# Cigna Dental Benefit Summary
## PARSONS CORPORATION
## Plan Effective Date: 01/01/2026
## Premium DPPO Plan

**Administered By:** Cigna Health and Life Insurance Company

**Your plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.**

| Plan Option Name: Dental PPO Premium DPPOP | | |
|---|---|---|
| **Network Options** | **TOTAL** | **Non-Network** |
| **Annual Deductible**<br>Individual/Family | $50/$150 | $50/$150 |
| **Annual Maximum**<br>Individual | $2000 | $1000 |
| **Lifetime Maximum**<br>Orthodontics | $2000 | $2000 |
| **Reimbursement Level** | Based on Contracted Fees | 90th percentile of Maximum Reimbursable Charge |
| **Summary of Benefits**<br>**For a complete listing of your benefits, please see your Certificate or Plan Document** | | |
| **Class 1** | | |
| **Diagnostic services - No Deductible Applies. No Maximum Applies** | | |
| Oral Evaluations: Limited to 2 per Year | 100% | 100% |
| Radiographs (X-Rays): Limited to 2 per Year | | |
| Non-Standard Radiographs (X-Rays): Limited to 1 per 60 Consecutive Months | | |
| **Preventive - No Deductible Applies. No Maximum Applies** | | |
| Prophylaxis (Cleaning): Limited to 2 per Year | 100% | 100% |
| Fluoride: Limited to 1 per Year, age 0 - 13 | | |
| Sealants: Limited to 1 per 36 Consecutive Months, age 0 - 15 | | |
| **Emergency Care - No Deductible Applies. No Maximum Applies** | | |
| Palliative Care | 100% | 100% |
| **Class 2** | | |
| **Basic Restoration - Annual Deductible Applies Unless Noted. Annual Maximum Applies Unless Noted** | | |
| Amalgam/Silver Restoration (Filling): Limited to 1 per 24 Consecutive Months | 80% | 80% |
| Composite/White Restoration (Filling): Limited to 1 per 24 Consecutive Months | | |
| Denture Adjustment: Limited to 1 per 12 Consecutive Months | | |
| Denture Repair: Limited to 1 per 12 Consecutive Months | | |
| Denture Reline: Limited to 1 per 36 Consecutive Months | | |
| Space Maintainers: Limited to 1 per Lifetime, age 0 - 15 | | |
| **Periodontics - Annual Deductible Applies Unless Noted. Annual Maximum Applies Unless Noted** | | |
| Periodontal Scaling and Root Planing: Limited to 1 per 12 Consecutive Months | 80% | 80% |
| Major/Surgical Periodontics: Limited to 1 per 36 Consecutive Months | | |

| Class 3 | | |
|---|---|---|
| **Major Restoration - Annual Deductible Applies Unless Noted. Annual Maximum Applies Unless Noted** | | |
| Inlay/Onlay: Limited to 1 per 60 Consecutive Months | 60% | 60% |
| Crown: Limited to 1 per 60 Consecutive Months | | |
| Bridge/Pontic: Limited to 1 per 60 Consecutive Months | | |
| Removable and Fixed Prosthetic: Limited to 1 per 60 Consecutive Months | | |
| Prosthetic Over Implant: Limited to 1 per 84 Consecutive Months | | |
| Crown Repair | | |
| Bridge Repair | | |
| Anesthesia | | |
| Root Canal: Limited to 1 per Lifetime | | |
| Simple/Non-Surgical Extraction | | |
| Surgical Extraction | | |
| Other Oral Surgery | | |
| Implants: Limited to 1 per 84 Consecutive Months | | |
| **Class 4** | | |
| **Orthodontics - No Deductible Applies. Lifetime Maximum Applies Unless Noted** | | |
| Orthodontics: Employee and All Dependents | 50% | 50% |

| Benefit Plan Provisions | |
|---|---|
| Cross Accumulation | All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network. |
| Benefits Maximum | The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit specific maximums may also apply. |
| Deductible | This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit specific deductibles may also apply. |
| Alternate Benefit Provision | When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses. |
| Reimbursement Level | For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse according to a Fee Schedule or Discount Schedule. Cigna Dental will reimburse based on the Maximum Reimbursable Charge. For this plan, the MRC is calculated at the 90th percentile of all provider submitted amounts in the geographic area. The dentist may balance bill up to their usual fees. |
| Timely Filing | Claims submitted to Cigna after a specified number of months from date of service could be denied. Please see your Certificate or Plan Document for detail. |
| Pretreatment Review | Pretreatment review is available on a voluntary basis when dental work in excess of $300 is proposed by the provider. |
| Late Entrant Limitation Provision | Diagnostic, Preventive and Basic services are paid at the amounts set forth in your Certificate or Plan Document. All other services are paid at 50% of the amounts set forth in your Certificate or Plan Document. After a person has been continuously insured for 12 months, this limit no longer applies. Please see your Certificate or Plan Document for details. |
| Oral Health Integration Program | The Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with certain medical conditions. There is no additional charge to participate in the program. Those who qualify can receive reimbursement of their coinsurance for eligible dental services. Eligible customers can also receive guidance on behavioral issues related to oral health. Reimbursements under this program are not subject to the annual deductible, but will be applied to the plan annual maximum.<br>For more information on how to enroll in this program and a complete list of terms and eligible conditions, go to www.mycigna.com or call customer service 24/7 at 1-800-Cigna24. |

| Exclusions |
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| What's Not Covered (not all-inclusive):<br><br>Your plan provides for most dentally necessary services. The complete list of exclusions is provided in your Certificate or Plan Document. To the extent there may be differences, the terms of the Certificate or Plan Document will prevail. Examples of things your plan does not cover, unless required by law, include but are not limited to: |
| Procedures and services not included in the list of covered dental expenses; |
| Diagnostic: cone beam imaging; |
| Preventive Services: instructions for plaque control, oral hygiene and/or nutritional counseling; |
| Restorative: tooth colored materials such as veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars (back or posterior teeth); |
| Periodontics: bite registrations; splinting; |
| Prosthodontic: precision or semi-precision attachments; |
| Procedures, appliances or restorations whose sole purpose is to change or preserve occlusion (teeth contact or bite) except for orthodontic services as covered by the plan; or to stabilize teeth affected by periodontal (gum) disease; |
| Procedures, appliances or restorations, except full dentures, whose main purpose is to diagnose or treat conditions or dysfunction of the temporomandibular joint (TMJ); |
| Athletic mouth guards : services performed primarily for cosmetic reasons; personalization; replacement of an appliance per benefit guidelines; |
| Services that are deemed to be medical in nature; services and supplies received from a hospital; Drugs: prescription drugs; |
| Charges in excess of the Maximum Reimbursable Charge; |
| **Important things to consider:** |
| This document is an overview provided for your convenience and contains a general description of your dental benefit plan. This document is meant for you to use as a reference guide. A complete description of your dental benefit plan including plan exclusions and limitations is located in the group contract between your plan sponsor and Cigna Dental as well as your Certificate or Plan Document. Covered Expenses will not include, and no payment will be made for procedures and services not listed in the group contract. Benefits will be reduced so that the total payment will not be more than 100% of the charge made for the Dental Service if benefits are provided for that service under this plan, any medical expense plan or prepaid treatment program sponsored or made available by your Employer.<br><br>A copy of the NH Dental Outline of Coverage is available and can be downloaded at Health Insurance & Medical Forms for Customers \| Cigna under Dental Forms.<br><br>In Texas, the insured dental product is referred to as Cigna Dental Choice and this plan uses the national Cigna DPPO network.<br>Cigna Dental PPO plans are underwritten or administered by Cigna Health and Life Insurance Company or Connecticut General Life Insurance Company with network management services provided by Cigna Dental Health, Inc. and certain of its subsidiaries. In Arizona and Louisiana, the insured Dental PPO plan offered by CGLIC is known as the "CG Dental PPO".<br><br>"Cigna," the "Tree of Life" logo and "Cigna Dental Care" are registered service marks of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), Cigna Health and Life Insurance Company (CHLIC), Cigna HealthCare of Connecticut, Inc., and Cigna Dental Health, Inc. and its subsidiaries.<br><br>**For questions regarding benefit coverage, plan limitations, plan exclusions, claims or any other information need, please visit our website at www.mycigna.com or call Cigna Customer Service 24/7 at 1.800.CIGNA24.**<br><br>© 2026 Cigna |