



Unbundled dental and vision benefits

Dental and vision benefits are separate from your medical benefits, so with some options, you choose if you want dental and/or vision benefits when you enroll. If you do get to choose and have any questions about the funding of these benefits, please talk with your employer. Refer to the enclosed dental and vision At-a-Glances for benefit details.

UNDERSTANDING DENTAL & VISION BENEFITS & COSTS

When selecting a dentist and/or eye care provider, make sure you're choosing one who is in the large Total Cigna DDPO dental network or VSP vision provider network. Choosing an in-network provider ensures you will receive the highest level of benefit coverage and pay less for your services.

If you use providers not in the networks, there are two ways that costs are determined for out-of-network expenses:

- **Reasonable and Customary (R&C)** is a pre-determined limit or allowance applied to out-of-network benefits. This allowance is described as a percentile, meaning that Cigna and VSP reimburses treatment costs up to the amount charged by that percentile of providers in your geographic area.
- **Maximum Allowable Charge (MAC)** means that Cigna and VSP calculates the out-of-network payment based on the coinsurance coverage and the contracted fees they would pay for a network provider in your geographic area.

If you're not sure your current dentist or vision provider is in-network or you need to find a new one, access each vendor's site through your member portal at ConcordiaPlans.org/myaccount. You can also call Cigna Dental at 800-244-6224 or VSP at 800-877-7195.