek assistance from the Department of Insurance, 200 East Gaines Street, Tallahassee, Florida 32399, 1-800-342-2762.

XIII. Disenrollment from the dental plan/termination

A. Causes for disenrollment/termination

3. Permanent breakdown of the dentist-patient relationship, as determined by Cigna Dental Health, is defined as disruptive, unruly, abusive, unlawful, or uncooperative behavior which seriously impairs Cigna Dental Health's ability to provide services to members, after reasonable efforts to resolve the problem and consideration of extenuating circumstances.

Forty-five days notice will be provided to you if Cigna Dental Health terminates enrollment in the dental plan.

XIV. Extension of benefits

Coverage for all dental procedures in progress, including Orthodontics, is extended for 90 days after disenrollment.

XVI. Converting from your group coverage

You and your enrolled Dependent(s) are eligible for conversion coverage unless benefits are discontinued because you or your Dependent no longer reside in a Cigna Dental Health Service Area, or because of fraud or material misrepresentation in applying for benefits.

Unless benefits were terminated as previously listed, conversion coverage is available to your Dependents, only, as follows:

A. A surviving spouse and children at Subscriber's death;
B. A former spouse whose coverage would otherwise end because of annulment or dissolution of marriage; or
C. A spouse or child whose group coverage ended by reason of ceasing to be an eligible family member under the Subscriber's coverage.

Coverage and Benefits for conversion coverage will be similar to those of your Group's Dental Plan. Rates will be at prevailing conversion levels.

In addition the following provisions apply to your plan:

Expenses for which a third party may be responsible

This plan does not cover:

1. Expenses incurred by you or your Dependent (hereinafter individually and collectively referred to as a "Participant,") for which another party may be responsible as a result of having caused or contributed to an Injury or Sickness.

2. Expenses incurred by a Participant to the extent any payment is received for them either directly or indirectly from a third party tortfeasor or as a result of a settlement, judgment or arbitration award in connection with any automobile medical, automobile no-fault, uninsured or underinsured motorist, homeowners, workers' compensation, government insurance (other than Medicaid), or similar type of insurance or coverage.

Right of reimbursement

If a Participant incurs a Covered Expense for which, in the opinion of the plan or its claim administrator, another party may be responsible or for which the Participant may receive payment as described above, the plan is granted a right of reimbursement, to the extent of the benefits provided by the plan, from the proceeds of any recovery whether by settlement, judgment, or otherwise.

Cigna Dental Health of Florida, Inc.

BY: Frederick E Sandalette

TITLE: President

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BENEFIT RIDER
Cigna Dental Companies

Cigna Dental Health of Florida, Inc. (**a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes)**
P.O. Box 453099
Sunrise, Florida 33345-3099

This State Rider is attached to and made part of your Plan Booklet/Evidence of Coverage and replaces the following provisions:

D. **Choice of Dentist**

You and your Dependents should have selected a Dental Office when you enrolled in the Dental Plan. If you did not, you must advise Cigna Dental of your Dental Office selection prior to receiving treatment. The benefits of the Dental Plan are available only at your Dental Office, except in the case of an emergency or when Cigna Dental otherwise approves payment for out-of-network benefits.

You may select a network Pediatric Dentist as the Network General Dentist for your dependent child under age 13 by calling Customer Service at 1.800.Cigna24 to get a list of network Pediatric Dentists in your Service Area or if your Network General Dentist sends your child under the age of 13 to a network Pediatric Dentist, the network Pediatric Dentist's office will have primary responsibility for your child's care. For children 13 years and older, your Network General Dentist will provide care. If your child continues to visit the Pediatric Dentist upon the age of 13, you will be fully responsible for the Pediatric Dentist's Usual Fees. Exceptions for medical reasons may be considered on a case-by-case basis.

If for any reason your selected Dental Office cannot provide your dental care, or if your Network General Dentist terminates from the network, Cigna Dental will let you know and will arrange a transfer to another Dental Office. Refer to the Section titled "Office Transfers" if you wish to change your Dental Office.

To obtain a list of Dental Offices near you, visit our website at my.Cigna.com, or call the Dental Office Locator at 1.800.Cigna24. It is available 24 hours a day, 7 days per week. If you would like to have the list faxed to you, enter your fax number, including your area code. You may always obtain a current Dental Office Directory by calling Customer Service.

F. Emergency Dental Care – Reimbursement

An emergency is a dental condition of recent onset and severity which would lead a prudent layperson possessing an average knowledge of dentistry to believe the condition needs immediate dental procedures necessary to control excessive bleeding, relieve severe pain, or eliminate acute infection. You should contact your Network General Dentist if you have an emergency in your Service Area.

1. **Emergency Care Away from Home**
   If you have an emergency while you are out of your Service Area or you are unable to contact your Network General Dentist, you may receive emergency Covered Services as defined above from any general dentist. Routine restorative procedures or definitive treatment (e.g. root canal) are not considered emergency care. You should return to your Network General Dentist for these procedures.
   For emergency Covered Services, you will be responsible for the Patient Charges listed on your Patient Charge Schedule. Cigna Dental will reimburse you the difference, if any, between the dentist's Usual Fee for emergency Covered Services and your Patient Charge, up to a total of [$50-$100] per incident. To receive reimbursement, send appropriate reports and x-rays to Cigna Dental at the address listed for your state on the front of this booklet.
2. **Emergency Care After Hours**
   There is a Patient Charge listed on your Patient Charge Schedule for emergency care rendered after regularly scheduled office hours. This charge will be in addition to other applicable Patient Charges.

G. Limitations on Covered Services

Listed below are limitations on services when covered by your Dental Plan:

- **Frequency** - The frequency of certain Covered Services, like cleanings, is limited. Your Patient Charge Schedule lists any limitations on frequency.

- **Pediatric Dentistry** - Coverage for treatment by a Pediatric Dentist ends on your child's 13th birthday. Effective on your child's 13th birthday, dental services must be obtained from a Network General Dentist however, exceptions for medical reasons may be considered on an individual basis.

- **Oral Surgery** - The surgical removal of an impacted wisdom tooth may not be covered if the tooth is not diseased or if the removal is only for orthodontic reasons. Your Patient Charge Schedule lists any limitations on oral surgery.

- **Periodontal (gum tissue and supporting bone) Services** – Periodontal regenerative procedures are limited to one regenerative procedure per site (or per tooth, if applicable), when covered on the Patient Charge Schedule.

  Localized delivery of antimicrobial agents is limited to eight teeth (or eight sites, if applicable) per 12 consecutive months, when covered on the Patient Charge Schedule.
- **Clinical Oral Evaluations** – When this limitation is noted on the Patient Charge Schedule, periodic oral

evaluations, comprehensive oral evaluations, comprehensive periodontal evaluations, and oral evaluations for patients under 3 years of age, are limited to a combined total of four evaluations during a 12 consecutive month period.

- S**urgical Placement of Implant Services** – When covered on the Patient Charge Schedule, surgical placement of a dental implant; repair, maintenance, or removal of a dental implant; implant abutment(s); or any services related to the surgical placement of a dental implant are limited to one per year with replacement of a surgical implant frequency limitation of one every 10 years.

- **Prosthesis Over Implant** – When covered on the Patient Charge Schedule, a prosthetic device, supported by an implant or implant abutment is considered a separate distinct service(s) from surgical placement of an implant. Replacement of any type of prosthesis with a prosthesis supported by an implant or implant abutment is only covered if the existing prosthesis is at least 5 calendar years old, is not serviceable and cannot be repaired.

General Limitations – Dental Benefits

No payment will be made for expenses incurred or services received:

- For or in connection with an injury arising out of, or in the course of, any employment for wage or profit.
- For charges which would not have been made in any facility, other than a Hospital or a Correctional Institution owned or operated by the United States Government or by a state or municipal government if the person had no insurance.
- To the extent that payment is unlawful where the person resides when the expenses are incurred or the services are received.
- For the charges which the person is not legally required to pay.
- For charges which would not have been made if the person had no insurance.
- Due to injuries which are intentionally self-inflicted.

VII. Office Transfers

If you decide to change Dental Offices, we can arrange a transfer. You should complete any dental procedure in progress before transferring to another Dental Office. To arrange a transfer, call Customer Service at 1.800.Cigna24. To obtain a list of Dental Offices near you, visit our website at my.Cigna.com, or call the Dental Office Locator at 1.800.Cigna24.

Your transfer request may take up to 5 days to process. [Transfers will be effective the first day of the month after the processing of your request.] Unless you have an emergency, you will be unable to schedule an appointment at the new Dental Office until your transfer

becomes effective. You can check the status of your request by visiting myCigna.com, or by calling us at 1.800.Cigna24.

There is no charge to you for the transfer; however, all Patient Charges which you owe to your current Dental Office must be paid before the transfer can be processed.

IX. Specialty Referrals

A. In General

Preauthorization is not required for coverage of services by a Network Specialty Dentist.

When Cigna Dental approves payment to the Network Specialty Dentist, the fees or no-charge services listed on the Patient Charge Schedule in effect on the date each procedure is started will apply, except as set out in Section IX.B., Orthodontics. Treatment by the Network Specialty Dentist must begin within 90 days from the date of Cigna Dental's approval. If you are unable to obtain treatment within the 90 day period, please call Customer Service to request an extension. Your coverage must be in effect when each procedure begins.

For non-covered services or if Cigna Dental does not approve payment to the Network Specialty Dentist for Covered Services, including Adverse Determinations, you must pay the Network Specialty Dentist's Usual Fee. If you have a question or concern regarding an approval or a denial, contact Customer Service.

After the Network Specialty Dentist has completed treatment, you should return to your Network General Dentist for cleanings, regular checkups and other treatment. If you visit a Network Specialty Dentist without a referral or if you continue to see a Network Specialty Dentist after you have completed specialty care, it will be your responsibility to pay for treatment at the dentist's Usual Fees.

When your Network General Dentist determines that you need specialty care and a Network Specialty Dentist is not available, as determined by Cigna Dental, Cigna Dental will approve a referral to a non-network specialty dentist. The referral procedures applicable to specialty care will apply. In such cases, you will be responsible for the applicable Patient Charge for Covered Services. Cigna Dental will reimburse the non-network dentist the difference, if any, between his or her Usual Fee and the applicable Patient Charge. For non-covered services or services not approved for payment, including Adverse Determinations, you must pay the dentist's Usual Fee.

Cigna Dental Health of Florida, Inc.

BY: Frederick E. Corallette

TITLE: President

Section II – Special Terms and Conditions

2.1 General Conditions

RFP General Conditions (Form G-107, Rev. 02/20) are included and made a part of this RFP.

Cigna has reviewed the City's RFP General Conditions (Form G-107, Rev. 02/20) and takes no exceptions as they align with what is currently place. Should the City request to amend the inforce General Conditions, our Cigna legal team, as well as the City's designated Client Manager, Michelle Alperstein, will work with your legal team to incorporate as applicable.

2.13 Sample Contract Agreement

A sample of the formal agreement template, which may be required to be executed by the awarded vendor can be found at our website: https://www.fortlauderdale.gov/home/showdocument?id=1212 .

As the incumbent dental service provider, Cigna agrees to the referenced sample agreement and respectfully requests, like before, that the existing Cigna agreement and policy between the City and Cigna be incorporated again as exhibits to the City's agreement. Due to page restrictions we have not included the inforce agreement and policy with our proposal submission; however, these documents can be provided upon request.

>000001 9150400 001 003071 000 0
SAMPLE, JOHN
456 NOWHERE AVENUE
DALLAS TX 98765-4321

Cigna Dental
PO Box 453099
Sunrise FL 33345-3099

Member Name	Role	Dental Office Assignment	Phone Number
JOHN	EE	XYZ DENTAL GROUP XYZ	555.554.5544
MICHAEL	SP	DENTAL GROUP WHITER	555.554.5544
AKIL	CH	SMILES DENTAL XYZ	555.553.5533
ATIBA	CH	DENTAL GROUP WHITER	555.554.5544
ISAIAH	CH	SMILES DENTAL WHITER	555.553.5533
ZION	CH	SMILES DENTAL WHITER	555.553.5533
AJA	CH	SMILES DENTAL WHITER	555.553.5533
TALIA	CH	SMILES DENTAL	555.553.5533

CLIENT NAME

DENTAL CARE NETWORK (DHMO)

Cigna.

Subscriber ID	Group ID	Coverage	DOI Effective Date
T93104203	19999999	FAMILY	01-01-2004

Plan information, benefits and to locate a network dentist:
Call toll-free: 1.800.Cigna24 (1.800.244.6224)
Account Website: www.accountwebsite.com

T93104203	SAMPLE, ISAIAH	CH
T93104203	SAMPLE, ZION	CH
T93104203	SAMPLE, AJA	CH
T93104203	SAMPLE, TALIA	CH

www.cigna.com or myCigna.com

CLIENT NAME

DENTAL CARE NETWORK (DHMO)

Cigna.

Subscriber ID	Group ID	Coverage	DOI Effective Date
T93104203	19999999	FAMILY	01-01-2004

Plan information, benefits and to locate a network dentist:
Call toll-free: 1.800.Cigna24 (1.800.244.6224)
Account Website: www.accountwebsite.com

T93104203 01
T93104203
T93104203
T93104203

www.cigna.com or myCigna.com

03071 9150400 0000 000001 000001 119 6 227

Welcome to the Cigna Dental Care plan.
Enclosed is your ID card. Although this card does not guarantee eligibility for benefits, you may present it to a participating dental office to communicate important dental plan information.

If this is not the dental office you chose or no dental office is assigned (or listed), your original selection was not available or not received. If you would like to select another dental office, you may do so by calling the number on this ID Card. You can locate a provider by visiting www.cigna.com.

Your benefit descriptions will be mailed to you under separate cover.

we give you more reasons to smile

This card does not guarantee eligibility for benefits.
If required, mail referral forms to the following Cigna Dental location:
Cigna Dental, P.O. Box 188046, Chattanooga, TN 37422-8046

Cigna Dental refers to the following operating subsidiaries of Cigna Corporation: Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company and Cigna Dental Health, Inc., and its operating subsidiaries and affiliates. The Cigna Dental Care plan is provided by Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna Dental Health of Delaware, Inc., Cigna Dental Health of Florida, Inc., a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes, Cigna Dental Health of Kansas, Inc. (Kansas and Nebraska), Cigna Dental Health of Kentucky, Inc., Cigna Dental Health of Maryland, Inc., Cigna Dental Health of Missouri, Inc., Cigna Dental Health of New Jersey, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc., and Cigna Dental Health of Virginia, Inc. In other states, the Cigna Dental Care plan is underwritten by Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company or Cigna HealthCare of Connecticut, Inc. and administered by Cigna Dental Health, Inc.

EDI Submitter No: 62308 Cat # 595882

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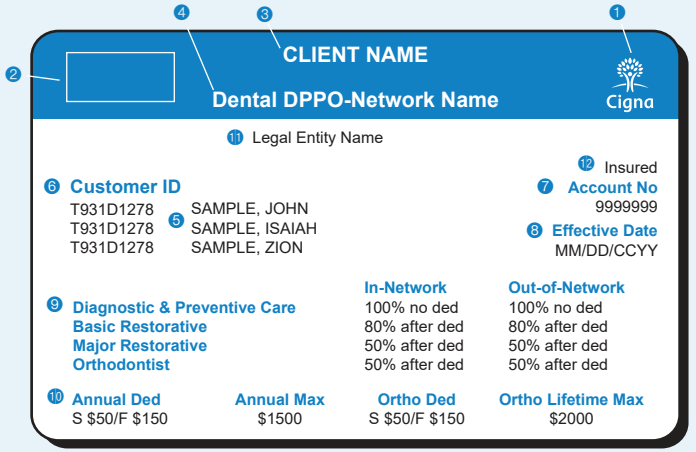
EDI Submitter No: 62308

Dental DPPO-Network (Front)

ID CARD FEATURES

Description of ID card fields:

1. Cigna Dental logo
2. Client logo-will be left blank if the client has elected not to print their logo on the card. (additional charge applies).
3. Client name (optional)
4. Product branding
   - DPPO will be branded as Dental PPO-Network name
5. Customer and or dependent names
   - ID Cards are available as subscriber, member or dependent based
6. Customer ID number
7. Account number
8. Effective date
   - Only appears on GA Situs
9. Covered benefits in-network and out-of-network
   - If the benefit does not apply, the description and amount will not print
   - Amounts must be in whole numbers, no decimals or commas
10. Annual ded and Annual max – dollar amount will vary based on accounts
    - S refers to Single and F refers to Family
11. Legal entity name
12. New Hampshire requires the word "insured" displayed on the ID card for non-ASO (fully insured or minimum premium) accounts



Actual size of ID card

GA requirements

- Customer and dependents names on ID cards
- ID number
- Effective date
- Benefits
- Coinsurance amount

Other features

- Font size cannot be altered (made smaller)
- Bar at top of ID card must be of the Cigna Blue color
- Text in that bar should be in "white" so a photo copy of card is easy to read
- Static labels to be in blue color as shown on ID card depiction

Dental DPPO Network (Back)
ID CARD FEATURES

Description of ID card sample:

13 Eligibility disclaimer
14 Mail Claims to
15 For Benefits, Claims, Coverage Information and to locate a Dentist. Website and Call Toll-Free
16 Account Website
17 EDI Submitter No.
18 DPPO Product Disclaimer
19 Catalog number

13 This card does not guarantee eligibility for benefits.

14 Mail Claims To:
Cigna Dental
P.O. Box 188037
Chattanooga, TN 37422-8037

16 Account Website:
www.accountwebsite

17 EDI Submitter No: 62308

15 For Benefits, Claims, Coverage Information and to locate a Dentist:
Website: www.cigna.com or myCigna.com
Call Toll-Free 1.800.Cigna24 (1.800.244.6224)

18 Cigna Dental refers to the following operating subsidiaries of Cigna Corporation; Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company and Cigna Dental Health, Inc., and its operating subsidiaries. The Cigna Dental PPO is underwritten or administered by Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company with network management services provided by Cigna Dental Health, Inc., and certain of its operating subsidiaries. In Texas, the Cigna Dental PPO product is referred to as the Cigna Dental Choice Plan. In Arizona and Louisiana, the Cigna Dental PPO product is referred to as the CG Dental PPO.

19 Catalog number

Actual size of ID card

GA Requirements

- Customer and dependents names on ID cards
- ID number
- Effective date
- Benefits
- Coinsurance amount
- Claim address

Other features

- Font size cannot be altered (made smaller)
- Static labels **except** product disclaimer to be in teal color as shown on ID card depiction

Customer without benefits

CLIENT NAME
Dental PPO-Network Name
Cigna
Legal Entity Name
Insured
Member ID
T931D1278 SAMPLE, JOHN
T931D1278 SAMPLE, ISAIAH
T931D1278 SAMPLE, ZION
Account No. 9999999
Effective Date MM/DD/CCYY
Mail Claims To: Cigna Dental
P.O. Box 188037
Chattanooga, TN 37422-8037

Devoid of customer and benefits information – Front

CLIENT NAME
Dental PPO-Network Name
Cigna
Legal Entity Name
Insured
Account No. 9999999
Effective Date MM/DD/CCYY
Mail Claims To: Cigna Dental
P.O. Box 188037
Chattanooga, TN 37422-8037
Call Toll-Free: 1.800.Cigna24
(1.800.244.6224)

Devoid of customer and benefits information – Back

14 This card does not guarantee eligibility for benefits.
15 For Benefits, Claims, Coverage Information and to locate a Dentist:
Website: www.cigna.com or myCigna.com
16 Account Website: www.rebrandingtest.com
17 EDI Submitter No: 62308

18 Cigna Dental refers to the following operating subsidiaries of Cigna Corporation; Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company and Cigna Dental Health, Inc., and its operating subsidiaries. The Cigna Dental PPO is underwritten or administered by Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company with network management services provided by Cigna Dental Health, Inc., and certain of its operating subsidiaries. In Texas, the Cigna Dental PPO product is referred to as the Cigna Dental Choice Plan. In Arizona and Louisiana, the Cigna Dental PPO product is referred to as the CG Dental PPO.

19 Catalog number

ADA American Dental Association® Dental Claim Form

City of Fort Lauderdale

12702-525

Cigna dental plans are insured and/or administered by:
Cigna Health and Life Insurance Company
Connecticut General Life Insurance Company
Cigna Dental Care*
For mailing address, call Customer Service at the telephone number listed on your Cigna ID card.

HEADER INFORMATION

1. Type of Transaction (Mark all applicable boxes)
☐ Statement of Actual Services ☐ Request for Predetermination/Preauthorization
☐ EPSDT / Title XIX

2. Predetermination/Preauthorization Number

INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name, Address, City, State, Zip Code

OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)

4. Dental? ☐ Medical? ☐ (If both, complete 5-11 for dental only.)

5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)

6. Date of Birth (MM/DD/CCYY) | 7. Gender ☐ M ☐ F | 8. Policyholder/Subscriber ID (SSN or ID#)

9. Plan/Group Number | 10. Patient's Relationship to Person named in #5 ☐ Self ☐ Spouse ☐ Dependent ☐ Other

11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

13. Date of Birth (MM/DD/CCYY) | 14. Gender ☐ M ☐ F | 15. Policyholder/Subscriber ID (SSN or ID#)

16. Plan/Group Number | 17. Employer Name

PATIENT INFORMATION

18. Relationship to Policyholder/Subscriber in #12 Above ☐ Self ☐ Spouse ☐ Dependent Child ☐ Other | 19. Reserved For Future Use

20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

21. Date of Birth (MM/DD/CCYY) | 22. Gender ☐ M ☐ F | 23. Patient ID/Account # (Assigned by Dentist)

RECORD OF SERVICES PROVIDED

	24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. Fee
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

33. Missing Teeth Information (Place an "X" on each missing tooth.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

34. Diagnosis Code List Qualifier ☐☐ (ICD-9 = B; ICD-10 = AB)

34a. Diagnosis Code(s) (Primary diagnosis in "**A**") A _____ B _____ C _____ D _____

31a. Other Fee(s)

32. Total Fee $0.00

35. Remarks

AUTHORIZATIONS

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.

X _____
Patient/Guardian Signature Date

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

X _____
Subscriber Signature Date

ANCILLARY CLAIM/TREATMENT INFORMATION

38. Place of Treatment ☐ (e.g. 11=office; 22=O/P Hospital) (Use "Place of Service Codes for Professional Claims") | 39. Enclosures (Y or N) ☐

40. Is Treatment for Orthodontics? ☐ No (Skip 41-42) ☐ Yes (Complete 41-42) | 41. Date Appliance Placed (MM/DD/CCYY)

42. Months of Treatment | 43. Replacement of Prosthesis ☐ No ☐ Yes (Complete 44) | 44. Date of Prior Placement (MM/DD/CCYY)

45. Treatment Resulting from ☐ Occupational illness/injury ☐ Auto accident ☐ Other accident

46. Date of Accident (MM/DD/CCYY) | 47. Auto Accident State

BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)

48. Name, Address, City, State, Zip Code

49. NPI | 50. License Number | 51. SSN or TIN

52. Phone Number | 52a. Additional Provider ID

TREATING DENTIST AND TREATMENT LOCATION INFORMATION

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

X _____
Signed (Treating Dentist) Date

54. NPI | 55. License Number

56. Address, City, State, Zip Code | 56a. Provider Specialty Code

57. Phone Number | 58. Additional Provider ID

CAM 22-0820

J430D (Same as ADA Dental Claim Form – J430, J431, J432, J433, J434)

Cat. #590154f Rev. 12/2013

ADA American Dental Association®
America's leading advocate for oral health

The following information highlights certain form completion instructions. Comprehensive ADA Dental Claim Form completion instructions are printed in the CDT manual. Any updates to these instructions will be posted on the ADA's web site (ADA.org).

GENERAL INSTRUCTIONS

A. The form is designed so that the name and address (Item 3) of the third-party payer receiving the claim (insurance company/dental benefit plan) is visible in a standard #9 window envelope (window to the left). Please fold the form using the 'tick-marks' printed in the margin.

B. Complete all items unless noted otherwise on the form or in the CDT manual's instructions.

C. Enter the full name of an individual or a full business name, address and zip code when a name and address field is required.

D. All dates must include the four-digit year.

E. If the number of procedures reported exceeds the number of lines available on one claim form, list the remaining procedures on a separate, fully completed claim form.

COORDINATION OF BENEFITS (COB)

When a claim is being submitted to the secondary payer, complete the entire form and attach the primary payer's Explanation of Benefits (EOB) showing the amount paid by the primary payer. You may also note the primary carrier paid amount in the "Remarks" field (Item 35). There are additional detailed completion instructions in the CDT manual.

DIAGNOSIS CODING

The form supports reporting up to four diagnosis codes per dental procedure. This information is required when the diagnosis may affect claim adjudication when specific dental procedures may minimize the risks associated with the connection between the patient's oral and systemic health conditions. Diagnosis codes are linked to procedures using the following fields:

Item 29a – Diagnosis Code Pointer ("A" through "D" as applicable from Item 34a)

Item 34 – Diagnosis Code List Qualifier (B for ICD-9-CM; AB for ICD-10-CM)

Item 34a – Diagnosis Code(s) / A, B, C, D (up to four, with the primary adjacent to the letter "A")

PLACE OF TREATMENT

Enter the 2-digit Place of Service Code for Professional Claims, a HIPAA standard maintained by the Centers for Medicare and Medicaid Services. Frequently used codes are:

11 = Office; 12 = Home; 21 = Inpatient Hospital; 22 = Outpatient Hospital; 31 = Skilled Nursing Facility; 32 = Nursing Facility

The full list is available online at "www.cms.gov/PhysicianFeeSched/Downloads/Website_POS_database.pdf"

PROVIDER SPECIALTY

This code is entered in Item 56a and indicates the type of dental professional who delivered the treatment. The general code listed as "Dentist" may be used instead of any of the other codes.

Category / Description Code	Code
Dentist A dentist is a person qualified by a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry, and practicing within the scope of that license.	122300000X
General Practice	1223G0001X
Dental Specialty (see following list)	Various
Dental Public Health	1223D0001X
Endodontics	1223E0200X
Orthodontics	1223X0400X
Pediatric Dentistry	1223P0221X
Periodontics	1223P0300X
Prosthodontics	1223P0700X
Oral & Maxillofacial Pathology	1223P0106X
Oral & Maxillofacial Radiology	1223D0008X
Oral & Maxillofacial Surgery	1223S0112X

Provider taxonomy codes listed above are a subset of the full code set that is posted at "www.wpc-edi.com/codes/taxonomy"

Caution: Any person who, knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act.

IMPORTANT CLAIM NOTICE

Alaska Residents: A person who knowingly and with intent to injure, defraud or deceive an insurance company or files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona Residents: For your protection, Arizona law requires the following statement to appear on/with this form. Any person who knowingly presents a false or fraudulent claim for payment of loss is subject to criminal and civil penalties. The authorization shall remain in effect for the term of your coverage. You or your designated representative is entitled to receive a copy of this claim form.

California Residents: For your protection, California law requires the following to appear on/with this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado Residents: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia Residents: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland Residents: Any person who knowingly OR willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly OR willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota Residents: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire Residents: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey Residents: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed $5000 and the stated value of the claim for each such violation.

Ohio Residents: Any person who, with intent to defraud or knowing that he is facilitating a **fraud** against an insurer, submits an application or files a **claim** containing a false or deceptive statement is guilty of insurance **fraud**.

Oregon Residents: Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or, (2) conceals for the purpose of misleading, information concerning any material fact, may have committed a fraudulent insurance act.

Pennsylvania Residents: Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Rhode Island Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas Residents: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Virginia Residents: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Washington Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Cigna Dental Enrollment Form

Employer: Complete Section A
Employee: Complete Sections B, C & D

City of Fort Lauderdale

12702-525

Insured and/or Administered by
Cigna Health and Life Insurance Company

Cigna.

Please print and thank you for providing this information

A

☐ OPEN ENROLL. ☐ CHANGE ☐ NEW ENROLL. ☐ REINSTATE

EFFECTIVE DATE OF ADD/CHANGE/ CANCELLATION (MM/DD/CCYY)	EMPLOYER NAME	EMPLOYER ADDRESS

CIGNA ACCOUNT NO.	DIVISION/BRANCH/LOCATION/CLASS	DATE OF HIRE (MM/DD/CCYY)	NETWORK ID	BRANCH CODE	CDH GROUP NO.	DENTAL BENEFIT OPTION

TYPE OF CHANGE:

☐ **Add Dependent(s) *** Date: _____
☐ **Cancel Employee** Last Date of Coverage: _____
☐ **Cancel Dependent(s) *** Last Date of Coverage: _____
Reason for Cancellation:
☐ Leave employment
☐ Transfer out of Cigna Dental Care area
☐ Transfer to another plan

*** List Names in Section C**

☐ **Address Change**
☐ **Transfer to COBRA**
☐ 18 mos. ☐ 29 mos. ☐ 36 mos.
☐ **Other**_____

B

EMPLOYEE NAME *(Last)* *(First)* *(M.I.)* SOCIAL SECURITY NO.

EMPLOYEE DATE OF BIRTH (MM/DD/CCYY) | HOME PHONE ( ) | WORK PHONE ( ) | HOME E-MAIL ADDRESS | EMPLOYEE IDENTIFICATION NUMBER

ADDRESS *(Street)* *(City)* *(State)* *(Zip Code)*

WHAT IS YOUR PRIMARY LANGUAGE? *(optional)*

DO YOU HAVE A DISABILITY AFFECTING YOUR ABILITY TO COMMUNICATE OR READ? *(optional)* ☐ Yes ☐ No

SELECT PLAN: ☐ Cigna Dental Care® ☐ Cigna Dental EPO ☐ Cigna Dental PPO ☐ Cigna Traditional

C

I WOULD LIKE COVERAGE FOR ME AND MY DEPENDENTS. *(Specify last name if different from yours)* Last Name / First Name / M.I.	DEPENDENT SOCIAL SECURITY NO.	DATE OF BIRTH MM DD CCYY	GENDER	FULL-TIME STUDENT? Yes No	DENTAL OFFICE SELECTION *(for Cigna Dental Care only)*	START DATE OF CONTINUOUS DENTAL COVERAGE *(for Cigna Dental PPO only)* (Month, Day, Year)	*(check one)*
Employee			☐ M ☐ F		1st Choice - 2nd Choice -		☐ Add ☐ Cancel
Spouse			☐ M ☐ F		1st Choice - 2nd Choice -		☐ Add ☐ Cancel
Dependent Relationship			☐ M ☐ F	☐ ☐	1st Choice - 2nd Choice -		☐ Add ☐ Cancel
Dependent Relationship			☐ M ☐ F	☐ ☐	1st Choice - 2nd Choice -		☐ Add ☐ Cancel
Dependent Relationship			☐ M ☐ F	☐ ☐	1st Choice - 2nd Choice -		☐ Add ☐ Cancel

Proof of student or handicapped status for overage dependents may be required.
The original effective date must be completed for each member in order for continuous coverage credit to be applied toward waiting period.

D

SIGNATURE - The information provided above is true and correct to the best of my knowledge, and I accept the provisions on the reverse side of this form which I have read and understand.

EMPLOYEE'S SIGNATURE / DATE

NOTE: Not all products are available for all clients or all states. Check your enrollment materials carefully to see what is offered for your group.

DISTRIBUTION: White - Cigna **Canary -** Member **Pink -** Employer

PROVISIONS

- The Cigna Dental Care (DHMO) plan is underwritten or administered by Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna Dental Health of Delaware, Inc., Cigna Dental Health of Florida, Inc., a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes, Cigna Dental Health of Kansas, Inc. (Kansas and Nebraska), Cigna Dental Health of Kentucky, Inc. (Kentucky and Illinois), Cigna Dental Health of Maryland, Inc., Cigna Dental Health of Missouri, Inc., Cigna Dental Health of New Jersey, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc., and Cigna Dental Health of Virginia, Inc. In other states, the Cigna Dental Care plan is underwritten by Cigna Health and Life Insurance Company or Cigna HealthCare of Connecticut, Inc. and administered by Cigna Dental Health, Inc.
- The term "DHMO" is used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care plans, and plans with open access features.
- The Cigna Dental PPO and EPO plans are underwritten or administered by Cigna Health and Life Insurance Company with network management services provided by Cigna Dental Health, Inc. and certain of its operating subsidiaries. The Cigna Traditional (Indemnity) plan is underwritten and/or administered by Cigna Health and Life Insurance Company.
- I accept the coverage/insurance benefits provided by this group plan and authorize the processing of my enrollment in the coverage as indicated on this form. I authorize deduction from my earnings of the required contributions, if any, toward the cost of the coverage.
- I authorize payment of benefits to the participating provider.
- I authorize any participating office to release records and billing information concerning me or my covered dependents to Cigna Health and Life Insurance Company and/or Cigna Dental Health, Inc. and its subsidiaries and affiliates for purposes of plan administration or for the purpose of validating and determining benefits payable. I further authorize Cigna Health and Life Insurance Company and/or Cigna Dental Health, Inc. and its subsidiaries and affiliates to release any records or information concerning me or my covered dependents to its designee, for purposes of plan administration and customer service.
- California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage. Cigna Health and Life Insurance Company and/or Cigna Dental Health, Inc. and its subsidiaries and affiliates do not require such tests in any state as a condition of obtaining dental coverage.

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which *is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. (In Florida, this is a felony of the third degree. In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation. *In Nebraska, "is" is changed to "may be").

Cigna Dental
Cigna Health and Life Insurance Company
P.O. BOX 188037
CHATTANOOGA, TN 37422

As administrator for ABC COMPANY 1234567

THIS IS NOT A BILL

FOR CUSTOMER SERVICE:

1.800.Cigna24 (1.800.244.6224)
or visit www.myCigna.com

Please have your patient ID (U12345678 S0) or the employee's social security number available when calling Customer Service, visiting your health care professional, or writing to us.

YOUR NAME
100 STREET AVENUE
ANY TOWN, MA 02067-2920

Your explanation of dental benefits (for the claim processed on Jul 30, 2014)

Your current account summary

$50 has been applied towards your $50 individual deductible
$100 has been applied towards your $150 family deductible
$240 has been applied towards your $2,000 individual maximum
$0 has been applied towards your $2,500 lifetime ortho maximum

The balances shown above are as of Jul 30, 2014, the day the claim was finalized. However, the balances on the website are updated daily, so the balances shown here may not match those listed on your participant website at myCigna.com.

Your payment summary

Paid to:	I.WELLBEING DDS
Amount:	$125.00

Did you know that your oral health can affect your overall health?

Did you know that your oral health and certain medical conditions are closely linked? The **Cigna Dental Oral Health Integration Program** reimburses eligible customers 100% of their out-of-pocket payment to their dentist for certain dental procedures. To be eligible, customers need to have any of the following medical conditions: Diabetes; Heart Disease; Maternity; Stroke; Head & Neck Cancer Radiation; Organ Transplants; Chronic Kidney Disease. Program participants can also learn how stress, tobacco use and fear of going to the dentist can negatively impact their oral and overall health and what they can do about it. Find out more about the **Cigna Dental Oral Health Integration Program** on ***myCigna.com*** .

"The Cigna Dental Oral Health Integration Program is a registered trademark of Cigna Corporation."

GD5001A 0000687

** Current Dental Terminology © American Dental Association*

Rights of review and appeal

If you have any questions about this explanation of benefits, please call Customer Service at the toll-free number on the front of this form.

Please follow the steps below to make sure that your appeal is processed in a timely manner.

- If you're not satisfied with this coverage decision, you can start the Appeal process by submitting a written request to the address listed: Cigna Appeals Unit PO Box 188044 Chattanooga, TN 37422 within 180 days of receipt of this EOB (unless a longer time is permitted by your plan).
- Send a copy of this explanation of benefits along with any relevant additional information (e.g. benefit documents, medical records) that helps to determine if your claim is covered under the plan. Contact Customer Service if you need help or have further questions.
- Be sure to include:
  1) Your name,
  2) Account number from the front of this form,
  3) ID Number from the front of this form,
  4) Name of the patient and relationship and
  5) "Attention: Appeals Unit" on all supporting documents
- Contact Customer Service at the number on the front of this form to request access to and copies of all documents, records, and other information about your claim, free of charge.
- You will be notified of the final decision in a timely manner, as described in your plan materials. If your plan is governed by ERISA, you may also bring legal action under section 502(a) of ERISA following our review and decision.

Definitions

- **Amount Your Health Care Professional Charged:** Amount charged for the services.
- **Your Health Care Professional's Contracted Amount (if present):** Cigna Dental has negotiated a reduced fee for participating dentists. The negotiated amount is printed in this column if the health care professional is a Cigna Dental participating dentist, otherwise zeros will appear.
- **Amount Eligible for Coverage by Your Plan:** Part of the "Amount Your Health Care Professional Charged" or "Your Health Care Professional's Contracted Amount" (if present) eligible for coverage under your plan. This amount is used to help calculate how much will be paid by your plan.
- **Your Deductible:** Portion of the "Amount Eligible for Coverage by Your Plan" that is applied towards your deductible.
- **Remaining Balance:** "Amount Eligible for Coverage by Your Plan" minus "Your Deductible".
- **Your Plan Covered (%,$):** The amount (percentage and dollar amounts, respectively) of the "Amount Eligible for Coverage by Your Plan" that your plan paid.

Cigna Dental
Cigna Health and Life Insurance Company
As administrator for ABC COMPANY 1234567

Your explanation of dental benefits (for the claim processed on Jul 30, 2014)

THIS IS NOT A BILL

Your claim details

PATIENT NAME: **YOUR NAME** CUSTOMER NAME: YOUR NAME PATIENT ID: U12345678
HEALTH CARE PROFESSIONAL NAME: I.WELLBEING DDS GROUP NAME: ABC COMPANY GROUP #: 1234567
DOCUMENT #: D123456789 CLAIMANT #: 01 CLAIM #: 999 PAYMENT #: 001 POLICY CODE: 02 DIVISION: 018 RECEIVED DATE: Jul 24, 2014
PROCESSED DATE: Jul 30, 2014

AMOUNT YOUR HEALTH CARE PROFESSIONAL CHARGED ($)	YOUR HEALTH CARE PROFESSIONAL'S CONTRACTED AMOUNT ($)	AMOUNT ELIGIBLE FOR COVERAGE BY YOUR PLAN ($)	YOUR DEDUCTIBLE ($)	REMAINING BALANCE ($)	YOUR PLAN COVERED (%)	YOUR PLAN COVERED ($)
For service on Jul 23, 2014: Composite Filling, 2 surfaces* for Tooth#/Quad/Arch: 13 *(see note DB)*						
200.00	175.00	175.00	50.00	125.00	100%	125.00
$200.00	**$175.00**	**$175.00**	**$50.00**	**$125.00**		**$125.00**

Using a preferred health care professional resulted in a total savings of $25.00.

Amount paid by your plan $125.00
Customer's responsibility **$50.00**

Notes

DB - Benefits have been applied toward the deductible.

Additional remarks

Thank you for using a Cigna Dental healthcare professional. The amount eligible for coverage is determined by the Cigna Dental negotiated amount and the customer's benefit plan. The difference between the submitted charges and the negotiated amount is not the patient's responsibility.

GD5007A 0000689

Additional appeal information related to the Patient Protection and Affordable Care Act of 2010

If you would like to request information about the specific diagnosis and treatment codes submitted by your Health Care Professional, please either contact your Health Care Professional, or go to http://www.cigna.com/privacy/privacy_healthcare_forms.html or call the Customer Service number on the back of your ID card.
If you are not satisfied with the final internal review, you may be able to ask for an independent, external review of our decision, as determined by your plan and any state or federal requirements.
For questions about your appeal rights or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.askebsa.dol.gov. Assistance may also be available through the below consumer assistance or ombudsman program(s):

State	Contact Information
Massachusetts	Massachusetts Consumer Assistance 30 Winter Street Suite 1004 Boston, MA 02108 Telephone: (888)211-6168 Website: www.massconsumerassistance.org

** Current Dental Terminology © American Dental Association*

If you have difficulty reading English, we offer language assistance. Please call the Customer Service number on your ID card.

Si vous avez des difficultés à lire l'anglais, nous offrons une assistance linguistique. Veuillez composer le numéro du Service à la clientèle qui se trouve sur votre carte d'identification.

Wenn Sie Schwierigkeiten beim Lesen von Englisch haben, stehen wir Ihnen gerne zur Verfügung. Rufen Sie dazu bitte die auf Ihrer Versicherungskarte angegebene Kundendienst-Nummer an.

Se você tiver dificuldade em ler inglês, oferecemos assistência em outros idiomas. Para isso, ligue para o número de Atendimento ao Cliente que consta em seu cartão de identificação.

Si tiene dificultades para leer inglés, ofrecemos asistencia en otros idiomas. Para ello, llame al número de Servicio al Cliente que figura en su tarjeta de identificación.

Nếu quý vị gặp khó khăn trong việc đọc tiếng Anh, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ khác. Để được hỗ trợ, vui lòng gọi đến số Dịch vụ Khách hàng trên thẻ ID của quý vị.

如果您在阅读英语方面有困难，我们可以提供其他语言协助。请拨打您 ID 卡上的客户服务电话。

If you are the treating dentist and you would like to discuss a clinical question, you may contact Dr.Clay Hedlund, 1640 Dallas Parkway, Plano, TX 75093. Phone: 972.863.5021.

If you have any questions regarding an appeal or grievance concerning the health care services that you have been provided which have not been satisfactorily addressed by your plan, you may contact the Virginia Bureau of Insurance, Office of the Managed Care Ombudsman for assistance. The Managed Care Ombudsman may be reached at P.O. Box 1157, Richmond, VA 23218. Phone: 1.877.310.6560 (toll free) or 1.804.371.9032. E-mail: ombudsman@scc.virginia.gov Web Page: For information regarding the Ombudsman, http://www.scc.virginia.gov.

City of Fort Lauderdale
Group DHMO and DPPO Dental Plan Benefits
RFP #12702-525

BID PROPOSAL CERTIFICATION

Please Note: All fields below must be completed. If the field does not apply to you, please note N/A in that field. If you are a foreign corporation, you may be required to obtain a certificate of authority from the department of state, in accordance with Florida Statute §607.1501 (http://www.dos.state.fl.us/).

Company:(Legal Registration) Cigna Health and Life Insurance Company (CHLIC)*

Address: 900 Cottage Grove Road*

City: Bloomfield* State: CT* Zip: 06002*

Telephone No. 860.226.6000 FAX No. N/A Email: N/A

Does your firm qualify for MBE or WBE status (section 1.09 of General Conditions): MBE _____ WBE _____

ADDENDUM ACKNOWLEDGEMENT - Proposer acknowledges that the following addenda have been received and are included in the proposal:

Addendum No.	Date Issued	Addendum No.	Date Issued
1	6/6/22	2	6/13/22
3	6/14/22	4	6/20/22
5	6/21/22	6	6/28/22

VARIANCES: If you take exception or have variances to any term, condition, specification, scope of service, or requirement in this competitive solicitation you must specify such exception or variance in the space provided below or reference in the space provided below all variances contained on other pages within your response. Additional pages may be attached if necessary. No exceptions or variances will be deemed to be part of the response submitted unless such is listed and contained in the space provided below. The City does not, by virtue of submitting a variance, necessarily accept any variances. If no statement is contained in the below space, it is hereby implied that your response is in full compliance with this competitive solicitation. If you do not have variances, simply mark N/A. **If submitting your response electronically through BIDSYNC you must also click the "Take Exception" button.**

The below signatory hereby agrees to furnish the following article(s) or services at the price(s) and terms stated subject to all instructions, conditions, specifications addenda, legal advertisement, and conditions contained in the bid/proposal. I have read all attachments including the specifications and fully understand what is required. By submitting this signed proposal, I will accept a contract if approved by the City and such acceptance covers all terms, conditions, and specifications of this bid/proposal. The below signatory also hereby agrees, by virtue of submitting or attempting to submit

City of Fort Lauderdale
Group DHMO and DPPO Dental Plan Benefits
RFP #12702-525

a response, that in no event shall the City's liability for respondent's direct, indirect, incidental, consequential, special or exemplary damages, expenses, or lost profits arising out of this competitive solicitation process, including but not limited to public advertisement, bid conferences, site visits, evaluations, oral presentations, or award proceedings exceed the amount of Five Hundred Dollars ($500.00). This limitation shall not apply to claims arising under any provision of indemnification or the City's protest ordinance contained in this competitive solicitation.

Submitted by:

Yesenia Sanchez	
Name (printed)	Signature
June 29, 2022	Vice President of CHLIC and Authorized Signatory
Date	Title

Version 12-2021

We have provided the requested information for the additional legal entities below.

COMPANY (Legal Registration):

(1) Cigna Dental Health of Florida, Inc.
(2) Cigna Dental Health Plan of Arizona, Inc.
(3) Cigna HealthCare of Connecticut, Inc.
(4) Cigna Dental Health of Kansas, Inc.
(5) Cigna Dental Health of Kentucky, Inc.
(6) Cigna Dental Health of North Carolina, Inc.
(7) Cigna Dental Health of Ohio, Inc.
(8) Cigna Dental Health of Pennsylvania, Inc.
(9) Cigna Dental Health of Texas, Inc.

ADDRESS:

(1) 1571 Sawgrass Corporate Parkway, Suite 140 Sunrise, FL 33323
(2) 1571 Sawgrass Corporate Parkway, Suite 140 Sunrise, FL 33323
(3) 900 Cottage Grove Road, Hartford, CT 06152
(4) 1571 Sawgrass Corporate Parkway, Suite 140 Sunrise, FL 33323
(5) 1571 Sawgrass Corporate Parkway, Suite 140 Sunrise, FL 33323
(6) 1571 Sawgrass Corporate Parkway, Suite 140 Sunrise, FL 33323
(7) 1571 Sawgrass Corporate Parkway, Suite 140 Sunrise, FL 33323
(8) 1571 Sawgrass Corporate Parkway, Suite 140 Sunrise, FL 33323
(9) 4616 South U.S. Highway 75 Denison, TX 75020

CITY, STATE, ZIP:

(1) Sunrise, FL 33323
(2) Sunrise, FL 33323
(3) Hartford, CT 06152
(4) Sunrise, FL 33323
(5) Sunrise, FL 33323
(6) Sunrise, FL 33323
(7) Sunrise, FL 33323
(8) Sunrise, FL 33323
(9) Denison, TX 75020

TELEPHONE NUMBER:

(1) N/A

FAX NUMBER:

(1) N/A

EMAIL:

(1) N/A

City of Fort Lauderdale • Procurement Services Division
100 N. Andrews Avenue, 619 • Fort Lauderdale, Florida 33301
954-828-5933 Fax 954-828-5576
purchase@fortlauderdale.gov

ADDENDUM NO. 1

RFP No. 12702-525
Group DHMO and DPPO Dental Plan Benefits

ISSUED: June 6, 2022

This addendum is being issued to make the following changes:

1. The following documents are added to this solicitation review purposes:

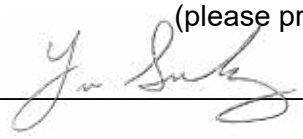
   a. Exhibit 15 – "Current Dental Providers Utilization DHMO PPO" is hereby added.

All other terms, conditions, and specifications remain unchanged.

John Torrenga
Procurement Administrator

Company

Name: Cigna Health and Life Insurance Company (CHLIC)*
(please print)

Bidder's Signature: 

Date: June 27, 2022

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954-828-5933 Fax 954-828-5576
purchase@fortlauderdale.gov

ADDENDUM NO. 2

RFP No. 12702-525
Group DHMO and DPPO Dental Plan Benefits

ISSUED: June 13, 2022

This addendum is being issued to make the following changes:

1. Attachment "RFP Dental 2022 Final", Section 5.2.5 "Benefit Plans" is hereby revised as follows. In the revised section, words in strike-through type are deletions from text; words in bold underline are additions to existing text:

5.2.5 Benefit Plans

Proposers must provide complete benefit descriptions of the plans being proposed, including the proposed DHMO schedule with CDT codes and brief explanation of service. These descriptions must include all exclusions and limitations. In addition, an Excel file is attached DHMO Copay Procedure Comparison, which lists dental procedures. Please fill in the copay for each procedure for the plan or plans you are proposing. You must indicate which procedures are not covered. If you**r** plan covers procedures that are not listed, please add them to the file and highlight your entry. ~~Provide this in Excel format on CD or thumb drive~~.

Please review current benefit specifications. If your proposed plans do not meet these specifications, please include a description of all deviations in this tab.

2. Attachment "RFP Dental 2022 Final", Section VIII, Paragraph "Specific Dentist Network" is hereby revised as follows. In the revised section, words in strike-through type are deletions from text; words in bold underline are additions to existing text:

Specific Dentist Network

We have attached an Excel file, specific providers.xlsx, with two lists of providers:

- DHMO providers with members assigned
- DPPO providers utilized by City members.

Please indicate which of these providers participate in your company's DHMO and DPPO networks.

Include the completed form in your proposal. ~~Also provide the completed form in Excel format on a Flash Drive.~~

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purchase@fortlauderdale.gov

3. The following documents are added to this solicitation:
   a. Exhibit 16 – "Business Associate Agreement Sample" is hereby added.

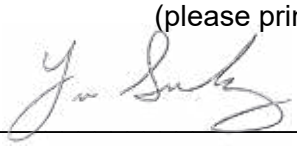
   b. Exhibit 17 – "Benefit Summary DPPOF CoFL" is hereby added.

All other terms, conditions, and specifications remain unchanged.

John Torrenga
Procurement Administrator

Company

Name: Cigna Health and Life Insurance Company (CHLIC)*
(please print)

Bidder's Signature: 

Date: June 27, 2022

Additional Legal Entities: Cigna Dental Health of Florida, Inc., Cigna Dental Health Plan of Arizona, Inc., Cigna HealthCare of Connecticut, Inc., Cigna Dental Health of Kansas, Inc., Cigna Dental Health of Kentucky, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc.

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ADDENDUM NO. 3

RFP No. 12702-525
Group DHMO and DPPO Dental Plan Benefits

ISSUED: June 14, 2022

This addendum is being issued to make the following changes:

1. The following documents are added to this solicitation review purposes:

   a. Exhibit 18 – "2020 Dental Rates" is hereby added.

   b. Exhibit 19 – "36-Month Detailed Experience Report" is hereby added.

   c. Exhibit 20 – "24-month Dental CAP Report" is hereby added.

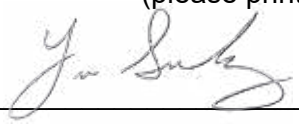
   d. Exhibit 21 – "Dental Utilization Review" is hereby added.

All other terms, conditions, and specifications remain unchanged.

John Torrenga
Procurement Administrator

Company

Name: Cigna Health and Life Insurance Company (CHLIC)*
(please print)

Bidder's Signature: 

Date: June 27, 2022

Additional Legal Entities: Cigna Dental Health of Florida, Inc., Cigna Dental Health Plan of Arizona, Inc., Cigna HealthCare of Connecticut, Inc., Cigna Dental Health of Kansas, Inc., Cigna Dental Health of Kentucky, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc.

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954-828-5933 Fax 954-828-5576
purchase@fortlauderdale.gov

ADDENDUM NO. 4

RFP No. 12702-525
Group DHMO and DPPO Dental Plan Benefits

ISSUED: June 20, 2022

This addendum is being issued to make the following changes:

1. The following Addendum Acknowledgement Forms are hereby added to this solicitation:

   a. Addendum 1 - RFP 12702-525

   b. Addendum 2 - RFP 12702-525

   c. Addendum 3 - RFP 12702-525

All other terms, conditions, and specifications remain unchanged.

John Torrenga
Procurement Administrator

Company

Name: Cigna Health and Life Insurance Company (CHLIC)*
(please print)

Bidder's Signature: _____

Date: June 27, 2022

Additional Legal Entities: Cigna Dental Health of Florida, Inc., Cigna Dental Health Plan of Arizona, Inc., Cigna HealthCare of Connecticut, Inc., Cigna Dental Health of Kansas, Inc., Cigna Dental Health of Kentucky, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc.

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954-828-5933 Fax 954-828-5576
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ADDENDUM NO. 5

RFP No. 12702-525
Group DHMO and DPPO Dental Plan Benefits

ISSUED: June 21, 2022

This addendum is being issued to make the following changes:

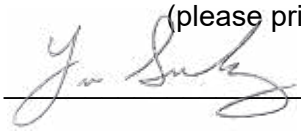
1. Exhibit 3 – "Census File May 2022" is hereby revised and converted from PDF format to Excel format.

All other terms, conditions, and specifications remain unchanged.

John Torrenga
Procurement Administrator

Company

Name: Cigna Health and Life Insurance Company (CHLIC)*
(please print)

Bidder's Signature: 

Date: June 27, 2022

Additional Legal Entities: Cigna Dental Health of Florida, Inc., Cigna Dental Health Plan of Arizona, Inc., Cigna HealthCare of Connecticut, Inc., Cigna Dental Health of Kansas, Inc., Cigna Dental Health of Kentucky, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc.

Supplier Response Form

NON-COLLUSION STATEMENT:

By signing this offer, the vendor/contractor certifies that this offer is made independently and *free* from collusion. Vendor shall disclose below any City of Fort Lauderdale, FL officer or employee, or any relative of any such officer or employee who is an officer or director of, or has a material interest in, the vendor's business, who is in a position to influence this procurement.

Any City of Fort Lauderdale, FL officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement.

For purposes hereof, a person has a material interest if they directly or indirectly own more than 5 percent of the total assets or capital stock of any business entity, or if they otherwise stand to personally gain if the contract is awarded to this vendor.

In accordance with City of Fort Lauderdale, FL Policy and Standards Manual, 6.10.8.3,

> 3.3. City employees may not contract with the City through any corporation or business entity in which they or their immediate family members hold a controlling financial interest (e.g. ownership of five (5) percent or more).
>
> 3.4. Immediate family members (spouse, parents and children) are also prohibited from contracting with the City subject to the same general rules.

Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the City Procurement Code.

NAME	RELATIONSHIPS

In the event the vendor does not indicate any names, the City shall interpret this to mean that the vendor has indicated that no such relationships exist.

Authorized Signature	Vice President of CHLIC and Authorized Signatory Title
Yesenia Sanchez Name (Printed)	June 29, 2022 Date

Please enter your password below and click Save to save your response.

Please be aware that typing in your password acts as your electronic signature, which is just as legal and binding as an original signature. (See Electronic Signatures in Global and National Commerce Act for more information.)

To take exception:

1) Click Take Exception.
2) Create a Word document detailing your exceptions.
3) Upload exceptions as an attachment to your offer on BidSync's system.

By completing this form, your bid has not yet been submitted. Please click on the place offer button to finish filling out your bid.

Username **yesenia.sanchez@cigna.com**

Password [ ] *

Save Take Exception Close

* Required fields

Supplier Response Form

CONTRACT PAYMENT METHOD

The City of Fort Lauderdale has implemented a Procurement Card (P-Card) program which changes how payments are remitted to its vendors. The City has transitioned from traditional paper checks to credit card payments via MasterCard or Visa as part of this program.

This allows you as a vendor of the City of Fort Lauderdale to receive your payments fast and safely. No more waiting for checks to be printed and mailed.

In accordance with the contract, payments on this contract will be made utilizing the City's P-Card (MasterCard or Visa). Accordingly, bidders must presently have the ability to accept these credit cards or take whatever steps necessary to implement acceptance of a card before the start of the contract term, or contract award by the City.

All costs associated with the Contractor's participation in this purchasing program shall be borne by the Contractor. The City reserves the right to revise this program as necessary. By signing below you agree with these terms.

Please indicate which credit card payment you prefer:

☐ MasterCard

☑ Visa

Cigna Health and Life Insurance Company (CHLIC), Cigna Dental Health of Florida, Inc., Cigna Dental Health Plan of Arizona, Inc., Cigna HealthCare of Connecticut, Inc., Cigna Dental Health of Kansas, Inc., Cigna Dental Health of Kentucky, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., and Cigna Dental Health of Texas, Inc.

* Company Name

Yesenia Sanchez * Name (Printed)

* Signature

June 29, 2022 * Date

Vice President of CHLIC and Authorized Signatory * Title

Please enter your password below and click Save to save your response.

Please be aware that typing in your password acts as your electronic signature, which is just as legal and binding as an original signature. (See Electronic Signatures in Global and National Commerce Act for more information.)

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By completing this form, your bid has not yet been submitted. Please click on the place offer button to finish filling out your bid.

Username **yesenia.sanchez@cigna.com**

Password [ ] *

Save Take Exception Close

* Required fields

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/29/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Aon Risk Services Central, Inc.
Philadelphia PA Office
100 North 18th Street
15th Floor
Philadelphia PA 19103 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122 **FAX (A/C. No.):** (800) 363-0105
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	ACE American Insurance Company	22667
INSURER B:	Lexington Insurance Company	19437
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Cigna Corporation Et Al
900 Cottage Grove Road
Bloomfield CT 06002 USA

COVERAGES **CERTIFICATE NUMBER:** 570094180302 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	☐ ANY AUTO						BODILY INJURY (Per person)	
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	☐ **UMBRELLA LIAB** ☐ OCCUR						EACH OCCURRENCE	
	☐ **EXCESS LIAB** ☐ CLAIMS-MADE						AGGREGATE	
	☐ DED ☐ RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N / A **(Mandatory in NH)**						E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	
							E.L. DISEASE-POLICY LIMIT	
B	Cyber Liability			33085874 Security and Privacy Liab	07/01/2022	07/01/2023	Agg-Claims Made	$15,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
See attached list of additional Named Insured.

CERTIFICATE HOLDER

City of Fort Lauderdale
100 N. Andrews Avenue
Fort Lauderdale FL 33301 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Central Inc.

Holder Identifier :

Certificate No : 570094180302

ACORD 25 (2016/03) The ACORD name and logo are registered marks of ACORD

Additional Named Insureds (1 of 2)

Accredo Health Group, Inc.
Accredo Health, Incorporated
AHG of New York, Inc.
Airport Holdings, LLC
AS Acquisition Corp.
Biopartners in Care, Inc.
Care Continuum, Inc.
CareCore National Group, LLC
CareCore NJ, LLC (dba eviCore healthcare NJ ODS)
CCN NMO, LLC (dba eviCore healthcare IPA)
CCN-WYN IPA, LLC (dba eviCore healthcare IPA)
Chiro Alliance Corporation
Choicelinx Corporation
Cigna Arbor Life Insurance Company
CIGNA Corporation
Cigna Corporation Et Al
Cigna Dental Health of California, Inc.
Cigna Dental Health of Colorado, Inc.
Cigna Dental Health of Delaware, Inc.
Cigna Dental Health of Florida, Inc.
Cigna Dental Health of Kentucky, Inc.
Cigna Dental Health of Maryland, Inc.
Cigna Dental Health of New Jersey, Inc.
Cigna Dental Health of North Carolina, Inc.
Cigna Dental Health of Ohio, Inc.
Cigna Dental Health of Pennsylvania, Inc.
Cigna Dental Health of Texas, Inc.
Cigna Dental Health of Virginia, Inc.
Cigna Dental Health Plan of Arizona, Inc.
CIGNA EUROPE INSURANCE COMPANY S.A.-N.V.
Cigna European Services UK Limited (CESL)
Cigna European Services UK Limited, Barcelona
Cigna Global Health Benefits (CGHB)
Cigna Health and Life Insurance Company (CHLIC)
Cigna Health Management Inc.
CIGNA HEALTHCARE OF CALIFORNIA, INC.
Cigna HealthCare of Connecticut, Inc
Cigna Healthcare of South Carolina, Inc.
Cigna HealthCare of St. Louis, Inc.
Cigna HLA Technology Services LTD
Cigna Insurance Middle East S.A.L.
Cigna International Health Services BVBA
Cigna Life Insurance Company of Europe, Madrid
Connecticut General Life Insurance Company (CGLIC)
CuraScript, Inc.
Diversified NY IPA, Inc
Diversified Pharmaceutical Services, Inc.
DNA Direct, Inc.
Econdisc Contracting Solutions, LLC
ESI Canada
ESI GP Canada ULC
ESI GP Holdings, Inc.
ESI GP2 Canada ULC
ESI Mail Order Processing, Inc.
ESI Mail Pharmacy Service, Inc.
ESI Partnership
ESI Resources, Inc.
Evernorth Behavioral Health Inc.
f/k/a Cigna Behavioral Health, Inc.
Evernorth Behavioral Health of California, Inc.
f/k/a Cigna Behavioral Health of California, Inc.
Evernorth Behavioral Health of Texas, Inc.
f/k/a Cigna Behavioral Health of Texas, Inc.
Evernorth Care Solutions, Inc.
Evernorth Direct Health, LLC
eviCore healthcare MSI, LLC (dba eviCore healthcare)
Express Reinsurance Company
Express Scripts Administrators LLC
Express Scripts Canada Co.
Express Scripts Canada Holding Co.
Express Scripts Canada Holding, LLC
Express Scripts Canada Services
Express Scripts Canada Wholesale
Express Scripts Holding Company, Inc.
Express Scripts Pharmaceutical Procurement, LLC
Express Scripts Pharmacy Atlantic, Ltd.
Express Scripts Pharmacy Central, Ltd.
Express Scripts Pharmacy Ontario, Ltd.
Express Scripts Pharmacy West, Ltd.
Express Scripts Pharmacy, Inc.
Express Scripts Sales Operations, Inc.
Express Scripts Senior Care Holdings, Inc.
Express Scripts Senior Care, Inc.
Express Scripts Services Co.
Express Scripts Specialty Distribution Services, Inc.
Express Scripts Strategic Development, Inc.
Express Scripts Utilization Management Company
Express Scripts, Inc.
Freco, Inc.
Freedom Service Company, LLC
GulfQuest, LP
Healthbridge Reimbursement & Product Support, Inc.
Healthbridge, Inc.
HealthFortis, Inc.
HealthSpring Life & Health Insurance Company, Inc.
HealthSpring of Florida, Inc.

Additional Named Insureds (2 of 2)

HealthSpring, Inc.
Innovative Product Alignment, LLC
Inside RX, LLC
Integricare Healthplan of Texas, Inc.
L&C Investments, LLC
Landmark Healthcare Arizona, Inc.
Landmark Healthcare Colorado, Inc.
(dba eviCore healthcare MSK Colorado)
Landmark Healthcare New Jersey, Inc.
Landmark Healthcare New Mexico, Inc.
Landmark Healthcare Services, Inc.
(dba eviCore Healthcare MSK Services)
Landmark Healthcare, Inc.
(dba eviCore healthcare MSK)
Lynnfield Compounding Center, Inc.
Lynnfield Drug, Inc.
MAH Pharmacy, LLC
Matrix GPO, LLC
Matrix Healthcare Services, Inc.
MD Live, Inc
Medco Containment Insurance Company of NY
Medco Containment Life Insurance Company
Medco Europe II, LLC
Medco Europe, LLC
Medco Health Puerto Rico, LLC
Medco Health Services, Inc.
Medco Health Solutions [Ireland] Limited
Medco Health Solutions, Inc.
Medco International Holdings, BV
MedSolutions Holdings, Inc.
MedSolutions Holdsings, Inc.
MedSolutions of Texas, Inc.
MedSolutions, Inc. (dba eviCore healthcare)
MHS Holdings, CV
MSI Health Organization of Texas, Inc.
MyM Technology Services, LLC
myMatrixx Holdings, LLC
myMatrixx-B, LLC
New Quest Management of Alabama LLC
Palladian Health of Florida, LLC
Palladian Independent Practice Association, LLC
Premerus, Inc.
Priority Healthcare Corporation
Priority Healthcare Distribution, Inc.
QPID Health, Inc.
SpectraCare Health Care Ventures, Inc.
SpectraCare, Inc.
Strategic Pharmaceutical Investments, LLC
Systemed, LLC
The Vaccine Consortium, LLC
Triad Healthcare, Inc. (dba eviCore healthcare
MSK Services of Connecticut)
Verity Solutions Group, Inc.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/29/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Aon Risk Services Central, Inc.
Philadelphia PA Office
100 North 18th Street
15th Floor
Philadelphia PA 19103 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122 **FAX (A/C. No.):** (800) 363-0105
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	ACE American Insurance Company	22667
INSURER B:	Indemnity Insurance Co of North America	43575
INSURER C:	ACE Property & Casualty Insurance Co.	20699
INSURER D:	Lexington Insurance Company	19437
INSURER E:	American Guarantee & Liability Ins Co	26247
INSURER F:		

INSURED
Cigna Corporation Et Al
900 Cottage Grove Road
Bloomfield CT 06002 USA

COVERAGES **CERTIFICATE NUMBER:** 570094180090 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE / X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY / PRO-JECT / LOC OTHER:			HDOG72482256 SIR applies per policy terms & conditions	07/01/2022	07/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$2,000,000 $2,000,000 $5,000 $2,000,000 $4,000,000 $2,000,000
A	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY			ISA H25558285 SIR applies per policy terms & conditions	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$2,000,000
C	X **UMBRELLA LIAB** / X OCCUR **EXCESS LIAB** / CLAIMS-MADE DED / RETENTION			XEUG7258448A001 Excludes Pol# #35407110	07/01/2022	07/01/2023	EACH OCCURRENCE AGGREGATE	$10,000,000 $10,000,000
B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N: N **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		WLRC68915247 SIR applies per policy terms & conditions	07/01/2022	07/01/2023	X PER STATUTE / OTH- E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	 $1,000,000 $1,000,000 $1,000,000
D	ManageCare Liab			33085874 Managed Care E&O	07/01/2022	07/01/2023	Agg-Claims Made	$15,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Products Liability policy #35407110 evidenced on this certificate is a claims made policy. See the attached list of additional Named Insureds.

CERTIFICATE HOLDER

City of Fort Lauderdale
100 N. Andrews Avenue
Fort Lauderdale FL 33301 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Central Inc.

Holder Identifier :

Certificate No : 570094180090

ACORD 25 (2016/03) The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: 10042023

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Central, Inc.	Cigna Corporation Et Al
POLICY NUMBER: See Certificate Number: 570094180090	
CARRIER: See Certificate Number: 570094180090 / NAIC CODE:	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	EXCESS LIABILITY							
E				AXF967096614	07/01/2022	07/01/2023	Aggregate	$5,000,000
							Each Occurrence	$5,000,000
	OTHER							
D	Products Liab			35407110 Express Scripts Only	07/01/2022	07/01/2023	Comp/Op Agg	$4,000,000

Additional Named Insureds (1 of 2)

Accredo Health Group, Inc.
Accredo Health, Incorporated
AHG of New York, Inc.
Airport Holdings, LLC
Allegiance Benefit Plan Management, Inc.
Allegiance Cobra Services, Inc.
Bravo Health Mid-Atlantic, Inc.
Brighter Inc.
Biopartners in Care, Inc.
Care Continuum, Inc.
CareCore National Group, LLC
CareCore National Intermediate Holdings, LLC
CareCore National, LLC
CareCore NJ, LLC
CareNext Managed Care, LLC
CareNext Post-Acute, LLC
Chiro Alliance Corporation
Cigna Corporate Services, LLC
Cigna Dental Health of California, Inc.
Cigna Dental Health of Delaware, Inc.
Cigna Dental Health of Florida, Inc.
Cigna Dental Health of Kentucky, Inc.
Cigna Dental Health of Maryland, Inc.
Cigna Dental Health of Missouri
Cigna Dental Health of New Jersey, Inc.
Cigna Dental Health of North Carolina, Inc.
Cigna Dental Health of Ohio, Inc.
Cigna Dental Health of Pennsylvania, Inc.
Cigna Dental Health of Texas, Inc.
Cigna Dental Health of Virginia, Inc.
Cigna Dental Health Plan of Arizona, Inc.
Cigna Dental Health, Inc.
Cigna European Services (UK) Limited
Cigna Health and Life Insurance Company
Cigna Health Management, Inc.
Cigna Healthcare of Arizona, Inc.
Cigna Healthcare of California, Inc.
Cigna HealthCare of Colorado, Inc.
Cigna HealthCare of Connecticut, Inc.
Cigna HealthCare of Florida, Inc.
Cigna Healthcare of Georgia, Inc.
Cigna HealthCare of Illinois, Inc.
Cigna HealthCare of Indiana, Inc.
Cigna HealthCare of New Hampshire, Inc.
Cigna HealthCare of New Jersey, Inc.
Cigna Healthcare of North Carolina, Inc.
Cigna HealthCare of St. Louis, Inc.
Cigna HealthCare of South Carolina, Inc.
Cigna Healthcare of Tennessee, Inc.
Cigna HealthCare of Texas, Inc.
Cigna Healthcare of Utah, Inc.
Cigna Healthcare, Inc.
Cigna Medical Group
Connecticut General Life Insurance Company
CuraScript, Inc.
Diversified NY IPA, Inc.
Diversified Pharmaceutical Services, Inc.
Econdisc Contracting Solutions, LLC
ESI Canada
ESI GP Canada ULC
ESI GP Holdings, Inc.
ESI GP2 Canada ULC
ESI Mail Order Processing, Inc.
ESI Mail Pharmacy Service, Inc.
ESI Partnership
ESI Resources, Inc.
Evernorth Behavioral Health Inc.
f/k/a Cigna Behavioral Health, Inc.
Evernorth Behavioral Health of California, Inc.
f/k/a Cigna Behavioral Health of California, Inc.
Evernorth Behavioral Health of Texas, Inc.
f/k/a Cigna Behavioral Health of Texas, Inc.
Evernorth Care Solutions, Inc.
Evernorth Direct Health, LLC
eviCore healthcare MSI, LLC
Express Reinsurance Company
Express Scripts Administrators LLC
Express Scripts Canada Co.
Express Scripts Canada Holding Co.
Express Scripts Canada Holding, LLC
Express Scripts Canada Services
Express Scripts Canada Wholesale
Express Scripts Holding Company
Express Scripts Holding Company, Inc.
Express Scripts, Inc.
Express Scripts Pharmaceutical Procurement, LLC
Express Scripts Pharmacy Atlantic, Ltd.
Express Scripts Pharmacy Central, Ltd.
Express Scripts Pharmacy Ontario, Ltd.
Express Scripts Pharmacy West, Ltd.
Express Scripts Pharmacy, Inc.
Express Scripts Sales Operations, Inc.

Additional Named Insureds (2 of 2)

Express Scripts Senior Care Holdings, Inc.
Express Scripts Senior Care, Inc.
Express Scripts Specialty Distribution Services, Inc.
Express Scripts Strategic Development, Inc.
Express Scripts Services Co.
Express Scripts Utilization Management Company
Freco, Inc.
Freedom Service Company, LLC
Gulfquest, LP
Healthbridge Reimbursement & Product Support, Inc.
Healthbridge, Inc.
HealthCare of Colorado, Inc.
Healthspring Life & Health Insurance Company, Inc.
Healthspring of Florida, Inc.
Healthspring USA, LLC
Healthspring, Inc.
Home Physicians Management, LLC
Innovative Product Alignment, LLC
Inside RX, LLC
Lynnfield Compounding Center, Inc.
Lynnfield Drug, Inc.
MAH Pharmacy, LLC
Matrix GPO, LLC
Matrix Healthcare Services, Inc.
MD Live, Inc
Medco Containment Insurance Company of NY
Medco Containment Life Insurance Company
Medco Health Services, Inc.
Medco Health Solutions, Inc.
MedSolutions Holdings, Inc.
MedSolutions of Texas, Inc.
MHS Holdings, CV
MSI Health Organization of Texas, Inc.
MyM Technology Services, LLC
myMatrixx Holdings, LLC
myMatrixx-B, LLC
Newquest Management Northeast, LLC
Newquest Management of Alabama, LLC
Newquest, LLC
Palladian Health of Florida, LLC
Palladian Independent Practice Association, LLC
Priority Healthcare Corporation
Priority Healthcare Distribution, Inc.
QPID Health, LLC
Quallent Pharmaceuticals Health LLC
Specialty Products Acquisitions, LLC
SpectraCare Health Care Ventures, Inc.
SpectraCare, Inc.
Tel-Drug of Pennsylvania, L.L.C.
Tel-Drug, Inc.
Verity Solutions Group, Inc.

Responses to RFP

City of Fort Lauderdale
12702-525

We have provided clarifying responses to certain RFP provisions below.

Section II – Special Terms and Conditions

Security Breach

The successful proposer agrees to provide electronic and physical security to personal information, as defined in Section 501.171, Florida Statutes (2021), as may be amended or revised, ("Section 501.171"), that is obtained from the City, in accordance with the standard set forth in Section 501.171. As provided in Section 501.171, the successful proposer shall take reasonable measures to protect and secure data in electronic form containing personal information. The successful proposer shall notify the City within twenty-four (24) hours after having reason to believe or becoming aware of any breach of security to a system maintained by the successful proposer. Upon receiving the initial notice, the successful proposer shall provide a detailed incident report within five (5) days. Such incident report shall include all information necessary to comply with the notice requirements set forth in Section 501.171.

The successful proposer, as the City's third-party agent, as defined in Section 501.171, shall comply with and perform all of the requirements set forth in Subsections 501.171(3) and (4), Florida Statutes (2021), as may be amended or revised, in the event the successful proposer experiences a breach of security involving unauthorized access of the City's data in electronic form containing personal information. In addition to complying with Subsections 501.171(3) and (4), Florida Statutes (2021), as may be amended or revised, the successful proposer shall provide credit monitoring and identity theft protection to affected persons, establish and operate a call center for affected persons, and perform other functions and provide other services as required by law. The successful proposer shall ensure that the City is in compliance with all legal requirements and laws associated with the breach of security or the potential breach of security.

In addition, successful proposer shall immediately take such actions as may be necessary to preserve forensic evidence and eliminate the cause of the breach of security. Successful proposer shall provide the City all information reasonably necessary to enable the City to understand the nature and scope of the breach of security. In such case, successful proposer shall provide information to the City about what actions successful proposer has taken to mitigate any deleterious effect of the unauthorized use or disclosure of, or access to, City data. The City may suspend any services or products provided by successful proposer until the City determines that the cause of the breach of security has been sufficiently mitigated.

As the incumbent dental benefit provider, we have worked directly with the City's legal team and personnel in creating a non-standard customized business associate agreement (BAA) previously. Cigna's preference would be to continue to operate under the inforce BAA and incorporate any new provisions if necessary.

Indemnification

Notwithstanding anything to the contrary contained in the Agreement and in addition to, these data Security Terms and Conditions, the successful proposer shall defend, indemnify, and hold harmless the City from and against any loss, liability, damage, costs, or expenses, including, but not limited to, reasonable attorneys' fees (collectively, "Damages"), to the extent arising from third- party claims or actions against the City as a result of any breach of security involving City data. The indemnification provided above shall include where applicable, the full cost of, forensic analysis, system remediation to eliminate the cause of the breach of security, notice letters to potentially affected individuals, credit monitoring services, identity theft protection services, call center costs and expenses, notification letters to regulatory authorities, reasonable attorney's fees, civil penalties, and any cost and expenses associated with other functions or services as required by law (collectively, "Damages").

Indemnification is agreed upon at the time of contracting.

NON-COLLUSION STATEMENT:

By signing this offer, the vendor/contractor certifies that this offer is made independently and *free* from collusion. Vendor shall disclose below any City of Fort Lauderdale, FL officer or employee, or any relative of any such officer or employee who is an officer or director of, or has a material interest in, the vendor's business, who is in a position to influence this procurement.

Any City of Fort Lauderdale, FL officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement.

For purposes hereof, a person has a material interest if they directly or indirectly own more than 5 percent of the total assets or capital stock of any business entity, or if they otherwise stand to personally gain if the contract is awarded to this vendor.

In accordance with City of Fort Lauderdale, FL Policy and Standards Manual, 6.10.8.3,

> 3.3. City employees may not contract with the City through any corporation or business entity in which they or their immediate family members hold a controlling financial interest (e.g. ownership of five (5) percent or more).
>
> 3.4. Immediate family members (spouse, parents and children) are also prohibited from contracting with the City subject to the same general rules.

Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the City Procurement Code.

NAME	RELATIONSHIPS

In the event the vendor does not indicate any names, the City shall interpret this to mean that the vendor has indicated that no such relationships exist.

Yesenia Sanchez	**Vice President of CHLIC & Authorized Signatory**
Authorized Signature	Title
Yesenia Sanchez	**June 27, 2022**
Name (Printed)	Date

QUESTIONNAIRE SHEET

PLEASE PRINT OR TYPE:
Firm Name: **Cigna Health and Life Insurance Company (CHLIC) ***
President **David Cordani**
Business Address: **900 Cottage Grove**
Telephone: **954-514-6887** Fax: **954-514-6905**
E-Mail Address: **Yesenia.Sanchez@cigna.com**

What was the last project of this nature which you completed? Include the year, description, and contract value.
City of Fort Lauderdale
Dental: DHMO & DPPO
Year 1/1/2022
Contract Value: $1,776.872

The following are named as three corporations and representatives of those corporations for which you have performed work similar to that required by this contract, and which the City may contact as your references (include addresses, telephone numbers and e-mail addresses). Include the project title, year, description, and contract value.
City of Miami Beach, Marvin Adams, 1700 Convention Center Drive, Fourth Floor, Miami Beach, FL 33139 / 305-670-7000 / Marvin.Adams@miamibeachfl.gov / DPPO & DHMO Value: $1,473,950 / Client since 10/1/2016

City of Miami Ann Marie Sharpe, 444 SW 2nd Ave, 9th Floor, Miami, FL 33130 / 305-416-1381/ ASharpe@miamigov.com/ DPPO & DHMO Contract Value: $1,178,771 / Client Since 1/1/2008

City of Hollywood, Tammie Hechler, 2600 Hollywood Boulevard, Hollywood, FL 33020 / 954-921-3218 / Thechler@hollywoodfl.org / DPPO / Contract Value: $56,750 / Client since 1/1/2017

How many years has your organization been in business? **Over 200**

Have you ever failed to complete work awarded to you; if so, where and why?
No. Although terminations happen for a variety of reasons by both parties, Cigna does not track the causes for such contract terminations. However, it is Cigna's policy to immediately address any question regarding the quality of our services and to rectify such discrepancy judiciously.

The name of the qualifying agent for the firm and his position is: **Yesenia Sanchez, Vice President of CHLIC & Authorized Signatory**

Certificate of Competency Number of Qualifying Agent: **Not applicable`**

Effective Date: **Not applicable** Expiration Date: **Not applicable**

Licensed in: **Broward / Florida** (County/State) Contractor's License/Certification # **10-591031071**

Expiration Date: **Not applicable**
Perpetual

NOTE: Contractor must have proper licensing prior to submitting bid and must provide copy of same with his proposal.

NOTE: To be considered for award of this contract, the bidder must submit a financial statement upon request.

QUESTIONNAIRE SHEET

1. Have you personally inspected the proposed work and have you a complete plan for its performance?
   Not applicable

2. Will you sublet any part of this work? If so, list the portions or specialties of the work that you will
   a) **Not applicable`**
   b) **Not applicable`**
   c) **Not applicable`**
   d) **Not applicable`**
   e) **Not applicable`**
   f) **Not applicable`**
   g) **Not applicable`**

3. What equipment do you own that is available for the work?
   Not applicable`

4. What equipment will you purchase for the proposed work?
   Not applicable`

5. What equipment will you rent for the proposed work?
   Not applicable`

CONTRACT PAYMENT METHOD

The City of Fort Lauderdale has implemented a Procurement Card (P-Card) program which changes how payments are remitted to its vendors. The City has transitioned from traditional paper checks to credit card payments via MasterCard or Visa as part of this program.

This allows you as a vendor of the City of Fort Lauderdale to receive your payments fast and safely. No more waiting for checks to be printed and mailed.

In accordance with the contract, payments on this contract will be made utilizing the City's P-Card (MasterCard or Visa). Accordingly, bidders must presently have the ability to accept these credit cards or take whatever steps necessary to implement acceptance of a card before the start of the contract term, or contract award by the City.

All costs associated with the Contractor's participation in this purchasing program shall be borne by the Contractor. The City reserves the right to revise this program as necessary.

By signing below you agree with these terms.

Please indicate which credit card payment you prefer:

- [ ] MasterCard
- [x] Visa

Cigna Health and Life Insurance Company (CHLIC), Cigna Dental Health of Florida, Inc., Cigna Dental Health Plan of Arizona, Inc., Cigna HealthCare of Connecticut, Inc., Cigna Dental Health of Kansas, Inc., Cigna Dental Health of Kentucky, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., and Cigna Dental Health of Texas, Inc.
Company Name

Yesenia Sanchez
Name (Printed)

Yesenia Sanchez
Signature

June 27, 2022
Date

Vice President of CHLIC and Authorized Signatory
Title

CONTRACTOR'S CERTIFICATE OF COMPLIANCE WITH NON-DISCRIMINATION PROVISIONS OF THE CONTRACT

The completed and signed form should be returned with the Contractor's submittal. If not provided with submittal, the Contractor must submit within three business days of City's request. Contractor may be deemed non-responsive for failure to fully comply within stated timeframes.

Pursuant to City Ordinance Sec. 2-187(c), bidders must certify compliance with the Non-Discrimination provision of the ordinance.

The Contractor shall not, in any of his/her/its activities, including employment, discriminate against any individual on the basis of race, color, national origin, religion, creed, sex, disability, sexual orientation, gender, gender identity, gender expression, or marital status.

1. The Contractor certifies and represents that he/she/it will comply with Section 2-187, Code of Ordinances of the City of Fort Lauderdale, Florida, as amended by Ordinance C-18-33 (collectively, "Section 2-187").

2. The failure of the Contractor to comply with Section 2-187 shall be deemed to be a material breach of this Agreement, entitling the City to pursue any remedy stated below or any remedy provided under applicable law.

3. The City may terminate this Agreement if the Contractor fails to comply with Section 2-187.

4. The City may retain all monies due or to become due until the Contractor complies with Section 2-187.

5. The Contractor may be subject to debarment or suspension proceedings. Such proceedings will be consistent with the procedures in section 2-183 of the Code of Ordinances of the City of Fort Lauderdale, Florida.

Yesenia Sanchez

Authorized Signature

Yesenia Sanchez, Vice President of CHLIC and Authorized Signatory

Print Name and Title

June 27, 2022

Date

CITY OF FORT LAUDERDALE
GENERAL CONDITIONS

These instructions and conditions are standard for all contracts for commodities or services issued through the City of Fort Lauderdale Procurement Services Division. The City may delete, supersede, or modify any of these standard instructions for a particular contract by indicating such change in the Invitation to Bid (ITB) Special Conditions, Technical Specifications, Instructions, Proposal Pages, Addenda, and Legal Advertisement. In this general conditions document, Invitation to Bid (ITB), Request for Qualifications (RFQ), and Request for Proposal (RFP) are interchangeable.

PART I BIDDER PROPOSAL PAGE(S) CONDITIONS:

1.01 **BIDDER ADDRESS**: The City maintains automated vendor address lists that have been generated for each specific Commodity Class item through our bid issuing service, BidSync. Notices of Invitations to Bid (ITB'S) are sent by e-mail to the selection of bidders who have fully registered with BidSync or faxed (if applicable) to every vendor on those lists, who may then view the bid documents online. Bidders who have been informed of a bid's availability in any other manner are responsible for registering with BidSync in order to view the bid documents. There is no fee for doing so. If you wish bid notifications be provided to another e-mail address or fax, please contact BidSync. If you wish purchase orders sent to a different address, please so indicate in your bid response. If you wish payments sent to a different address, please so indicate on your invoice.

1.02 **DELIVERY:** Time will be of the essence for any orders placed as a result of this ITB. The City reserves the right to cancel any orders, or part thereof, without obligation if delivery is not made in accordance with the schedule specified by the Bidder and accepted by the City.

1.03 **PACKING SLIPS:** It will be the responsibility of the awarded Contractor, to attach all packing slips to the OUTSIDE of each shipment. Packing slips must provide a detailed description of what is to be received and reference the City of Fort Lauderdale purchase order number that is associated with the shipment. Failure to provide a detailed packing slip attached to the outside of shipment may result in refusal of shipment at Contractor's expense.

1.04 **PAYMENT TERMS AND CASH DISCOUNTS:** Payment terms, unless otherwise stated in this ITB, will be considered to be net 45 days after the date of satisfactory delivery at the place of acceptance and receipt of correct invoice at the office specified, whichever occurs last. Bidder may offer cash discounts for prompt payment but they will not be considered in determination of award. If a Bidder offers a discount, it is understood that the discount time will be computed from the date of satisfactory delivery, at the place of acceptance, and receipt of correct invoice, at the office specified, whichever occurs last**.**

1.05 **TOTAL BID DISCOUNT:** If Bidder offers a discount for award of all items listed in the bid, such discount shall be deducted from the total of the firm net unit prices bid and shall be considered in tabulation and award of bid**.**

1.06 **BIDS FIRM FOR ACCEPTANCE:** Bidder warrants, by virtue of bidding, that the bid and the prices quoted in the bid will be firm for acceptance by the City for a period of one hundred twenty (120) days from the date of bid opening unless otherwise stated in the ITB**.**

1.07 **VARIANCES:** For purposes of bid evaluation, Bidder's must indicate any variances, no matter how slight, from ITB General Conditions, Special Conditions, Specifications or Addenda in the space provided in the ITB. No variations or exceptions by a Bidder will be considered or deemed a part of the bid submitted unless such variances or exceptions are listed in the bid and referenced in the space provided on the bidder proposal pages. If variances are not stated, or referenced as required, it will be assumed that the product or service fully complies with the City's terms, conditions, and specifications**.**

By receiving a bid, City does not necessarily accept any variances contained in the bid. All variances submitted are subject to review and approval by the City. If any bid contains material variances that, in the City's sole opinion, make that bid conditional in nature, the City reserves the right to reject the bid or part of the bid that is declared by the City as conditional.

1.08 **NO BIDS:** If you do not intend to bid please indicate the reason, such as insufficient time to respond, do not offer product or service, unable to meet specifications, schedule would not permit, or any other reason, in the space provided in this ITB. Failure to bid or return no bid comments prior to the bid due and opening date and time, indicated in this ITB, may result in your firm being deleted from our Bidder's registration list for the Commodity Class Item requested in this ITB.

1.09 **MINORITY AND WOMEN BUSINESS ENTERPRISE PARTICIPATION AND BUSINESS DEFINITIONS:** The City of Fort Lauderdale wants to increase the participation of Minority Business Enterprises (MBE), Women Business Enterprises (WBE), and Small Business Enterprises (SBE) in its procurement activities. If your firm qualifies in accordance with the below definitions please indicate in the space provided in this ITB.

Minority Business Enterprise (MBE) "A Minority Business" is a business enterprise that is owned or controlled by one or more socially or economically disadvantaged persons. Such disadvantage may arise from cultural, racial, chronic economic circumstances or background or other similar cause. Such persons include, but are not limited to: Blacks, Hispanics, Asian Americans, and Native Americans.

The term "Minority Business Enterprise" means a business at least 51 percent of which is owned by minority group members or, in the case of a publicly owned business, at least 51 percent of the stock of which is owned by minority group members. For the purpose of the preceding sentence, minority group members are citizens of the United States who include, but are not limited to: Blacks, Hispanics, Asian Americans, and Native Americans.

Women Business Enterprise (WBE) a "Women Owned or Controlled Business" is a business enterprise at least 51 percent of which is owned by females or, in the case of a publicly owned business, at least 51 percent of the stock of which is owned by females.

Small Business Enterprise (SBE) "Small Business" means a corporation, partnership, sole proprietorship, or other legal entity formed for the purpose of making a profit, which is independently owned and operated, has either fewer than 100 employees or less than $1,000,000 in annual gross receipts.

BLACK, which includes persons having origins in any of the Black racial groups of Africa.

WHITE, which includes persons whose origins are Anglo-Saxon and Europeans and persons of Indo-European decent including Pakistani and East Indian.
HISPANIC, which includes persons of Mexican, Puerto Rican, Cuban, Central and South American, or other Spanish culture or origin, regardless of race.
NATIVE AMERICAN, which includes persons whose origins are American Indians, Eskimos, Aleuts, or Native Hawaiians.
ASIAN AMERICAN, which includes persons having origin in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.

1.10 MINORITY-WOMEN BUSINESS ENTERPRISE PARTICIPATION

It is the desire of the City of Fort Lauderdale to increase the participation of minority (MBE) and women-owned (WBE) businesses in its contracting and procurement programs. While the City does not have any preference or set aside programs in place, it is committed to a policy of equitable participation for these firms. Proposers are requested to include in their proposals a narrative describing their past accomplishments and intended actions in this area. If proposers are considering minority or women owned enterprise participation in their proposal, those firms, and their specific duties have to be identified in the proposal. If a proposer is considered for award, he or she will be asked to meet with City staff so that the intended MBE/WBE participation can be formalized and included in the subsequent contract.

1.11 SCRUTINIZED COMPANIES

As to any contract for goods or services of $1 million or more and as to the renewal of any contract for goods or services of $1 million or more, subject to *Odebrecht Construction, Inc., v. Prasad*, 876 F.Supp.2d 1305 (S.D. Fla. 2012), *affirmed*, *Odebrecht Construction, Inc., v. Secretary, Florida Department of Transportation*, 715 F.3d 1268 (11th Cir. 2013), with regard to the "Cuba Amendment," the Contractor certifies that it is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, and that it does not have business operations in Cuba or Syria, as provided in section 287.135, Florida Statutes (2019), as may be amended or revised. As to any contract for goods or services of any amount and as to the renewal of any contract for goods or services of any amount, the Contractor certifies that it is not on the Scrutinized Companies that Boycott Israel List created pursuant to Section 215.4725, Florida Statutes (2019), and that it is not engaged in a boycott of Israel. The City may terminate this Agreement at the City's option if the Contractor is found to have submitted a false certification as provided under subsection (5) of section 287.135, Florida Statutes (2019), as may be amended or revised, or been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List or the Scrutinized Companies that Boycott Israel List created pursuant to Section 215.4725, Florida Statutes (2019), or is engaged in a boycott of Israel, or has been engaged in business operations in Cuba or Syria, as defined in Section 287.135, Florida Statutes (2019), as may be amended or revised.

1.12 DEBARRED OR SUSPENDED BIDDERS OR PROPOSERS

The bidder or proposer certifies, by submission of a response to this solicitation, that neither it nor its principals and subcontractors are presently debarred or suspended by any Federal department or agency.

Part II DEFINITIONS/ORDER OF PRECEDENCE:

2.01 BIDDING DEFINITIONS The City will use the following definitions in its general conditions, special conditions, technical specifications, instructions to bidders, addenda and any other document used in the bidding process:

INVITATION TO BID (ITB) The solicitation document used for soliciting competitive sealed bids for goods or services.
INVITATION TO NEGOTIATE (ITN) All solicitation documents, regardless of medium, whether attached to or incorporated by reference in solicitations for responses from firms that invite proposals from interested and qualified firms so the city may enter into negotiations with the firm(s) determined most capable of providing the required goods or services.
REQUEST FOR PROPOSALS (RFP) A solicitation method used for soliciting competitive sealed proposals to determine the best value among proposals for goods or services for which price may not be the prevailing factor in award of the contract, or the scope of work, specifications or contract terms and conditions may be difficult to define. Such solicitation will consider the qualifications of the proposers along with evaluation of each proposal using identified and generally weighted evaluation criteria. RFPs may include price criteria whenever feasible, at the discretion of the city.
REQUEST FOR QUALIFICATIONS (RFQ) A solicitation method used for requesting statements of qualifications in order to determine the most qualified proposer for professional services.
BID – a price and terms quote received in response to an ITB.
PROPOSAL – a proposal received in response to an RFP.
BIDDER – Person or firm submitting a Bid.
PROPOSER – Person or firm submitting a Proposal.
RESPONSIVE BIDDER – A firm who has submitted a bid, offer, quote, or response which conforms in all material respects to the competitive solicitation document and all of its requirements.
RESPONSIBLE BIDDER – A firm who is fully capable of meeting all requirements of the solicitation and subsequent contract. The respondent must possess the full capability, including financial and technical, ability, business judgment, experience, qualifications, facilities, equipment, integrity, capability, and reliability, in all respects to perform fully the contract requirements and assure good faith performance as determined by the city.
FIRST RANKED PROPOSER – That Proposer, responding to a City RFP, whose Proposal is deemed by the City, the most advantageous to the City after applying the evaluation criteria contained in the RFP.
SELLER – Successful Bidder or Proposer who is awarded a Purchase Order or Contract to provide goods or services to the City.
CONTRACTOR – Any firm having a contract with the city. Also referred to as a "Vendor".
CONTRACT – All types of agreements, including purchase orders, for procurement of supplies, services, and construction, regardless of what these agreements may be called.
CONSULTANT – A firm providing professional services for the city.

2.02 **SPECIAL CONDITIONS:** Any and all Special Conditions contained in this ITB that may be in variance or conflict with these General Conditions shall have precedence over these General Conditions. If no changes or deletions to General Conditions are made in the Special Conditions, then the General Conditions shall prevail in their entirety,

PART III BIDDING AND AWARD PROCEDURES:

3.01 **SUBMISSION AND RECEIPT OF BIDS:** To receive consideration, bids must be received prior to the bid opening date and time. Unless otherwise specified, Bidders should use the proposal forms provided by the City. These forms may be duplicated, but failure to use the forms may cause the bid to be rejected. Any erasures or corrections on the bid must be made in ink and initialed by Bidder in ink. All information submitted by the Bidder shall be printed, typewritten or filled in with pen and ink. Bids shall be signed in ink. Separate bids must be submitted for each ITB issued by the City in separate sealed envelopes properly marked. When a particular ITB or RFP requires multiple copies of bids or proposals they may be included in a single envelope or package properly sealed and identified. Only send bids via facsimile transmission (FAX) if the ITB specifically states that bids sent via FAX will be considered. If such a statement is not included in the ITB, bids sent via FAX will be rejected. Bids will be publicly opened in the Procurement Office, or other designated area, in the presence of Bidders, the public, and City staff. Bidders and the public are invited and encouraged to attend bid openings. Bids will be tabulated and made available for review by Bidder's and the public in accordance with applicable regulations.

3.02 **MODEL NUMBER CORRECTIONS:** If the model number for the make specified in this ITB is incorrect, or no longer available and replaced with an updated model with new specifications, the Bidder shall enter the correct model number on the bidder proposal page. In the case of an updated model with new specifications, Bidder shall provide adequate information to allow the City to determine if the model bid meets the City's requirements.

3.03 **PRICES QUOTED:** Deduct trade discounts, and quote firm net prices. Give both unit price and extended total. In the case of a discrepancy in computing the amount of the bid, the unit price quoted will govern. All prices quoted shall be F.O.B. destination, freight prepaid (Bidder pays and bears freight charges, Bidder owns goods in transit and files any claims), unless otherwise stated in Special Conditions. Each item must be bid separately. No attempt shall be made to tie any item or items contained in the ITB with any other business with the City.

3.04 **TAXES:** The City of Fort Lauderdale is exempt from Federal Excise and Florida Sales taxes on direct purchase of tangible property. Exemption **number for EIN is 59-6000319, and State Sales tax exemption number is 85-8013875578C-1.**

3.05 **WARRANTIES OF USAGE:** Any quantities listed in this ITB as estimated or projected are provided for tabulation and information purposes only. No warranty or guarantee of quantities is given or implied. It is understood that the Contractor will furnish the City's needs as they arise.

3.06 **APPROVED EQUAL:** When the technical specifications call for a brand name, manufacturer, make, model, or vendor catalog number with acceptance of APPROVED EQUAL, it shall be for the purpose of establishing a level of quality and features desired and acceptable to the City. In such cases, the City will be receptive to any unit that would be considered by qualified City personnel as an approved equal. In that the specified make and model represent a level of quality and features desired by the City, the Bidder must state clearly in the bid any variance from those specifications. It is the Bidder's responsibility to provide adequate information, in the bid, to enable the City to ensure that the bid meets the required criteria. If adequate information is not submitted with the bid, it may be rejected. The City will be the sole judge in determining if the item bid qualifies as an approved equal.

3.07 **MINIMUM AND MANDATORY TECHNICAL SPECIFICATIONS:** The technical specifications may include items that are considered minimum, mandatory, or required. If any Bidder is unable to meet or exceed these items, and feels that the technical specifications are overly restrictive, the bidder must notify the Procurement Services Division immediately. Such notification must be received by the Procurement Services Division prior to the deadline contained in the ITB, for questions of a material nature, or prior to five (5) days before bid due and open date, whichever occurs first. If no such notification is received prior to that deadline, the City will consider the technical specifications to be acceptable to all bidders.

3.08 **MISTAKES:** Bidders are cautioned to examine all terms, conditions, specifications, drawings, exhibits, addenda, delivery instructions and special conditions pertaining to the ITB. Failure of the Bidder to examine all pertinent documents shall not entitle the bidder to any relief from the conditions imposed in the contract.

3.09 **SAMPLES AND DEMONSTRATIONS:** Samples or inspection of product may be requested to determine suitability. Unless otherwise specified in Special Conditions, samples shall be requested after the date of bid opening, and if requested should be received by the City within seven (7) working days of request. Samples, when requested, must be furnished free of expense to the City and if not used in testing or destroyed, will upon request of the Bidder, be returned within thirty (30) days of bid award at Bidder's expense. When required, the City may request full demonstrations of units prior to award. When such demonstrations are requested, the Bidder shall respond promptly and arrange a demonstration at a convenient location. Failure to provide samples or demonstrations as specified by the City may result in rejection of a bid.

3.10 **LIFE CYCLE COSTING**: If so specified in the ITB, the City may elect to evaluate equipment proposed on the basis of total cost of ownership. In using Life Cycle Costing, factors such as the following may be considered: estimated useful life, maintenance costs, cost of supplies, labor intensity, energy usage, environmental impact, and residual value. The City reserves the right to use those or other applicable criteria, in its sole opinion that will most accurately estimate total cost of use and ownership.

3.11 **BIDDING ITEMS WITH RECYCLED CONTENT:** In addressing environmental concerns, the City of Fort Lauderdale encourages Bidders to submit bids or alternate bids containing items with recycled content. When submitting bids containing items with recycled content, Bidder shall provide documentation adequate for the City to verify the recycled content. The City prefers packaging consisting of materials that are degradable or able to be recycled. When specifically stated in the ITB, the City may give preference to bids containing items manufactured with recycled material or packaging that is able to be recycled.

3.12 **USE OF OTHER GOVERNMENTAL CONTRACTS:** The City reserves the right to reject any part or all of any bids received and utilize other available governmental contracts, if such action is in its best interest**.**

3.13 **QUALIFICATIONS/INSPECTION:** Bids will only be considered from firms normally engaged in providing the types of commodities/services specified herein. The City reserves the right to inspect the Bidder's facilities, equipment, personnel, and organization at any time, or to take any other action necessary to determine Bidder's ability to perform. The Procurement Director reserves the right to reject bids where evidence or evaluation is determined to indicate inability to perform**.**

3.14 **BID SURETY:** If Special Conditions require a bid security, it shall be submitted in the amount stated. A bid security can be in the form of a bid bond or cashier's check. Bid security will be returned to the unsuccessful bidders as soon as practicable after opening of bids. Bid security will be returned to the successful bidder after acceptance of the performance bond, if required; acceptance of insurance coverage, if required; and full execution of contract documents, if required; or conditions as stated in Special Conditions**.**

3.15 **PUBLIC RECORDS/TRADE SECRETS/COPYRIGHT:** The Proposer's response to the RFP is a public record pursuant to Florida law, which is subject to disclosure by the City under the State of Florida Public Records Law, Florida Statutes Chapter 119.07 ("Public Records Law"). The City shall permit public access to all documents, papers, letters or other material submitted in connection with this RFP and the Contract to be executed for this RFP, subject to the provisions of Chapter 119.07 of the Florida Statutes.

Any language contained in the Proposer's response to the RFP purporting to require confidentiality of any portion of the Proposer's response to the RFP, except to the extent that certain information is in the City's opinion a Trade Secret pursuant to Florida law, shall be void. If a Proposer submits any documents or other information to the City which the Proposer claims is Trade Secret information and exempt from Florida Statutes Chapter 119.07 ("Public Records Laws"), the Proposer shall clearly designate that it is a Trade Secret and that it is asserting that the document or information is exempt. The Proposer must specifically identify the exemption being claimed under Florida Statutes 119.07. The City shall be the final arbiter of whether any information contained in the Proposer's response to the RFP constitutes a Trade Secret. The city's determination of whether an exemption applies shall be final, and the proposer agrees to defend, indemnify, and hold harmless the City and the City's officers, employees, and agents, against any loss or damages incurred by any person or entity as a result of the City's treatment of records as public records. In addition, the proposer agrees to defend, indemnify, and hold harmless the City and the City's officers, employees, and agents, against any loss or damages incurred by any person or entity as a result of the City's treatment of records as exempt from disclosure or confidential. Proposals bearing copyright symbols or otherwise purporting to be subject to copyright protection in full or in part may be rejected. The proposer authorizes the City to publish, copy, and reproduce any and all documents submitted to the City bearing copyright symbols or otherwise purporting to be subject to copyright protection.

EXCEPT FOR CLEARLY MARKED PORTIONS THAT ARE BONA FIDE TRADE SECRETS PURSUANT TO FLORIDA LAW, DO NOT MARK YOUR RESPONSE TO THE RFP AS PROPRIETARY OR CONFIDENTIAL. DO NOT MARK YOUR RESPONSE TO THE RFP OR ANY PART THEREOF AS COPYRIGHTED.

3.16 **PROHIBITION OF INTEREST:** No contract will be awarded to a bidding firm who has City elected officials, officers or employees affiliated with it, unless the bidding firm has fully complied with current Florida State Statutes and City Ordinances relating to this issue. Bidders must disclose any such affiliation. Failure to disclose any such affiliation will result in disqualification of the Bidder and removal of the Bidder from the City's bidder lists and prohibition from engaging in any business with the City**.**

3.17 **RESERVATIONS FOR AWARD AND REJECTION OF BIDS:** The City reserves the right to accept or reject any or all bids, part of bids, and to waive minor irregularities or variations to specifications contained in bids, and minor irregularities in the bidding process. The City also reserves the right to award the contract on a split order basis, lump sum basis, individual item basis, or such combination as shall best serve the interest of the City. The City reserves the right to make an award to the responsive and responsible bidder whose product or service meets the terms, conditions, and specifications of the ITB and whose bid is considered to best serve the City's interest. In determining the responsiveness of the offer and the responsibility of the Bidder, the following shall be considered when applicable: the ability, capacity and skill of the Bidder to perform as required; whether the Bidder can perform promptly, or within the time specified, without delay or interference; the character, integrity, reputation, judgment, experience and efficiency of the Bidder; the quality of past performance by the Bidder; the previous and existing compliance by the Bidder with related laws and ordinances; the sufficiency of the Bidder's financial resources; the availability, quality and adaptability of the Bidder's supplies or services to the required use; the ability of the Bidder to provide future maintenance, service or parts; the number and scope of conditions attached to the bid**.**

If the ITB provides for a contract trial period, the City reserves the right, in the event the selected bidder does not perform satisfactorily, to award a trial period to the next ranked bidder or to award a contract to the next ranked bidder, if that bidder has successfully provided services to the City in the past. This procedure to continue until a bidder is selected or the contract is re-bid, at the sole option of the City.

3.18 **LEGAL REQUIREMENTS:** Applicable provisions of all federal, state, county laws, and local ordinances, rules and regulations, shall govern development, submittal and evaluation of all bids received in response hereto and shall govern any and all claims and disputes which may arise between person(s) submitting a bid response hereto and the City by and through its officers, employees and authorized representatives, or any other person, natural or otherwise; and lack of knowledge by any bidder shall not constitute a cognizable defense against the legal effect thereof**.**

3.19 **BID PROTEST PROCEDURE:** Any proposer or bidder who is not recommended for award of a contract and who alleges a failure by the city to follow the city's procurement ordinance or any applicable law may protest to the chief procurement officer, by delivering a letter of protest to the director of finance within five (5) days after a notice of intent to award is posted on the city's web site at the following url: https://www.fortlauderdale.gov/departments/finance/procurement-services/notices-of-intent-to-award

The complete protest ordinance may be found on the city's web site at the following url: https://library.municode.com/fl/fort_lauderdale/codes/code_of_ordinances?nodeid=coor_ch2ad_artvfi_div2pr_s2-182direpr

PART IV BONDS AND INSURANCE

4.01 **PERFORMANCE BOND:** If a performance bond is required in Special Conditions, the Contractor shall within fifteen (15) working days after notification of award, furnish to the City a Performance Bond, payable to the City of Fort Lauderdale, Florida, in the face amount specified in Special Conditions as surety for faithful

performance under the terms and conditions of the contract. If the bond is on an annual coverage basis, renewal for each succeeding year shall be submitted to the City thirty (30) days prior to the termination date of the existing Performance Bond. The Performance Bond must be executed by a surety company of recognized standing, authorized to do business in the State of Florida and having a resident agent.

Acknowledgement and agreement is given by both parties that the amount herein set for the Performance Bond is not intended to be nor shall be deemed to be in the nature of liquidated damages nor is it intended to limit the liability of the Contractor to the City in the event of a material breach of this Agreement by the Contractor**.**

4.02 **INSURANCE:** The Contractor shall assume full responsibility and expense to obtain all necessary insurance as required by City or specified in Special Conditions**.**

The Contractor shall provide to the Procurement Services Division original certificates of coverage and receive notification of approval of those certificates by the City's Risk Manager prior to engaging in any activities under this contract. The Contractor's insurance is subject to the approval of the City's Risk Manager. The certificates must list the City as an ADDITIONAL INSURED for General Liability Insurance and shall have no less than thirty (30) days written notice of cancellation or material change. Further modification of the insurance requirements may be made at the sole discretion of the City's Risk Manager if circumstances change or adequate protection of the City is not presented. Bidder, by submitting the bid, agrees to abide by such modifications**.**

PART V PURCHASE ORDER AND CONTRACT TERMS:

5.01 **COMPLIANCE WITH SPECIFICATIONS, LATE DELIVERIES/PENALTIES:** Items offered may be tested for compliance with bid specifications. Items delivered which do not conform to bid specifications may be rejected and returned at Contractor's expense. Any violation resulting in contract termination for cause or delivery of items not conforming to specifications, or late delivery may also result in:

- Bidder's name being removed from the City's bidder's mailing list for a specified period and Bidder will not be recommended for any award during that period.
- All City Departments being advised to refrain from doing business with the Bidder.
- All other remedies in law or equity.

5.02 **ACCEPTANCE, CONDITION, AND PACKAGING:** The material delivered in response to ITB award shall remain the property of the Seller until a physical inspection is made and the material accepted to the satisfaction of the City. The material must comply fully with the terms of the ITB, be of the required quality, new, and the latest model. All containers shall be suitable for storage and shipment by common carrier, and all prices shall include standard commercial packaging. The City will not accept substitutes of any kind. Any substitutes or material not meeting specifications will be returned at the Bidder's expense. Payment will be made only after City receipt and acceptance of materials or services.

5.03 **SAFETY STANDARDS:** All manufactured items and fabricated assemblies shall comply with applicable requirements of the Occupation Safety and Health Act of 1970 as amended.

5.04 **ASBESTOS STATEMENT:** All material supplied must be 100% asbestos free. Bidder, by virtue of bidding, certifies that if awarded any portion of the ITB the bidder will supply only material or equipment that is 100% asbestos free.

5.05 **OTHER GOVERNMENTAL ENTITIES:** If the Bidder is awarded a contract as a result of this ITB, the bidder may, if the bidder has sufficient capacity or quantities available, provide to other governmental agencies, so requesting, the products or services awarded in accordance with the terms and conditions of the ITB and resulting contract. Prices shall be F.O.B. delivered to the requesting agency.

5.06 **VERBAL INSTRUCTIONS PROCEDURE:** No negotiations, decisions, or actions shall be initiated or executed by the Contractor as a result of any discussions with any City employee. Only those communications which are in writing from an authorized City representative may be considered. Only written communications from Contractors, which are assigned by a person designated as authorized to bind the Contractor, will be recognized by the City as duly authorized expressions on behalf of Contractors.

5.07 **INDEPENDENT CONTRACTOR:** The Contractor is an independent contractor under this Agreement. Personal services provided by the Proposer shall be by employees of the Contractor and subject to supervision by the Contractor, and not as officers, employees, or agents of the City. Personnel policies, tax responsibilities, social security, health insurance, employee benefits, procurement policies unless otherwise stated in this ITB, and other similar administrative procedures applicable to services rendered under this contract shall be those of the Contractor.

5.08 **INDEMNITY/HOLD HARMLESS AGREEMENT:** Contractor shall protect and defend at Contractor's expense, counsel being subject to the City's approval, and indemnify and hold harmless the City and the City's officers, employees, volunteers, and agents from and against any and all losses, penalties, fines, damages, settlements, judgments, claims, costs, charges, expenses, or liabilities, including any award of attorney fees and any award of costs, in connection with or arising directly or indirectly out of any act or omission by the Contractor or by any officer, employee, agent, invitee, subcontractor, or sublicensee of the Contractor. Without limiting the foregoing, any and all such claims, suits, or other actions relating to personal injury, death, damage to property, defects in materials or workmanship, actual or alleged violations of any applicable statute, ordinance, administrative order, rule or regulation, or decree of any court shall be included in the indemnity hereunder.

5.09 **TERMINATION FOR CAUSE:** If, through any cause, the Contractor shall fail to fulfill in a timely and proper manner its obligations under this Agreement, or if the Contractor shall violate any of the provisions of this Agreement, the City may upon written notice to the Contractor terminate the right of the Contractor to proceed under this Agreement, or with such part or parts of the Agreement as to which there has been default, and may hold the Contractor liable for any damages caused to the City by reason of such default and termination. In the event of such termination, any completed services performed by the Contractor under this Agreement shall, at the option of the City, become the City's property and the Contractor shall be entitled to receive equitable compensation for any work completed to the satisfaction of

the City. The Contractor, however, shall not be relieved of liability to the City for damages sustained by the City by reason of any breach of the Agreement by the Contractor, and the City may withhold any payments to the Contractor for the purpose of setoff until such time as the amount of damages due to the City from the Contractor can be determined.

5.10 TERMINATION FOR CONVENIENCE: The City reserves the right, in the City's best interest as determined by the City, to cancel any contract by giving written notice to the Contractor thirty (30) days prior to the effective date of such cancellation.

5.11 CANCELLATION FOR UNAPPROPRIATED FUNDS: The obligation of the City for payment to a Contractor is limited to the availability of funds appropriated in a current fiscal period, and continuation of the contract into a subsequent fiscal period is subject to appropriation of funds, unless otherwise authorized by law.

5.12 RECORDS/AUDIT: The Contractor shall maintain during the term of the contract all books of account, reports and records in accordance with generally accepted accounting practices and standards for records directly related to this contract. The Contractor agrees to make available to the City Auditor or the City Auditor's designee, during normal business hours and in Broward, Miami-Dade or Palm Beach Counties, all books of account, reports, and records relating to this contract. The Contractor shall retain all books of account, reports, and records relating to this contract for the duration of the contract and for three years after the final payment under this Agreement, until all pending audits, investigations or litigation matters relating to the contract are closed, or until expiration of the records retention period prescribed by Florida law or the records retention schedules adopted by the Division of Library and Information Services of the Florida Department of State, whichever is later.

5.13 PERMITS, TAXES, LICENSES: The successful Contractor shall, at his/her/its own expense, obtain all necessary permits, pay all licenses, fees and taxes, required to comply with all local ordinances, state and federal laws, rules and regulations applicable to business to be carried out under this contract.

5.14 LAWS/ORDINANCES: The Contractor shall observe and comply with all Federal, state, local and municipal laws, ordinances rules and regulations that would apply to this contract.

NON-DISCRIMINATION: The Contractor shall not, in any of its activities, including employment, discriminate against any individual on the basis of race, color, national origin, age, religion, creed, sex, disability, sexual orientation, gender, gender identity, gender expression, marital status, or any other protected classification as defined by applicable law.

1. The Contractor certifies and represents that the Contractor will comply with Section 2-187, Code of Ordinances of the City of Fort Lauderdale, Florida, (2019), as may be amended or revised, ("Section 2-187"), during the entire term of this Agreement.
2. The failure of the Contractor to comply with Section 2-187 shall be deemed to be a material breach of this Agreement, entitling the City to pursue any remedy stated below or any remedy provided under applicable law.
3. The City may terminate this Agreement if the Contractor fails to comply with Section 2-187.
4. The City may retain all monies due or to become due until the Contractor complies with Section 2-187.
5. The Contractor may be subject to debarment or suspension proceedings. Such proceedings will be consistent with the procedures in section 2-183 of the Code of Ordinances of the City of Fort Lauderdale, Florida.

5.15 UNUSUAL CIRCUMSTANCES: If during a contract term where costs to the City are to remain firm or adjustments are restricted by a percentage or CPI cap, unusual circumstances that could not have been foreseen by either party of the contract occur, and those circumstances significantly affect the Contractor's cost in providing the required prior items or services, then the Contractor may request adjustments to the costs to the City to reflect the changed circumstances. The circumstances must be beyond the control of the Contractor, and the requested adjustments must be fully documented. The City may, after examination, refuse to accept the adjusted costs if they are not properly documented, increases are considered to be excessive, or decreases are considered to be insufficient. In the event the City does not wish to accept the adjusted costs and the matter cannot be resolved to the satisfaction of the City, the City will reserve the following options:

1. The contract can be canceled by the City upon giving thirty (30) days written notice to the Contractor with no penalty to the City or Contractor. The Contractor shall fill all City requirements submitted to the Contractor until the termination date contained in the notice.

2. The City requires the Contractor to continue to provide the items and services at the firm fixed (non-adjusted) cost until the termination of the contract term then in effect.

3. If the City, in its interest and in its sole opinion, determines that the Contractor in a capricious manner attempted to use this section of the contract to relieve Contractor of a legitimate obligation under the contract, and no unusual circumstances had occurred, the City reserves the right to take any and all action under law or equity. Such action shall include, but not be limited to, declaring the Contractor in default and disqualifying Contractor from receiving any business from the City for a stated period of time.

If the City does agree to adjusted costs, these adjusted costs shall not be invoiced to the City until the Contractor receives notice in writing signed by a person authorized to bind the City in such matters.

5.16 ELIGIBILITY: If applicable, the Contractor must first register with the Florida Department of State in accordance with Florida Statutes, prior to entering into a contract with the City.

5.17 PATENTS AND ROYALTIES: The Contractor, without exception, shall defend, indemnify, and hold harmless the City and the City's employees, officers, employees, volunteers, and agents from and against liability of any nature and kind, including cost and expenses for or on account of any copyrighted, patented or un-patented invention, process, or article manufactured or used in the performance of the contract, including their use by the City. If the Contractor uses any design, device, or materials covered by letters, patent or copyright, it is mutually agreed and understood without exception that the bid prices shall include any and all royalties or costs arising from the use of such design, device, or materials in any way involved in the work.

5.18 **ASSIGNMENT:** Contractor shall not transfer or assign the performance required by this ITB without the prior written consent of the City. Any award issued pursuant to this ITB, and the monies, which may become due hereunder, are not assignable except with the prior written approval of the City Commission or the City Manager or City Manager's designee, depending on original award approval.

5.19 **GOVERNING LAW; VENUE:** The Contract shall be governed by and construed in accordance with the laws of the State of Florida. Venue for any lawsuit by either party against the other party or otherwise arising out of the Contract, and for any other legal proceeding, shall be in the courts in and for Broward County, Florida, or in the event of federal jurisdiction, in the Southern District of Florida.

5.20 **PUBLIC RECORDS:**

IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT PRRCONTRACT@FORTLAUDERDALE.GOV, 954-828-5002, CITY CLERK'S OFFICE, 100 N. ANDREWS AVENUE, FORT LAUDERDALE, FLORIDA 33301.

Contractor shall comply with public records laws, and Contractor shall:

1. Keep and maintain public records required by the City to perform the service.

2. Upon request from the City's custodian of public records, provide the City with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes (2019), as may be amended or revised, or as otherwise provided by law.

3. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the Contractor does not transfer the records to the City.

4. Upon completion of the Contract, transfer, at no cost, to the City all public records in possession of the Contractor or keep and maintain public records required by the City to perform the service. If the Contractor transfers all public records to the City upon completion of the Contract, the Contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Contractor keeps and maintains public records upon completion of the Contract, the Contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the City, upon request from the City's custodian of public records, in a format that is compatible with the information technology systems of the City.

E-VERIFY AFFIRMATION STATEMENT

RFP/Bid /Contract No: **RFP 12702-525**

Project Description: **Group DHMO and DPPO Dental Plan Benefits**

Contractor/Proposer/Bidder acknowledges and agrees to utilize the U.S. Department of Homeland Security's E-Verify System to verify the employment eligibility of,

(a) all persons employed by Contractor/Proposer/Bidder to perform employment duties within Florida during the term of the Contract, and,

(b) all persons (including subcontractors/vendors) assigned by Contractor/Proposer/Bidder to perform work pursuant to the Contract.

The Contractor/Proposer/Bidder acknowledges and agrees that use of the U.S. Department of Homeland Security's E-Verify System during the term of the Contract is a condition of the Contract.

Contractor/Proposer/ Bidder Company Name: **Cigna Health and Life Insurance Company (CHLIC), Cigna Dental Health of Florida, Inc., Cigna Dental Health Plan of Arizona, Inc., Cigna HealthCare of Connecticut, Inc., Cigna Dental Health of Kansas, Inc., Cigna Dental Health of Kentucky, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., and Cigna Dental Health of Texas, Inc.**

Authorized Company Person's Signature: **Yesenia Sanchez**

Authorized Company Person's Title: **Vice President of CHLIC and Authorized Signatory**

Date: **June 27, 2022**

9/15/2020