Cigna Healthcare Financial Exhibit for:

The Bishop's School

DPPO - Georgia Residents

Effective Date: March 01, 2026

This is a summary of benefits for your dental plan.
All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.
Your DPPO plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.
The percentages listed in the columns below represent Cigna's payment responsibilities for covered services.

	DPPO-Total		
Plan Design	**Advantage**	**Total**	**Out-of-Network**
Calendar Year Maximum			
(Class I, II, III, IX Expenses)	$3000, Class I Applies	$3000, Class I Applies	$3000, Class I Applies
Calendar Year Deductible			
Per Individual	$50	$50	$50
Per Family	$150	$150	$150
Class I Expenses - Preventive & Diagnostic Care			
Oral Exams Cleanings Routine X-rays Fluoride Application Sealants Space Maintainers (limited to non-orthodontic treatment) Non-Routine X-rays Emergency care to relieve pain (administrated at In Network coinsurance)	100%, No Deductible	100%, No Deductible	100%, No Deductible
Class II Expenses - Basic Restorative Care			
Fillings Oral Surgery - Simple Extractions Oral Surgery - All Except Simple Extraction Surgical Extraction of Impacted Teeth Anesthetics Minor Periodontics Major Periodontics Root Canal Therapy / Endodontics Relines, Rebases, and Adjustments Repairs - Bridges, Crowns, and Inlays Brush Biopsy	90%, After Deductible	80%, After Deductible	80%, After Deductible
Class III Expenses - Major Restorative Care			
Repairs - Dentures Crowns/Inlays/Onlays Stainless Steel/Resin Crowns Dentures Bridges	60%, After Deductible	50%, After Deductible	50%, After Deductible
Class IV Expenses - Orthodontia			
Coverage for Eligible Children Only Lifetime Maximum	50%, No Ortho Deductible $1500	50%, No Ortho Deductible $1500	50%, No Ortho Deductible $1500
Class IX Expenses - Implants			
Plan Calendar Year Max	60%, After Deductible $3000	50%, After Deductible $3000	50%, After Deductible $3000
Dental Plan Reimbursement Levels	Based on Contracted Fees	Based on Contracted Fees	90th Percentile of Allowed Charges***
Additional Member Responsibility in excess of Coinsurance	None	None	Yes, the difference between the member's dentist's billed charges and the dental plan reimbursement level***
Student/Dependent Age	26/26		

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Cigna Dental PPO / Indemnity Exclusions and Limitations:

Procedure	Exclusions & Limitations
Exams	Two per calendar year
Prophylaxis (cleanings)	Two per calendar year
Fluoride	1 per calendar year for people under 19
X-Rays (routine)	Bitewings: 2 per calendar year
X-Rays (non-routine)	Full mouth: 1 every 3 calendar years. Panorex: 1 every 3 calendar years
Cone Beams	Not covered
Model	Payable only when in conjunction with Ortho workup
Minor Perio (non-surgical)	Various limitations depending on the service
Perio Surgery	Various limitations depending on the service
Crowns and Inlays	Replacement every 5 years
Prosthesis over Implants	1 per 5 years if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges.
Bridges	Replacement every 5 years
Dentures and Partials	Replacement every 5 years
Relines, Rebases	Covered if more than 6 months after installation
Adjustments	Covered if more than 6 months after installation
Repairs - Bridges	Reviewed if more than once
Repairs - Dentures	Reviewed if more than once
Sealants	Limited to posterior tooth. One treatment per tooth every three years up to age 14
Space Maintainers	Limited to non-Orthodontic treatment. No frequency limit for participants under age 19.
Alternate Benefit	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.
Orthodontia	For dependent children, up to age 19
Missing Tooth Provision	No Limitation (teeth missing prior to the effective date of coverage are covered)
Late Entrant Limit****	50% coverage on Class III, IV (if applicable), and IX for 12 months
Pre-Treatment Review	Available on a voluntary basis when extensive work in excess of $200 is proposed

Benefit Exclusions:

* Services performed primarily for cosmetic reasons
* Replacement of a lost or stolen appliance
* Replacement of a bridge or denture within five years following the date of its original installation
* Replacement of a bridge or denture which can be made useable according to accepted dental standards
* Procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of TMJ, stabilize periodontally involved teeth, or restore occlusion
* Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars
* Bite registrations; precision or semi-precision attachments; splinting
* Instruction for plaque control, oral hygiene and diet
* Dental services that do not meet common dental standards
* Services that are deemed to be medical services
* Services and supplies received from a hospital
* Charges which the person is not legally required to pay
* Charges made by a hospital which performs services for the U.S. Government if the charges are directly related to a condition connected to a military service
* Experimental or investigational procedures and treatments
* Any injury resulting from, or in the course of, any employment for wage or profit
* Any sickness covered under any workers' compensation or similar law
* Charges in excess of the reasonable and customary allowances
* To the extent that payment is unlawful where the person resides when the expenses are incurred;
* Procedures performed by a Dentist who is a member of the covered person's family (covered person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents);
* For charges which would not have been made if the person had no insurance; For charges for unnecessary care, treatment or surgery;
* To the extent that you or any of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid;
* To the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a "no-fault" insurance law or an uninsured motorist insurance law. Cigna HealthCare will take into account any adjustment option chosen under such part by you or any one of your Dependents.
* In addition, these 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 and any medical expense plan or prepaid treatment program sponsored or made available by your Employer.

*** In Texas, the insured dental product offered by CGLIC and CHLIC is referred to as the Cigna Dental Choice Plan, and this plan utilizes the national Cigna Dental PPO network.*

****Charges are based upon an independent third party organization that is the industry standard. Percentile data is based upon the third party organization's aggregated industry-wide claims data*

*****Late Entrant coverage limitation does not apply to New Mexico Residents for Insured Dental Products.*

This benefit summary highlights some of the benefits available under the proposed plan. A complete description regarding the terms of coverage, exclusions and limitations, including legislated benefits, will be provided in your insurance certificate or plan description.

Benefits are insured and/or administered by Cigna HealthCare.

Did you know that most of Cigna's dental plans include the Cigna Dental Oral Health Integration Program? This program was designed to address research that supports the association of oral health to overall health and provides reimbursement of copays or coinsurance for customers with qualifying medical conditions for program eligible procedures. Additionally, registered program members can access articles on behavioral conditions that impact oral health.

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Discrimination is against the law Dental Coverage

Cigna Healthcare® 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, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare does not exclude people or treat them less favorably differently because of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids 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 assistance services to people whose primary language is not English in a timely manner, such as:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services or language assistance services, contact the Civil Rights Coordinator.

If you believe that Cigna Healthcare 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, sexual orientation, gender identity or sexual stereotypes, you can file a grievance with the Civil Rights Coordinator
P.O. Box 188016, Chattanooga, TN 37422,
877.822.6561 (TTY: Dial 711)

ACAGrievance@CignaHealthcare.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint 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
https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html

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ATTENTION: If you speak languages other than English, language assistance service, free of charge are available to you. For current Cigna Healthcare customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al numero que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

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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 in a timely manner. For help, call us at the number listed on your ID card or 1-866-494-2111 for medical/behavioral/dental. For more help, 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 de manera oportuna. Para obtener ayuda, llámenos al número que aparece en su tarjeta de identificación o al 1-866-494-2111 para servicios médicos/del comportamiento/dentales. Para obtener ayuda adicional, 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**。您可獲得口譯員服務。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即時寄送給您。欲取得協助，請撥打您會員卡上所列示的電話號碼，或致電 1-866-494-2111 與醫療 / 行爲 / 牙科聯絡。欲取得其他協助，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. يُمكنك الاستعانة بمترجم. يمكنك طلب قراءة الوثائق لك وإرسال بعض منها إليك بلغتك على النحو الملائم لك. للحصول على المساعدة، اتصل بنا على الرقم المبين على بطاقة عضويتك أو على الرقم 1-866-494-2111 للخدمات الطبية/السلوكية/صحة الأسنان. للحصول على المزيد من المساعدة، 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 적시에 받아보실 수도 있습니다. 도움이 필요하신 분은 귀하의 ID 카드상에 명시된 안내번호나 또는 의료/행동/치과 안내번호 1-866-494-2111번으로 문의해주십시오. 더 자세한 사항을 문의하실 분은 캘리포니아주 보험국, 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 sa ilalim ng isang polisiya na inisyu sa California. Makakakuha ka ng interpreter. Maaari mong ipabasa sa iyo ang mga dokumento at maaaring ipadala sa iyo ang ilan sa iyong wika sa napapanahong paraan. Para sa tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-866-494-2111 para sa medical/behavioral/dental. Para sa karagdagang tulong, 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 một cách kịp thời. Để được giúp đỡ, vui lòng gọi cho chúng tôi tại số ghi trên thẻ hội viên (ID) của quý vị hoặc gọi cho chương trình bảo hiểm y tế/hành vi/nha khoa tại số 1-866-494-2111. Để được trợ giúp thêm, vui lòng gọi cho Bộ Bảo hiểm CA tại số 1-800-927-4357. **Vietnamese**

សេវាបកប្រែភាសាដោយឥតអស់ថ្លៃ សំរាប់អតិថិជនដែលរស់នៅក្នុងរដ្ឋកាលីហ្វ័រនីញ៉ា និងអតិថិជនដែលរស់នៅ ក្រៅរដ្ឋកាលីហ្វ័រនីញ៉ា ដែលបានរ៉ាប់រង នៅក្រោមច្បាប់សន្យា បានចេញឲ្យក្នុងរដ្ឋកាលីហ្វ័រនីញ៉ា។ អ្នកអាចទទួល ជំនួយពីអ្នកបកប្រែបាន។ អ្នកអាចឲ្យគេអានឯកសារជូនអ្នក និងផ្ញើឯកសារខ្លះ ទៅឲ្យអ្នក ជាភាសាខ្មែរ ឱ្យបានទាន់ពេលវេលា។ សំរាប់ជំនួយ សូមទូរស័ព្ទមកយើង តាមលេខមានកត់នៅលើប័ណ្ណ ID របស់អ្នក ឬលេខ 1-866-494-2111 សំរាប់ខាង សុខភាព/ឥរិយាបថ ធ្មេញ ។ សំរាប់ជំនួយថែមទៀត ទូរស័ព្ទទៅ ក្រសួងធានារ៉ាប់រង រដ្ឋកាលីហ្វ័រនីញ៉ា តាមលេខ 1-800-927-43574 **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 ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਮੇਂ ਸਿਰ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ ਸਾਨੂੰ ਆਪਣੇ ਆਈ.ਡੀ. ਕਾਰਡ ਉੱਤੇ ਦਿੱਤੇ ਗਏ ਨੰਬਰ ਤੇ ਜਾਂ ਮੈਡੀਕਲ/ਵਿਵਹਾਰਕ/ਡੈਂਟਲ ਲਈ 1-866-494-2111 ਤੇ ਫੋਨ ਕਰੋ। ਹੋਰ ਮਦਦ 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 خوانده شوند و برخی از آن ها به زبان شما و به‌موقع برایتان ارسال شوند. برای دریافت کمک، با ما از طریق شماره تلفنی که روی کارت شناسائی شما قید شده تماس بگیرید یا با طرح پزشکی/رفتار درمانی/دندانپزشکی به شماره 1-866-494-2111 تماس بگیرید. برای دریافت کمک بیشتر، با اداره بیمه کالیفرنیا به شماره 1-800-927-4357 تماس بگیرید **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、タイムリーに文書をあなたの言語で読み上げたり、送信したりすることができます。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医療・問題行動・歯科サービス担当：1-866-494-2111までご連絡ください。その他のお問い合わせは、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 в кратчайшие сроки. Для получения помощи, позвоните нам по телефону, указанному в вашей Идентификационной карте, либо по телефону 1-866-494-2111 по вопросам медицинского/поведенческого/стоматологического обслуживания. Для получения дополнительной помощи обращайтесь в Министерство страхования штата Калифорния (CA Dept. of Insurance) по телефону 1-800-927-4357. **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 ճիշտ ժամանակին: Օգնության համար, զանգահարեք մեզ ձեր ինքնության (ID) տոմսի վրա նշված համարով կամ՝ 1-866-494-2111, բժշկական/վարվեցողական/ատամնաբուժական ծրագրի համար: Լրացուցիչ օգնության համար 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 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 muaj peev xwm hais kom muab cov ntawv nyeem rau koj mloog thiab kom muab ib co ntaub ntawv xa tuaj rau koj ua koj hom lus hais es kom ncav li lub sij hawm. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-866-494-2111 rau chaw pab them nqi kho mob/kho puas xeeb ceem/kho hniav. Yog xav tau kev pab ntxiv, hu rau CA Lub Tuam Tsev Tswj Xyuas Txog Kev Tuav Pov Hwm ntawm 1-800-927-4357. **Hmong**

कैलिफोनिरया और कैलिफोनिरया केबाहर रहने वाले कैलिफोनिरया में जारी पॉलिसी केतहत कवर किये गए गराहकों केलिए **निःशु क भाषा सेवाएं**। आप एक दुभाषिया परापत कर सकते हैं। आप इन दस्तावेज़ों को किसी से पढ़वा सकते हैं और कुछ दस्तावेज़ों को अपनी भाषा में समय पर प्राप्त कर सकते हैं। चिकितसा/वयवहार/दंत सहायता केलिए, हमें अपने ID काडर पर सूचीबद्ध नंबर पर या 1-866-494-2111 पर कॉल करें। अधिक सहायता केलिए, 1-800-927-4357 में CA केबीमा विभाग (CA Dept. of Insurance) को कॉल करें। **Hindi**

บริการภาษาโดยไม่เสียค่าใช้จ่าย **สำหรับลูกค้าที่อาศัยอยู่ในรัฐแคลิฟอร์เนีย และที่อาศัยอยู่นอกรัฐแคลิฟอร์เนียที่ได้รับการคุ้มครองภายใต้กรมธรรม์ที่ออกในรัฐแคลิฟอร์เนีย คุณสามารถขอล่ามแปลภาษาได้ คุณสามารถขอให้อ่านเอกสารให้คุณฟัง และขอให้ส่งเอกสารบางส่วนถึงคุณเป็นภาษาของคุณได้อย่างทันท่วงที หากต้องการความช่วยเหลือ โปรดโทรศัพท์ถึงเราตามหมายเลขที่ระบุไว้บนบัตรประจำตัวของคุณ หรือ หมายเลข** 1-866-494-2111 **สำหรับบริการด้านการรักษาพยาบาล/พฤติกรรม/ทันตกรรม หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรศัพท์ถึง** Dept. of Insurance **ของรัฐแคลิฟอร์เนียที่หมายเลข** 1-800-927-4357 **Thai**

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