

United Electric offers a dental plan through Cigna at no cost to you for single coverage. You may choose to purchase dental coverage for your eligible dependents. The plan is a PPO plan, allowing you to use in-network or out-of-network benefits. If out-of-network dentists are used, you will be responsible for the difference between Cigna's allowed amount and what the dentist charges (“balance billing”).

**Increasing Annual Maximum.** When a member completes two preventive dental visits in a calendar year, the annual maximum benefit increases by \$100. The total possible increase is capped at \$400.

| DENTAL PLAN                                                                                                             | IN-NETWORK    |
|-------------------------------------------------------------------------------------------------------------------------|---------------|
| DEDUCTIBLE                                                                                                              |               |
| Individual / Family                                                                                                     | \$50 / \$150  |
| ANNUAL MAXIMUM BENEFIT                                                                                                  |               |
| Per covered person                                                                                                      | \$1,000       |
| PREVENTIVE CARE                                                                                                         |               |
| Oral Exams, Cleanings, X-Rays                                                                                           | \$0           |
| BASIC PROCEDURES                                                                                                        |               |
| Fillings, extractions, oral surgery, endodontics, periodontics, periodontal surgery, anesthesia, denture repair, crowns | Plan pays 80% |
| MAJOR PROCEDURES                                                                                                        |               |
| Bridges, dentures, crowns, inlays, onlays, implants                                                                     | Plan pays 50% |
| ORTHODONTIA                                                                                                             |               |
|                                                                                                                         | Not covered   |

| DENTAL COVERAGE RATE (24 PAYS) |              |
|--------------------------------|--------------|
| COVERAGE TIER                  | PER-PAY COST |
| Employee Only                  | \$0.00       |
| Employee + Dependents          | \$26.34      |

Out-of-Network: refer to the Summary of Benefits and Coverage at [www.myunitedelectric.com/legal](http://www.myunitedelectric.com/legal). • Cigna: 1-800-997-1654 | [my.cigna.com](http://my.cigna.com)