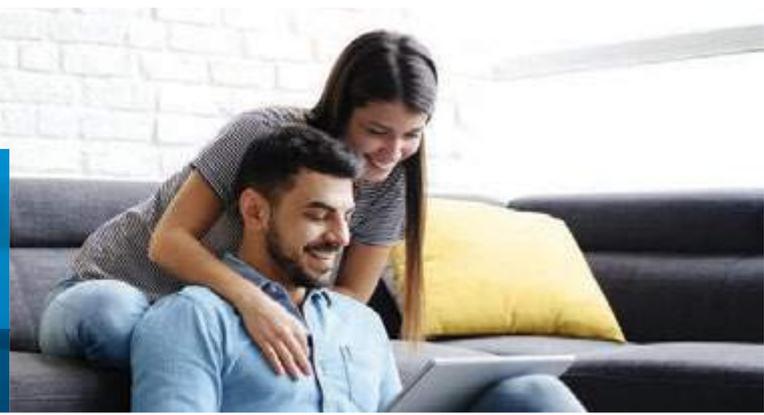


Cigna LocalPlus®

HELPING YOU GET MORE VALUE FOR YOUR HEALTH CARE DOLLAR

Save more on quality care.



At Cigna, we care about your health. And your budget. The LocalPlus® plan delivers a cost-effective solution designed to be flexible and help you control health care costs – without sacrificing the quality and convenience you want and expect.

How the plan works.

We collaborate with health care communities to create local networks¹ of health care providers, specialists and hospitals that deliver value and results right where you live.

How you can save:²

- ▶ In your local area, or when in any LocalPlus Network area, you must receive care from a health care professional or facility in this network to receive in-network coverage.
- ▶ If you're temporarily away from your local area, or another LocalPlus Network area, you have extra peace of mind knowing you can access in-network providers or hospitals through our nationwide Away From Home Care feature.
- ▶ If you choose to go outside the LocalPlus Network when one is available (or outside the Away From Home Care feature when LocalPlus isn't available), you will receive out-of-network coverage. Your share of the costs may be higher than what you would pay for in-network care.

Get healthy. Stay healthy.

You'll also have access to wellness services and programs to help you stay on the path to good health, including:³

- ▶ Well visits, preventive care screenings and immunizations
- ▶ Sick visits, specialist, in-hospital and outpatient care
- ▶ Nationwide in-network coverage in case of an emergency

We make it easy.

LocalPlus is designed to deliver cost-effective, quality care and peace of mind for today's busy, on-the-go families. Here are some of the many ways the LocalPlus plan can help you get more value for your health care dollar.

- ▶ More quality providers make it easier to choose and use quality care
- ▶ Primary care provider (PCP) selection is encouraged to help guide your care, but not required
- ▶ Access to Cigna's national network of labs, behavioral providers, convenience care clinics and virtual care services⁴
- ▶ 75% potential savings through in-network national labs⁵ (LabCorp or Quest)
- ▶ You don't need a referral to see a specialist

24/7/365 service – personalized for you.

- ▶ Live customer service – with translation services available in over 150 languages
- ▶ Cigna 24-hour health Information line – speak with a nurse⁶
- ▶ Helpful decision support tools on the myCigna® App and website



Medical and Prescription

CareFirst Broad
Cigna Premier
CVS Caremark
Fertility & Family Building

Dental

Vision

Castlight Price Transparency

Employee Assistance Program

Health Advocate

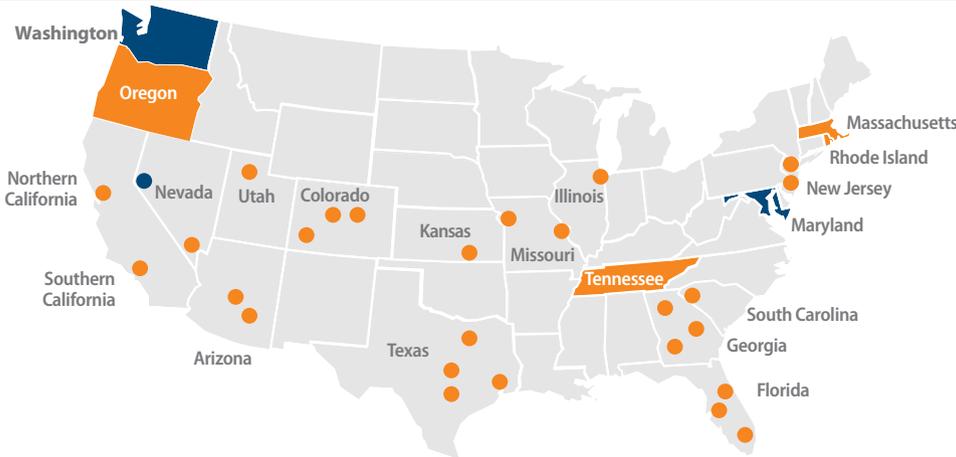
Health Savings Account

Optum/Rally

Supplemental Benefits

Cigna LocalPlus has national reach

● LocalPlus Markets ● LocalPlus 2022 Markets



Cigna LocalPlus is available in these areas:⁸

- | | |
|---|---|
| <p>Arizona
Phoenix
Tucson</p> <p>California
Northern
Southern</p> <p>Colorado
Front Range,
Mountain & West</p> <p>Florida
Orlando, South
FL & Tampa</p> <p>Georgia
Athens, Atlanta,
Augusta,
Columbus, Macon,
NW & NE GA,
Savannah</p> <p>Illinois
Chicago/
NW Indiana</p> <p>Kansas
Wichita</p> <p>Maryland
Statewide</p> <p>Massachusetts
Statewide
(Excl. Dukes
and Nantucket
counties)</p> | <p>Missouri
Kansas City
St. Louis</p> <p>Nevada
Las Vegas, Reno</p> <p>New Jersey
Northern
Southern</p> <p>Oregon
Statewide (Excl.
Malheur county)</p> <p>Rhode Island
Statewide</p> <p>South Carolina
Greenville/
Spartanburg</p> <p>Tennessee
Statewide</p> <p>Texas
Austin, Dallas/
Ft. Worth,
Houston, San
Antonio</p> <p>Utah
Salt Lake City</p> <p>Washington
Statewide</p> |
|---|---|

Is your provider in the LocalPlus Network?

If you're already a Cigna LocalPlus customer

1. Go to **myCigna.com** and sign in with your user ID and passcode. (If you're not already registered for **myCigna.com**, click on "Register Now" to sign up).⁷
2. Click on the "Find Care & Costs" tab
3. Select the type of search you'd like to perform (you can search for Doctor by Name, Doctor by Type, locations, etc.)
4. Follow the on-screen prompts to see providers in the LocalPlus Network

If you're not yet a Cigna LocalPlus customer

1. Go to **Cigna.com**.
2. Click on "Find a Doctor, Dentist or Facility."
3. Under "How Are You Covered" click on "Employer or School."
4. Enter your location in the search box. Then select the type of search you'd like to perform, and follow the prompts to search for a provider.
5. Confirm your location under "I Live in" and click "Continue."
6. Choose "Cigna LocalPlus" from the list of medical plans to see providers in the LocalPlus network.



1. **Massachusetts Residents: LocalPlus® Plan Participants:** The LocalPlus Network is smaller than Cigna's national Open Access Plus (OAP) network. In this plan, you have access to in-network benefits only from the health care professionals and facilities in the LocalPlus Network when in a LocalPlus Network service area. Please consult the limited network directory or visit the online directory at Cigna.com to determine which doctors and hospitals are included in the LocalPlus Network. For a paper directory, ask your employer.
2. You will be responsible to pay a deductible, any applicable copays, and/or a percentage of your covered in-network or out-of-network costs until you reach the out-of-pocket maximum.
3. Not all services are covered. For example, immunizations for travel are generally not covered. Other non-covered services/supplies may include any service or device that is not medically necessary or services/supplies that are unproven (experimental or investigational). Routine medical care received outside of the U.S. is generally not covered. You may need precertification for hospital stays and some types of outpatient care. Coverage is subject to your plan's deductible, copay or coinsurance requirements. For the specific coverage terms of your plan, refer to your plan documents.
4. Cigna provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. Refer to plan documents for complete description of virtual care services and costs.
5. Savings based on average Quest/LabCorp costs compared to labs done at other ancillary, outpatient hospital and non par labs: DOS Jan-Jun 2021.
6. These health advocates are trained nurses. They have a current nursing license in at least one state. When working as a health advocate, they are not practicing nursing or giving medical advice.
7. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.
8. This listing is not all inclusive and is as of February 2022; subject to change.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and complete details of coverage, see your plan documents.

The health care professionals and facilities that participate in the Cigna network are independent contractors solely responsible for the treatment provided to their patients. They are not agents of Cigna.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. In Texas, LocalPlus plans are considered Preferred Provider plans with certain managed care features. TN policy form: HP-POL43/HC-CER1V1 et al. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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Medical and Prescription

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Fertility &
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Dental

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Castlight Price Transparency

Employee Assistance Program

Health Advocate

Health Savings Account

Optum/Rally

Supplemental Benefits

KNOW BEFORE YOU GO



Medical and Prescription

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Supplemental Benefits

Lower Cost and time Greater

	Virtual care	Convenience care clinic	Health care provider's office	Urgent care center	Emergency room
Method of care	For minor medical conditions. Connect with a board-certified doctor via video or phone when, where and how it works best for you. Visit myCigna.com , or call MDLIVE at 888.726.3171 to talk with a doctor 24/7.*	For minor medical concerns. Staffed by nurse practitioners and physician assistants. Located in retail stores and pharmacies. Often open nights and weekends.	The best place to go for routine or preventive care or to keep track of medications. Many PCPs offer virtual care. Contact your PCP to schedule an in-person or virtual care visit. Find a PCP on myCigna.com .	For conditions that aren't life threatening. Staffed by nurses and doctors and usually have extended hours.	For immediate treatment of critical injuries or illness. Open 24/7. If a situation seems life threatening, call 911 or go to the nearest ER. *Freestanding ER locations are becoming more common in many areas. Because these ERs are not inside hospitals, they may look like urgent care centers. When you receive care at an ER, you're billed at a much higher cost than at other health care facilities.
Conditions treated**	<ul style="list-style-type: none"> › Colds and flu › Rashes › Sore throats › Headaches › Stomachaches › Fever › Allergies › Acne › Urinary tract infections (UTIs) and more 	<ul style="list-style-type: none"> › Colds and flu › Rashes or skin conditions › Sore throats, earaches, sinus pain › Minor cuts or burns › Pregnancy testing › Vaccines 	<ul style="list-style-type: none"> › General health issues › Preventive care › Routine check-ups › Vaccines and screenings 	<ul style="list-style-type: none"> › Fever and flu symptoms › Minor cuts, sprains, burns, rashes › Headaches › Lower back pain › Joint pain › Minor respiratory symptoms › UTIs 	<ul style="list-style-type: none"> › Sudden numbness, weakness › Uncontrolled bleeding › Seizure or loss of consciousness › Shortness of breath › Chest pain › Head injury/major trauma › Blurry or loss of vision › Severe cuts or burns › Overdose
Your cost and time	<ul style="list-style-type: none"> › Costs the same or less than a visit with your primary care provider (PCP) › Appointments typically in an hour or less › No need to leave home or work 	<ul style="list-style-type: none"> › Same or lower than provider's office › No appointment needed 	<ul style="list-style-type: none"> › May charge copay/coinsurance and/or deductible › Usually need appointment › Short wait times 	<ul style="list-style-type: none"> › Costs lower than emergency room (ER) › No appointment needed › Wait times vary 	<ul style="list-style-type: none"> › Highest cost › No appointment needed › Wait times may be long

Cigna Health Information Line

A telephone service staffed by clinicians who help you understand and make informed decisions about health issues you are experiencing, at no extra cost. These clinicians can help you choose the right care in the right setting at the right time, whether it's reviewing home treatment options, following up on a PCP's appointment or finding the nearest in-network urgent care center. Just call the number on your Cigna ID card, go to [myCigna.com](https://mycigna.com) or use the [myCigna® App](#).*** Open 24/7.

Together, all the way.®



Offered by Cigna Health and Life Insurance Company or its affiliates.

Here's an overview of your CVS Caremark benefits.



Welcome to your prescription benefit administered by CVS Caremark. Below is a brief summary of your prescription benefits. For medications taken for a short time, you may fill them at any participating retail pharmacy in our network (local pharmacies, chain pharmacies and CVS Pharmacy locations).

Your plan is based on a combined deductible of medical and prescription claims. Deductibles are the portion of covered expenses you must pay before coinsurance begins

Short-Term Medications

CVS Caremark Retail Pharmacy Network (Up to a 30-day supply)

Long-Term Medications

CVS Caremark Mail Service Pharmacy or CVS Pharmacy Locations (Up to a 90-day supply)

Generic Medications

Always ask your doctor if there's a generic option available. It could save you money.

20% (\$4 min / \$15 max)

(after deductible)

20% (\$10 min / \$35 max)

(after deductible)

Preferred Brand-Name Medications

If a generic is not available or appropriate, ask your doctor to prescribe from your plan's preferred drug list.

20% (\$20 min / \$50 max)

(after deductible)

20% (\$50 min / \$125 max)

(after deductible)

Non-Preferred Brand-Name Medications

Drugs that aren't on your plan's preferred list will cost more.

20% (\$40 min / \$80 max)

(after deductible)

20% (\$100 min / \$200 max)

(after deductible)

Preventative Medications

Your plan has a Preventive Drug List. For most medications on this list, you will not be required to meet a deductible and you will pay coinsurance of 20% (subject to the applicable minimum and maximum amounts). These medicines will still accumulate towards the Out-of-Pocket Maximum.

HDHP 1	Annual Deductible	\$1,600 Employee only / \$3,200 Employee + Dependent(s) (Combined with medical)
	Maximum Out-of-Pocket	\$3,200 Employee only / \$6,850 Employee + Dependent(s) (Combined with medical)
HDHP 2	Annual Deductible	\$2,400 Employee only / \$5,100 Employee + Dependent(s) (Combined with medical)
	Maximum Out-of-Pocket	\$4,800 Employee only / \$10,900 Employee + Dependent(s) / Each individual capped at \$6,850 (Combined with medical)
HDHP 3	Annual Deductible	\$3,500 Employee only / \$6,850 Employee + Dependent(s) (Combined with medical)
	Maximum Out-of-Pocket	\$6,550 Employee only / \$13,100 Employee + Dependent(s) / Each individual capped at \$6,850 (Combined with medical)

Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason other than doctor or other prescriber indicates "dispense as written," you will pay the difference between the brand-name medication and the generic plus the generic copayment.

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Copayment, copay or coinsurance means the amount a plan participant is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

NUBAAG



Medical and Prescription

- CareFirst Broad
- Cigna Premier
- CVS Caremark
- Fertility & Family Building

Dental

Vision

Castlight Price Transparency

Employee Assistance Program

Health Advocate

Health Savings Account

Optum/Rally

Supplemental Benefits



Lockheed Martin now offers Kindbody as your fertility and family-building benefit

There are many different fertility and family-building journeys, whether you are looking to start your family today or understand your options for the future. Kindbody provides end-to-end fertility services with a dedicated Care Navigation Team to guide you through your journey and coordinate the full-spectrum of benefits available to you and your covered spouse/domestic partner.

your Kindbody benefit includes:

- Up to \$25,000 lifetime benefit for fertility services including IUI, IVF and related services
- Up to \$15,000 lifetime benefit for fertility medication through KindbodyRx
- Up to \$10,000 lifetime benefit for the reimbursement of eligible donor services
- Dedicated Care Navigation Team
- Access to Kindbody's full suite of services and network of partner clinics
- A personalized patient portal

Note: Fertility services, donor services and fertility medications are subject to any applicable deductible or coinsurance under the Destination Wellbeing Aetna, CareFirst BCBS or Cigna medical plans. Eligible donor services may be subject to tax.

how to get started with Kindbody:

- 1 Head to kindbody.com/activate-kindbody-benefit
- 2 Create your Kindbody account using any email address
- 3 Confirm eligibility by entering your access code **KINDLMC** and your Unique ID. The Unique ID for employees is your Employee ID; for spouses/domestic partners this is the Employee ID + 'S'

For more information, or if you have any questions, call or email

855-563-6173

employeebenefits@kindbody.com

Medical and Prescription

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Dental

Depending on where you live, you'll have two or three dental plans to choose from (listed in the right navigation bar). For more information on the carriers available to you, call Health Advocate at **877.342.3908** or refer to the carrier's website.

Your medical, dental and vision elections will default to No Coverage unless you actively enroll in your benefits during the 2023 Annual Enrollment period.

Please note this document provides the predominant dental PPO carrier available where you live. It's possible you may be eligible for a different dental PPO carrier. Contact Health Advocate if you have questions.

HEALTHY MOUTH. HEALTHY BODY. HAPPY FACE.

Get to know the Cigna Dental PPO (DPPO) plan.



The power of preventive dental care

When you enroll in the Cigna Dental PPO (DPPO) plan, certain preventive dental care services like cleanings, oral exams and routine x-rays are **covered at no additional cost** when you use a network dentist.¹ And those visits are about more than brightening your smile — they're important for maintaining your overall health, too.

1.5x

People who do not get preventive care are 1.5 times more likely to develop gum disease, which can cause complications, especially for people with underlying medical conditions.²

22%

People who get regular preventive care are **22 percent less likely to need care at an emergency room or urgent care center.**²

Your plan includes other features and benefits to help make getting dental care simple and affordable, including:



Enhanced flexibility

The Cigna DPPO plan allows you to choose any licensed dentist for care. However, you'll save more by using a dentist in the Total DPPO network. The Total DPPO network offers convenient access to highly rated dentists all across the country and savings on covered dental services.³



Savings and convenience

Network dentists have agreed to reduce their fees for Cigna customers. They will also file claims for you and they cannot "balance bill" you for the difference between their regular fees and the reduced fees they have agreed to accept from Cigna.



Preventive care at no additional cost

Your plan covers certain preventive care services like cleanings, oral exams and routine x-rays at **no additional cost** when you use a network dentist.¹



What is balance billing?

Balance billing happens when a dentist who isn't in your plan's network charges more than your plan pays. Balance billing is a risk when you get services from an out-of-network dentist, so it helps to understand the difference between in-network and out-of-network dentists.

Together, all the way.®



Find dentists in the Total DPPO network.

You can search for network dentists before your benefits become active by visiting Cigna.com.

- Select “Find a Doctor, Dentist or Facility”
- Follow prompts to search by type of dentist or by dentist name.
- When prompted to select a plan, choose “DPPO/EPO > Total Cigna DPPO”

Once your benefits become active, you can use your myCigna.com account to access enhanced search tools including verified patient reviews, Brighter Scores and a treatment cost estimator that shows costs specific to your plan.



No ID card needed!

You don't need an ID card to receive care from network dentists. Simply make your appointment and provide identification to the office staff. They can verify your coverage with Cigna. You can also access a digital ID card after your benefits are effective and you have activated your myCigna.com account.



Dental coverage that keeps you smiling and helps you stay healthy.



Questions?

We're here to help 24/7, with live customer support in over 150 languages. Call 1.800.Cigna24

Together, all the way.®



1. Not all preventive services are covered, including athletic mouth guards. Refer to the policy for a complete list of covered and non-covered preventive services. Frequency limitations apply.
2. “Preventive Dental Treatment Associated with Lower Medical Utilization and Costs.” National study of Cigna customers with dental and medical coverage, updated December 2020.

The dentists who participate in the Cigna network are independent contractors solely responsible for the treatment provided to their patients. They are not agents of Cigna. In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network.

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YOUR CIGNA DENTAL BENEFITS SUMMARY

Lockheed Martin and Cigna Dental provide you with a choice of affordable dental plans. Choose a PPO plan (Core or Enhanced) that best meets the needs for you and your family.

	DENTAL PLAN CORE	DENTAL PLAN ENHANCED
YOU PAY		
Annual Deductible: Individual/Family	\$50/\$150	None
PLAN PAYS		
Preventive Care (not subject to deductible) Cleanings, oral exams, X-rays, fluoride treatments, space maintainers and sealants — age and frequency limits apply	100%	100%
Basic Care (what the plan pays after you meet your deductible) Fillings, oral surgery, extractions, periodontics, root canal, and maintenance of bridges, dentures, crowns and onlays	80% Covered	90% Covered
Major Care (what the plan pays after you meet your deductible) Dentures, fixed bridges, crowns, inlays/onlays and implants	60% Covered	80% Covered
Annual Plan Maximum	\$1,750	\$2,250
Orthodontia Adult and child	50%, no deductible Lifetime maximum: \$1,500	50%, no deductible Lifetime maximum: \$2,000
TMJ	80%, no deductible Lifetime maximum: \$300 per person	80%, no deductible Lifetime maximum: \$500 per person

QUESTIONS? WE'VE GOT ANSWERS.

Cigna Dental Care (DHMO) plan

Q: How does the Cigna Dental Care® (DHMO) plan differ from DPPO?

A: With the Cigna Dental Care plan:

- › You must choose a network general dentist (NGD) who will manage your overall dental care. You won't be covered if you go to a dentist who's not in our network.²
- › There are no deductibles. You don't have to reach an out-of-pocket cost before your insurance starts.
- › There are no calendar year/lifetime maximums. Your coverage isn't limited by a dollar amount.
- › There are no claim forms. No forms to file when using network dentists and no waiting periods for coverage.
- › Referrals are required for some specialty care services. Exceptions are pediatric dentists for children under age 13 and orthodontists.³
- › Your share of out-of-pocket costs is clearly listed on your Patient Charge Schedule (PCS). Only covered procedures are listed.

Q: How does the Cigna Dental Care plan work?

A: When you enroll, you will choose an NGD. You can choose a different NGD for each covered family member. Next, you get a PCS mailed to your home. Your PCS lists the dental procedures covered by the plan. It also shows your part of the dental charges - depending on your plan, either:

- › Fixed amount (copay) or
- › Percentage (coinsurance)

These copays/coinsurance apply only when you get care from dentists in our Cigna Dental Care Access network.

If a dental procedure is not listed on your PCS, it's not covered. You will have to pay the dentist's normal fees. You must use a dentist in the Cigna Dental Care Access network for services to be covered. If you see a dentist outside the Cigna Dental Care Access network, your care won't be covered (unless it's an emergency).²

If you have questions, you can take your PCS with you to dental appointments. Use it to discuss treatment options and costs with your dentist.

Together, all the way.®



Offered by Cigna Health and Life Insurance Company or its affiliates.

Q: How do I choose a dentist when I sign up for the plan?**A:** Finding a dentist is easy.

- › Go to **Cigna.com** before you sign up.
- › Visit **myCigna** – online or through the app – after you enroll.
- › Call customer service 24/7/365 at **800.Cigna24 (800.244.6224)**. We'll help you find a network dentist near you. Or you can follow the phone prompts to use our automated Dental Office Locator.

Remember to always pick an NGD who's within 25 miles of your location to ensure adequate access.**Q: Can I change my NGD later on?****A:** You can change your network dentist at any time. Changes must be made by the 15th day of the month for the change to take effect on the first of the following month.**Q: I'm new to the Cigna Dental Care plan. Can I keep my current dentist?****A:** That depends. Is your current dentist in the Cigna Dental Care Access network? If so, you can choose him/her as your NGD. You can look online at **Cigna.com** before you enroll to find out. Or, ask your dental office directly. Cigna's online directory may show that your dental office is not taking new patients. If your office says they are, contact customer service. Call **800.Cigna24 (800.244.6224)** for help 24/7/365.**Q: Do I need a referral to visit a dental specialist?****A:** Yes. If you need specialty care your general dentist doesn't perform, your NGD will refer you to an in-network specialist and handle the paperwork. Referrals are needed for all specialists, except pediatric dentists for children under age 13 and orthodontists (if your plan includes orthodontic benefits).**Q: Do I need to show my ID card at the dentist's office?****A:** No. ID cards are not needed to use the plan. When you make your appointment, tell the dental office that you have Cigna Dental Care. The dental office can call us to verify coverage, if needed. You can also call **800.Cigna24 (800.244.6224)** 24/7/365 if you need help. While you do not need an ID card to receive care you can print one from **myCigna.com** anytime after you enroll.**Q: When do I have to pay the dentist?****A:** That depends on the financial arrangement between you and your network dentist. You should talk about cost and payment with your dentist before you get care. Most dentists will work with their patients to arrange payment plans.**Q: Are braces covered?****A:** Braces may be covered, depending on your plan. The plan documents in your enrollment kit will explain if your plan includes orthodontic coverage.

If you or your family member started orthodontic treatment before joining Cigna Dental Care, this is called "orthodontics in progress." And if your plan covers orthodontics, you may qualify for coverage. Call customer service to learn more.

Q: What if I have a dental emergency and can't see my Cigna Dental Care network dentist?**A: Emergency services.** If you're away from home or not able to contact your NGD, you may get emergency care from any licensed dentist. This is for unexpected but necessary services only. Emergency services are limited to:

- › Relieving severe pain
- › Controlling excessive bleeding
- › Eliminating serious and sudden (acute) infection

Routine restorative procedures or definitive treatment (root canal) are not considered emergency care. You should return to your NGD for these procedures.

Emergency care away from home. For covered emergency services, you're responsible for the copays/coinsurance listed on your PCS. After your appointment, you can request payment from Cigna. You can ask for the difference between the fee and your normal copay/coinsurance up to a total of \$50 per incident. (This amount may vary by state.) To make a request, send the dentist's itemized bill to Cigna Dental. Contact customer service for help.**Emergency care after hours.** See your PCS for the copay/coinsurance for emergency care received after regularly scheduled hours. This cost will be in addition to other copays/coinsurance that may apply.

Q: What if I'm in the middle of dental treatment when my new Cigna Dental Care plan starts?

A: Typically, these in-progress procedures aren't covered under the Cigna Dental Care plan.⁴

- › Root canal treatment
- › Dentures
- › Crown and bridge treatment

You should finish these procedures under your prior insurance plan. Depending on your plan, other types of treatment in progress may not be covered, such as implant supported prosthesis (including crowns, bridges and dentures). However, many Cigna Dental Care plans do give coverage for orthodontics in progress. Refer to your plan's exclusions and limitations for more details.



Have more questions? We're here to help 24/7/365. Call us at **800.Cigna24 (800.244.6224)** or the number on the back of your ID card.

Medical and Prescription

Dental

Cigna PPO
Cigna DHMO

Vision

Castlight Price Transparency

Employee Assistance Program

Health Advocate

Health Savings Account

Optum/Rally

Supplemental Benefits



1. "Cigna Dental Care" is a brand name 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 (including Dental HMO plans), and plans with open access features. The Cigna Dental Care plan may not be available in all states.
2. A benefit is paid for covered out-of-network emergency dental care. Certain states mandate coverage for dental care received out-of-network. For example, in Minnesota, the plan will pay 50% of the value of your network benefit for covered out-of-network services. In Oklahoma, the plan will pay the same amount it pays network dentists for covered out-of-network services. You are responsible for any charges not covered by the plan. Other states may have similar mandates. Refer to your plan documents for cost and coverage details.
3. Coverage for treatment by a pediatric dentist ends on your child's 13th birthday. Effective on your child's 13th birthday, dental services generally must be obtained from an NGD. Check your plan materials to see if your plan includes coverage for orthodontia.
4. **California and Texas residents:** Treatment for conditions already in progress on the effective date of your coverage are not excluded if otherwise covered under your PCS.

All group dental plans and insurance policies have exclusions and limitations. For costs and details about the services covered under your plan, review your enrollment materials. Dentists who participate in Cigna's network are independent contractors solely responsible for the treatment provided and are not agents of Cigna.

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. Cigna Dental Care (DHMO) plans are insured 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. (KS & NE), Cigna Dental Health of Kentucky, Inc. (KY & IL), 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, Cigna Dental Care plans are insured by Cigna Health and Life Insurance Company (CHLIC) or Cigna HealthCare of Connecticut, Inc., and administered by Cigna Dental Health, Inc. Policy forms: OK – POL115, OR – HP-POL121 04-10, TN – HP-POL134/HC-CER17V1 et al. (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

MAKE ORAL HEALTH A PRIORITY



With Cigna Dental Care (DHMO¹)

Prevention can be the key to a healthy smile. Routine care from your dentist can help find problems early. Before you need more advanced – and more costly – care.

Healthy gums, healthy you

Gum disease is a bacterial infection of the gums and bone around your teeth. And certain factors like smoking, poor oral hygiene, diabetes and stress could increase your risk of developing this disease.²

Too often, people don't know they have gum disease. It's usually painless in the early stages. And it shows few or no obvious signs.

The good news is that gum disease is preventable and treatable. The American Dental Association (ADA) suggests you:³

- › Brush your teeth twice a day with a soft bristle toothbrush
- › Floss daily
- › Eat a healthy diet and limit snacks between meals
- › See your dentist regularly

Prevention is built into your Cigna Dental Care plan

Your Cigna Dental Care plan covers certain preventive care services at low or no extra cost to you. It's designed to help you have a healthy smile.

These services include:*

- › Oral exams
- › X-rays
- › Cleanings
- › Oral cancer screenings
- › Fluoride treatments
- › And more

* Exams, cleanings and fluoride treatments are limited to two per calendar year. Full mouth and panorex x-rays are limited to one every three calendar years. Panorex: One every three calendar years. The frequency limitations of certain other covered services are set forth on your Patient Charge Schedule.

Feel better about your smile

Smile wider knowing that your Cigna Dental Care plan can help with coverage for:

- › Teeth whitening – Using take home gel trays customized to fit your mouth*
- › Dental implants – For missing teeth**

Your dentist may suggest a dental implant instead of a fixed bridge. Here's the difference: A bridge is placed on teeth. And an implant is surgically placed in the jawbone for a long-term solution.

* Only the use of take-home bleaching trays is covered. Other types of bleaching methods are not covered.

** Services related to the surgical placement of a dental implant are limited to one per year. Replacement of a surgical implant is limited to one every 10 years.

Are you at risk?

Check out Cigna's online assessment tools. They can help you identify your risk for gum disease and cavities. You can find both assessments at **Cigna.com** and **myCigna.com**. Simply type "gum disease risk" or "cavity risk" in the search box.

Protect your smile

If you don't wear mouth protection while playing sports, you're more likely to harm your mouth and teeth.⁴ But you can avoid extra trips to the dentist. Prevent costly repairs to your mouth, teeth and jaw by wearing a mouth guard. Your Cigna Dental Care plan can help.*

* Benefits for the replacement of a mouth guard may be limited to one per any 24 consecutive month period.

Together, all the way.®



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

The Cigna Dental Oral Health Integration Program®

This program offers enhanced dental coverage for customers with these medical conditions:

- › Diabetes
- › Heart disease
- › Stroke
- › Maternity
- › Head and neck cancer radiation
- › Organ transplants
- › Chronic kidney disease

There's no extra charge for the program. If you qualify, you're reimbursed 100% of eligible out-of-pocket costs for certain dental procedures.

To learn more, go to **myCigna.com**. Or, call the number on your ID card or **800.Cigna24 (800.244.6224)**.

We're there for you, when you need it most

With your Cigna Dental Care plan, you get personal support 24/7/365.

- › **Dental Information Line.** Trained professionals can answer your questions about dental care and clinical symptoms.



When it comes to dental care, we've got you covered. To learn more about the Cigna Dental Care plan, go to Cigna.com before you enroll. Or to [myCigna®](http://myCigna.com) website or app, after you sign up. To speak to customer service, call the number on your ID card or **800.Cigna24 (800.244.6224)**.

Medical and Prescription

Dental

Cigna PPO
Cigna DHMO

Vision

Castlight Price Transparency

Employee Assistance Program

Health Advocate

Health Savings Account

Optum/Rally

Supplemental Benefits



1. 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 Care (DHMO) product availability varies by state and is subject to change.

2. American Academy of Periodontology. Types of Gum Disease. Accessed on April 13, 2018. <<https://www.perio.org/consumer/types-gum-disease.html>>

3. American Dental Association. Retrieved from: <http://www.mouthhealthy.org/en/az-topics/b/brushing-your-teeth> on April 13, 2018.

4. American Dental Association, October 25, 2016. Retrieved from: <http://www.ada.org/en/member-center/oral-health-topics/mouthguards>

All group dental plans and insurance policies have exclusions and limitations. For costs and details about the services covered under your plan, review your enrollment materials. Dentists who participate in Cigna's network are independent contractors solely responsible for the treatment provided and are not agents of Cigna.

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Vision

Vision coverage is provided through VSP Vision Care. You and your family can choose from two plan options. For more information on VSP, call Health Advocate at **877.342.3908** or refer to the VSP website.

Your medical, dental and vision elections will default to No Coverage unless you actively enroll in your benefits during the 2023 Annual Enrollment period.



**A LOOK AT YOUR
VSP VISION COVERAGE**

**SEE HEALTHY AND LIVE HAPPY
WITH HELP FROM LOCKHEED MARTIN
CORPORATION AND VSP.**



Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.



Like shopping online? Go to **eyeconic.com** and use your vision benefits to shop over 50 brands of contacts, eyeglasses, and sunglasses.

QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

**USING YOUR BENEFIT IS
EASY!**

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

GET YOUR PERFECT PAIR

EXTRA \$20 + UP TO 40%
TO SPEND ON FEATURED FRAME BRANDS* | SAVINGS ON LENS ENHANCEMENTS

bebe CALVIN KLEIN COLE HAAN FLEXON

LACOSTE LACOSTE NIKE NINE WEST

SEE MORE BRANDS AT VSP.COM/OFFERS.



Medical and Prescription

Dental

Vision

Castlight Price Transparency

Employee Assistance Program

Health Advocate

Health Savings Account

Optum/Rally

Supplemental Benefits

Enroll today.

Contact us: **800.877.7195** or vsp.com



PROVIDER NETWORK:

VSP Choice

YOUR VSP VISION BENEFITS SUMMARY

LOCKHEED MARTIN CORPORATION and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

BENEFIT	DESCRIPTION	COPAY	BENEFIT	DESCRIPTION	COPAY
CORE COVERAGE WITH A VSP PROVIDER			ENHANCED COVERAGE WITH A VSP PROVIDER		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10	WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10
PRESCRIPTION GLASSES \$25			PRESCRIPTION GLASSES \$25		
FRAME	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Walmart*/Sam's Club*/Costco* frame allowance Every other calendar year 	Included in Prescription Glasses	FRAME	<ul style="list-style-type: none"> \$200 allowance for a wide selection of frames \$220 allowance for featured frame brands 20% savings on the amount over your allowance \$110 Walmart*/Sam's Club*/Costco* frame allowance Every calendar year 	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year 	Included in Prescription Glasses	LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year 	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every calendar year 	\$55 \$95 - \$105 \$150 - \$175	LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every calendar year 	\$55 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60	CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$200 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60
DIABETIC EYECARE PLUS PROGRAMSM	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed 	\$20	DIABETIC EYECARE PLUS PROGRAMSM	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed 	\$20
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 				

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.