



*Town of Oyster Bay*  
**DEPARTMENT OF HUMAN RESOURCES**  
54 AUDREY AVENUE OYSTER BAY, NY 11771-1592

John Canning  
Commissioner

Vicki Spinelli  
Deputy Commissioner

(516) 624-6425  
FAX: (516) 624-6489  
www.oysterbaytown.com

October 20, 2017

RE: Request for Proposal

To Whom it May Concern,

Proposals are being accepted by the Town of Oyster Bay ("Town") for fully insured bids for dental insurance coverage for Town employees and retirees for the period of January 1, 2018 through December 31, 2020.

The criteria to be used in evaluating submissions of qualifications are listed on the attached sheets. The conditions governing all proposals are as follows:

- A. All proposals must be for a three year period, January 1, 2018 to December 31, 2020, and presented in annual premiums, providing for a one year agreement (2018) with two one-year extensions (2019, 2020).
- B. Proposals should be either for a level three year period of time or with a level period of time with rate caps for the balance to add up to three years, and shall be for the P.P.O. and D.H.M.O.
- C. Premiums must be set forth on an individual and family basis.
- D. All proposals must duplicate or exceed the existing benefit structure.
- E. To be considered, sealed proposals including Proposal to Provide Dental Coverage (Attachment A) must be submitted no later than 3:00pm EST, on October 27, 2017, at which time proposals will be publicly opened. An original proposal must be mailed or delivered to:  
Town of Oyster Bay  
54 Audrey Avenue  
Oyster Bay, NY 11771  
ATTN: Department of Human Resources

The outside of the envelope should be marked "PROPOSAL FOR DENTAL INSURANCE COVERAGE, RFP-HRC-INS-17-01. THIS ENVELOPE MUST REMAIN SEALED UNTIL OCTOBER 27, 2017."

Hand delivered proposals should be directed to the Town of Oyster Bay, Department of Human Resources, 54 Audrey Avenue, Oyster Bay, New York 11771, where they will be date stamped and held until bid opening. Late submittals will not be considered.

F. The Town will award the Proposal to the lowest premium offer by responsible bidder. The Town reserves the right to reject any and all Proposals.

Your organization is invited to submit a proposal to provide Employee Dental Insurance Coverage. We trust the attached will be sufficient for your submission of a viable proposal for consideration. If you have any questions, please contact the undersigned.

Very truly yours,  
JOHN CANNING  
COMMISSIONER OF HUMAN RESOURCES

*Vicki Spinelli*

Vicki Spinelli  
Deputy Commissioner of Human Resources

Attachment

Meeting of October 17, 2017

Resolution No. 682-2017

WHEREAS, the Town of Oyster Bay currently provides dental insurance to its employees and retirees through Cigna Dental, through a plan originally approved by the Town Board by Resolution No. 752-2014, adopted on November 18, 2014; and

WHEREAS, this coverage expires on December 31, 2017 and therefore it is necessary for the Town to obtain coverage for the period commencing January 1, 2018; and

WHEREAS, Vicki Spinelli, Deputy Commissioner, Department of Human Resources, by memorandum dated October 11, 2017 advised that this coverage expires on December 31, 2017 and therefore it is necessary for the Town to obtain coverage for the period commencing January 1, 2018; and

NOW, THEREFORE, BE IT RESOLVED, That the Town Board approves and authorizes the Department of Human Resources to prepare and publish a Request for Proposals for dental insurance coverage for the Town's employees and retirees for a three-year period, commencing January 1, 2018 through December 31, 2020.

-#-

The foregoing resolution was declared adopted after a poll of the members of the Board; the vote being recorded as follows:

Supervisor Saladino	Aye
Councilman Muscarella	Aye
Councilman Macagnone	Aye
Councilwoman Alesia	Aye
Councilwoman Johnson	Aye
Councilman Imbroto	Aye
Councilman Hand	Aye

cc: Supervisor  
Town Attorney  
Comptroller (2)  
Human Resources

*[Handwritten Signature]*  
Reviewed By  
Office of Town Attorney  
*[Handwritten Signature]*

**TOWN OF OYSTER BAY REQUEST FOR PROPOSALS FOR  
DENTAL COVERAGE FOR EMPLOYEES AND RETIREES**

**JANUARY 1, 2018 – DECEMBER 31, 2020**

**RFP # HRC-INS-17-01**



**PROPOSAL SUBMISSION DEADLINE: 3:00 PM, EST, October 27, 2017**

## I. REQUEST FOR PROPOSAL

Proposals are being accepted by the Town of Oyster Bay ("Town") for fully insured bids for dental insurance coverage for Town employees and retirees for the period January 1, 2018 through December 31, 2020.

## II. CURRENT INFORMATION

The Town currently provides dental insurance coverage to its employees and retirees, as required under the Collective Bargaining Agreement between the Town and CSEA, Local 1000 AFSCME, AFL-CIO, for the period January 1, 2017 to December 31, 2020.

The current coverage is provided through CIGNA/CHLIC, as authorized by Resolution No. 648-2016, adopted by the Town Board on November 29, 2016 (copy attached as Exhibit I).

The current coverage is composed of two plans: a P.P.O. (Preferred Provider Organization) and a DHMO (Dental Health Maintenance Organization). A schedule of the benefits provided under each plan is attached as Exhibit II. The P.P.O. provides for coverage of 90% of Usual, Customary and Reasonable costs ("UCR"). The total number of insureds in the P.P.O. is 1,532, of which 967 are active employees (individual and family), and 565 are retirees who receive the same benefits. The DHMO currently has 43 active employees and 15 retirees who receive the same coverage.

The current loss ratio for the plan is 89.66% based on costs of \$1,703,016.32 and total premium of \$1,899,355.00 for the last full year.

## III. CONDITIONS GOVERNING PROPOSALS

A. All proposals must be for a three year period, January 1, 2018 to December 31, 2020, and presented in annual premiums, providing for a one year agreement (2018) with two one-year extensions (2019, 2020).

B. Proposals should be either for a level three year period of time or with a level period of time with rate caps for the balance to add up to three years, and shall be for the P.P.O and DHMO.

C. Premiums must be set forth on an individual and family basis.

D. All proposals must duplicate or exceed the existing benefit structure.

E. To be considered, sealed proposals including Proposal to Provide Dental Coverage (Attachment A) must be submitted no later than 3:00 pm EST, on October 27, 2017, at which time the proposals will be publicly opened. An original proposal must be mailed or delivered to:

Town of Oyster Bay  
54 Audrey Avenue  
Oyster Bay, New York 11771  
ATTENTION: Department of Human Resources

The outside of the envelope should be marked "PROPOSAL FOR DENTAL INSURANCE COVERAGE, RFP- HRC-INS-17-01. THIS ENVELOPE MUST REMAIN SEALED UNTIL OCTOBER 27, 2017."

Hand delivered proposals should be directed to the Town of Oyster Bay, Department of Human Resources, 54 Audrey Avenue, Oyster Bay, New York 11771, where they will be date stamped and held until bid opening. Late submittals will not be considered.

F. The Town will award the Proposal to the lowest premium offer by a responsible bidder. The Town reserves the right to reject any and all Proposals.

#### IV. QUESTIONS

Questions regarding this RFP or the need for additional data or information should be submitted in writing by email to Vicki Spinelli, Deputy Commissioner, Department of Human Resources, at [vspinelli@oysterbay-ny.gov](mailto:vspinelli@oysterbay-ny.gov), no later than Wednesday, October 25, 2017, at 12:00 Noon.

#### V. CONFLICT OF INTEREST INFORMATION

Information on possible conflicts of interest should be provided in the Proposal. Such information will be taken into account in making a decision on the selection of a proposal. Should a conflict arise during the RFP process, the Bidder shall immediately advise the Town of such conflict.

**PROPOSAL TO PROVIDE DENTAL COVERAGE  
RFP NO. HRC-17-01**

**TO:** Department of Human Resources  
54 Audrey Avenue, 3<sup>rd</sup> Floor  
Oyster Bay, New York 11771

\_\_\_\_\_, herein called the "Bidder," hereby offers and agrees to provide dental insurance coverage to the employees and retirees of the Town of Oyster Bay ("Town") at the price and subject to the terms and conditions contained in this Offer:

<u>PPO</u>	SINGLE	FAMILY
Year 1 (1/1/18-12/31/18)	_____	_____
Year 2 (1/1/19-12/31/19)	_____	_____
Year 3 (1/1/20-12/31/20)	_____	_____
<u>DHMO</u>	SINGLE	FAMILY
Year 1 (1/1/18-12/31/18)	_____	_____
Year 2 (1/1/19-12/31/19)	_____	_____
Year 3 (1/1/20-12/31/20)	_____	_____

**SUBMITTAL:** To ensure proper identification and handling, submit your Offer in a sealed envelope. This Offer may be hand delivered or mailed, and must be delivered by the date and time due to:

Department of Human Resources  
54 Audrey Avenue, 3rd Floor  
Oyster Bay, New York 11771

Hand delivered/couriered bids should be directed to the Department of Human Resources where they will be date stamped and held until bid opening. ENVELOPES MUST BE MARKED AS FOLLOWS: "PROPOSAL FOR DENTAL INSURANCE COVERAGE, RFP, HRC-INS-17-01. THIS ENVELOPE MUST REMAIN SEALED UNTIL OCTOBER 27, 2017"

Timely delivery of the Offer is the sole responsibility of the Bidder. Late offers, as determined by the Town's time/date stamp, will not be accepted. All offers shall remain valid for a period of 60 days from the RFP opening date.

The successful Bidder will be determined by the Seller based on the bid amount and any exceptions and contingencies identified by the Bidder. Bids must remain valid for 60 days from the bid opening date during which time the Seller may accept or reject any Offer.



Please List Exceptions and Contingencies to the RFP (use additional sheets if necessary):

Signature of Bidder: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Agent (if applicable) \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Date:

WHEREAS, Resolution No. 752-2014, adopted on November 18, 2014, authorized the Supervisor to enter into a Dental Plan Agreement with CIGNA/CELIC, for the period from January 1, 2015 through December 31, 2015, at a total annual cost not to exceed \$2,142,000.00, with two, one year renewal options at the same rate for the PPO and DHMO for the second year, with a 7% rate cap for the third year, and

WHEREAS, John Canning, Commissioner of the Department of Human Resources, by memorandum dated November 1, 2016, recommends that the Town Board approve the renewal of the abovementioned Dental Plan Agreement, for the period January 1, 2017 through December 31, 2017, at a cost not to exceed \$2,052,723.00, allowing for an approximate 2% increase in the number of enrollees in 2017, under the same terms and conditions as follows:

Year 3 (PPO) - January 1, 2017 through December 31, 2017

Single: \$47.88  
Family: \$134.34

Year 3 (DHMO) - January 1, 2017 through December 31, 2017

Single: \$31.94  
Family: \$81.00

Reviewed by  
Office of Town Attorney

NOW, THEREFORE, BE IT RESOLVED, That the abovementioned recommendation is hereby accepted and approved, and the Supervisor is hereby authorized to renew the Dental Plan Agreement with Cigna, for the period from January 1, 2017 through December 31, 2017, at the monthly rates and total annual cost set forth above, and be it further

RESOLVED, That the Comptroller is hereby authorized and directed to make payment for same, upon presentation of a duly certified claim, after audit, the funds for said payment to be drawn from Account No. TWN AMM 9060 80000 000 0000 000.

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The foregoing resolution was declared adopted after a poll of the members of the Board; the vote being recorded as follows:

Supervisor Venditto Aye  
Councilman Mustarella Aye  
Councilman Macagnone Aye  
Councilman Coschignano Aye  
Councilman Pinto Aye  
Councilwoman Alesia Aye  
Councilwoman Johnson Aye

cc: Supervisor  
Town Attorney  
Comptroller (2)

**Cigna Dental Benefit Summary**  
**Town of Oyster Bay**  
**Plan Renewal Date: 01/01/2017**



Insured by: Cigna Health and Life Insurance Company

Receiving regular dental care can not only catch minor problems before they become major and expensive to treat - it may even help improve your overall health. Gum disease is increasingly being linked to complications for pre-term birth, heart disease, stroke, diabetes, osteoporosis and other health issues. That's why this dental plan includes Cigna Dental WellnessPlus<sup>SM</sup> features. When you or your family members receive any preventive care service in one plan year, the annual dollar maximum will increase in the following plan year. When you or your family members remain enrolled in the plan and continue to receive preventive care, the annual dollar maximum will increase in the following plan year, until it reaches the level specified below. Please refer to your plan materials for additional information on this plan feature.

Benefit Plan Features	Total Cigna DPPO Network		Out-of-Network
	Cigna DPPO Advantage	Cigna DPPO	No Network
Network Options			
Reimbursement Levels	Fee Schedule	Discount on Fees	Maximum Reimbursable Charge
<b>Progressive Maximum Benefit:</b>			
Progressive Benefit Year 2: Increase contingent upon receiving Preventive Services in Plan Year 1.			
Progressive Benefit Year 3: Increase contingent upon receiving Preventive Services in Plan Years 1 and 2.			
Progressive Benefit Year 4: Increase contingent upon receiving Preventive Services in Plan Years 1, 2 and 3.			
<b>Annual Benefits Maximum</b> Applies to: Class I, II, III, and IX expenses	Year 1: \$1,750 Year 2: \$1,900 Year 3: \$2,050 Year 4: \$2,200	Year 1: \$1,750 Year 2: \$1,900 Year 3: \$2,050 Year 4: \$2,200	Year 1: \$1,750 Year 2: \$1,900 Year 3: \$2,050 Year 4: \$2,200
<b>Annual Deductible</b> Individual Family	None	\$25 \$75	\$25 \$75
<b>Benefit Highlights</b>	<b>Plan Pays</b>	<b>Plan Pays</b>	<b>Plan Pays</b>
<b>Class I: Diagnostic &amp; Preventive</b> Oral Exams Cleanings X-rays: routine X-rays: non-routine Fluoride Application Sealants: per tooth Space Maintainers: non-orthodontic Emergency Care to Relieve Pain Periodontal Maintenance	100% No Deductible	75% After Deductible	75% After Deductible
<b>Class II: Basic Restorative</b> Restorative: fillings Endodontics: minor and major Periodontics: minor and major Oral Surgery: minor and major Anesthesia: general and IV sedation Repairs: Bridges, Crowns and Inlays Repairs: Dentures Denture Relines Rebases and Adjustments	80% No Deductible	75% After Deductible	75% After Deductible
<b>Class III: Major Restorative</b> Inlays and Onlays Prosthesis Over Implant Crowns, Bridges and Dentures	60% No Deductible	60% After Deductible	60% After Deductible
<b>Class IV: Orthodontia</b> Employee and All Dependents Lifetime Maximum: \$2,000	60% No Deductible	60% No Deductible	60% No Deductible
<b>Class IX: Surgical Implants</b>	60% No Deductible	60% After Deductible	60% After Deductible
<b>Benefit Plan Provisions:</b>			
<b>In-Network Reimbursement</b>	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.		
<b>Out-of-Network Reimbursement</b>	For services provided by an out of network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 90th percentile of all provider charges in the geographic area. The dentist may balance bill up to their usual fees.		
<b>Cross Accumulation</b>	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.		

<i>Annual Benefits Maximum</i>	The plan will only pay for covered charges up to the plan maximum (when applicable). Benefit-specific maximums may also apply.
<i>Annual Deductible</i>	This is the amount you must pay before the plan begins to pay for covered charges (when applicable). Benefit-specific deductibles may also apply.
<i>Pretreatment Review</i>	Pretreatment review is available on a voluntary basis when extensive dental work in excess of \$200 is proposed.
<i>Alternate Benefit Provision</i>	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.
<i>Oral Health Integration Program (OHIP)</i>	Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with the following medical conditions: diabetes, heart disease, stroke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease. There's no additional charge for the program. Those who qualify get reimbursed 100% of coinsurance for certain related dental procedures. Eligible customers can also receive guidance on behavioral issues related to oral health and discounts on prescription and non-prescription dental products. Reimbursements under this program are not subject to the plan deductible, but will be applied to and are subject to the plan annual maximum. Discounts on certain prescription and non-prescription dental products are available through Cigna Home Delivery Pharmacy only, and you are required to pay the entire discounted charge. For more information including how to enroll in this program and a complete list of program terms and eligible medical conditions, go to <a href="http://www.mycigna.com">www.mycigna.com</a> or call customer service 24/7 at 1.800.CIGNA24.
<b>Benefit Limitations:</b>	
Oral Exams	2 per year
X-rays (routine)	Bitewings: 2 per year
X-rays (non-routine)	Full mouth or panoramic: 1 every 3 years
Diagnostic Casts	Payable only in conjunction with orthodontic workup
Cleanings	2 per year, including 2 additional periodontal maintenance procedures following active therapy
Fluoride Application	1 per year for children under age 19
Sealants (per tooth)	Limited to posterior tooth. 1 treatment per tooth every 3 years for children under age 14
Space Maintainers	Limited to non-orthodontic treatment for children under age 19
Periodontal Treatment	Various limitations depending on the service
Inlays, Crowns and Bridges	Replacement every 5 years
Dentures and Partials	Replacement every 5 years
Denture and Bridge Repairs	Reviewed if more than once
Denture Adjustments, Rebases and Relines	Covered if more than 6 months after installation
Prosthesis Over Implant	1 every 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.
<b>Benefit Exclusions:</b>	
Covered Expenses will not include, and no payment will be made for the following:	
Procedures and services not listed under Benefit Highlights;	
Diagnostic: cone beam imaging; Preventive Services: instruction for plaque control, oral hygiene and diet;	
Restorative: Porcelain or acrylic veneers of crowns or pontics on, or replacing the upper and lower first, second and third molars;	
Periodontic: bite registrations; splinting; Prosthodontic: precision or semi-precision attachments;	
Procedures, appliances or restorations, except full dentures, whose main purpose is to: change vertical dimension; diagnose or treat conditions or dysfunction of the temporomandibular joint (TMJ); stabilize periodontally involved teeth; or restore occlusion;	
Athletic mouth guards; Replacement of a lost or stolen appliance; Services performed primarily for cosmetic reasons; Personalization;	
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.	
Contracted providers are not obligated to provide discounts on non-covered services and may charge their usual fees.	

This document provides a summary only. It is not a contract. If there are any differences between this summary and the official plan documents, the terms of the official plan documents will prevail.

Cigna Dental PPO plans are insured and/or administered by Cigna Health and Life Insurance Company (CHLIC) or Connecticut General Life Insurance Company (CGLIC), with network management services provided by Cigna Dental Health, Inc. and certain of its subsidiaries. In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation "Cigna Home Delivery Pharmacy" refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C. Policy forms (for insured dental plans) in OK: HP-POL99 (CHLIC), GM6000 EL1288 et al (CGLIC); OR: HP-POL68; TN: HP-POL69/HC-CER2V1 et al (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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CIGNA DENTAL CARE® - DHMO<sup>1</sup>**ECONOMICAL, EASY-TO-USE DENTAL COVERAGE**

Under your plan, you have coverage for **hundreds** of dental procedures. This overview shows you a small **sampling** of covered services and what you will pay compared to your estimated **cost without coverage**. See savings below!

Review your plan materials to understand how your plan works. For questions on the plan before enrollment, call **1.800.Cigna24 (1.800.244.6224)** and select the "Enrollment Information" prompt.

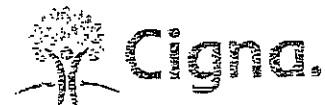
Regular dental visits may do more than brighten your smile. Receiving regular dental care often catches minor problems before they become major and more expensive to treat.

And there's an association between gum disease and other conditions, such as preterm birth, heart disease, stroke, diabetes and other health issues. So taking good care of your teeth and gums may help you live a healthier life.

**Get the most value from your plan**

Take advantage of your plan's preventive care services – certain services may be covered at no additional cost to you (see below for details). Your plan also covers many other dental services that can help you achieve and maintain a healthy mouth.

Sampling of covered procedures	What You'll Pay <sup>2</sup>	
	Cost with Cigna Dental Care	Estimated cost without dental coverage
Adult cleaning (two per calendar year each at \$0) (additional cleanings available at \$0 each)	\$0	\$70–\$136 each
Child cleaning (two per calendar year each at \$0) (additional cleanings available at \$0 each)	\$0	\$53–\$102 each
Periodic oral evaluation	\$0	\$40–\$76
Comprehensive oral evaluation	\$0	\$62–\$118
Topical fluoride (two per calendar year each at \$0) (additional topical fluoride available at \$15 each)	\$0	\$28–\$53
X-rays – (bitewings) 2 films	\$0	\$33–\$63
X-rays – panoramic film	\$0	\$84–\$161
Sealant – per tooth	\$0	\$42–\$80
Amalgam filling (silver colored) – 2 surfaces	\$0	\$118–\$226
Composite filling (tooth-colored) – 1 surface, Anterior	\$0	\$120–\$231
Molar root canal (excluding final restoration)	\$0	\$852–\$1,640
Comprehensive orthodontics – child (up to 19th birthday) – Banding	\$0	\$1,042–\$2,005
Periodontal (gum) scaling & root planing – 1 quadrant	\$0	\$179–\$344
Periodontal (gum) maintenance	\$0	\$109–\$209
Removal/extraction of erupted tooth	\$0	\$120–\$231
Removal/extraction of impacted tooth	\$0	\$370–\$712
Crown – porcelain fused to high noble metal	\$0	\$849–\$1,634
Implant supported retainer for porcelain fused to metal fixed partial denture	\$0	\$1,097–\$2,112
Occlusal appliance, by report (for treatment of TMJ)	\$0	\$640–\$1,233



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

## Know what's important to you

You can save money on a wide range of services, including:

- **Preventive care** – cleanings, fluoride, sealants, bitewing X-rays, full mouth X-rays, and more
- **Basic care** – tooth-colored fillings (called resin or composite) and silver-colored fillings (called amalgam)
- **Major services** – crowns, bridges, and dentures (including those placed over implants), root canals, oral surgery, extractions, treatment for (gum) disease, specialty care (with an approved referral), and more
- **Orthodontic care** – braces for children and adults
- **General anesthesia** – when medically necessary
- **Teeth whitening** – using take-home bleaching trays and gel

### Key plan features

- No deductibles – you don't have to reach a certain level of out-of-pocket expenses before your insurance kicks in.
- No dollar maximums – you don't have to worry about your coverage running out after your covered expenses reach a certain dollar amount.
- Easy to understand plan – the fees you pay your dentist are clearly listed on your Patient Charge Schedule (PCS).
- There are no claim forms to file and no waiting periods for coverage.
- The network general dentist you choose will manage your overall dental care.
- Covered family members can choose their own network general dentists – near home, work or school.
- You don't need a referral for children under seven to visit a network pediatric dentist. And you don't need a referral to see a network orthodontist.
- There's no age limit on sealants, which help prevent tooth decay.
- Your plan covers certain procedures to help detect oral cancer in its early stages.
- 24/7 access to the Dental Information Line – this line is staffed by trained professionals who can help if you have questions about dental treatment and clinical symptoms.

### Exceptions

Procedure	Limit
Exams	Two per calendar year
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
Crowns and inlays	Replacement every 5 years
Bridges	Replacement every 5 years
Dentures and partials	Replacement every 5 years
Refines, rebases	One every 36 months
Adjustments	Four within the first 6 months after installation
Prosthesis over implant	Replacement every 5 years if unserviceable and cannot be repaired
Temporomandibular Joint (TMJ) treatment	One occlusal orthotic device per 24 months
Athletic mouth guard	One athletic mouth guard per 12 months when listed on your PCS

Referrals are required for specialty care services. Specialty treatment plans require payment authorization for services to be covered under your plan, except for Pediatrics, Orthodontics and Endodontics. You should verify with your Network Specialty Dentist that your treatment plan has been authorized for payment by Cigna before treatment begins.

### Finding a network dentist is easy.

There are several ways to choose your network general dentist:

- Find a dentist at Cigna.com. Our online dental directory is updated weekly.
- Call **1.800.Cigna24 (1.800.244.6224)** to speak with a customer service representative. Our representatives can send you a customized dental directory listing via email.

Listed below are the services or expenses which are NOT covered under your Dental Plan and which are your responsibility at the dentist's usual fees. There is no coverage for:

- Or in connection with an injury arising out of, or in the course of, any employment for wage or profit
- Charges which would not have been made in any facility, other than a hospital or a correctional institution owned or operated by the United States government or by a state or municipal government if the person had no insurance
- To the extent that payment is unlawful where the person resides when the expenses are incurred or the services are received
- The charges which the person is not legally required to pay
- Charges which would not have been made if the person had no insurance
- Due to injuries which are intentionally self-inflicted
- Services not listed on the PCS
- Services provided by a non-network dentist without Cigna Dental's prior approval (except emergencies, as described in your plan documents)<sup>3</sup>
- Services related to an injury or illness paid under workers' compensation, occupational disease or similar laws
- Services provided or paid by or through a federal or state governmental agency or authority, political subdivision or a public program, other than Medicaid
- Services required while serving in the armed forces of any country or international authority or relating to a declared or undeclared war or acts of war
- Services performed primarily for cosmetic reasons unless specifically listed on your PCS
- General anesthesia, sedation and nitrous oxide, unless specifically listed on your PCS
- Prescription medications
- Replacement of fixed and/or removable appliances (including fixed and removable orthodontic appliances) that have been lost, stolen, or damaged due to patient abuse, misuse or neglect
- Surgical implant of any type unless specifically listed on your PCS
- Services considered to be unnecessary or experimental in nature or do not meet commonly accepted dental standards
- Procedures or appliances for minor tooth guidance or to control harmful habits
- Services and supplies received from a hospital
- The completion of crowns, bridges, dentures, or root canal treatment already in progress on the effective date of your Cigna Dental coverage<sup>4</sup>
- The completion of implant supported prosthesis (including crowns, bridges and dentures) already in progress on the effective date of your Cigna Dental coverage, unless specifically listed on your PCS<sup>4</sup>
- Consultations and/or evaluations associated with services that are not covered
- Endodontic treatment and/or periodontal (gum tissue and supporting bone) surgery of teeth exhibiting a poor or hopeless periodontal prognosis
- Bone grafting and/or guided tissue regeneration when performed at the site of a tooth extraction unless specifically listed on your PCS
- Bone grafting and/or guided tissue regeneration when performed in conjunction with an apicoectomy or periradicular surgery
- Intentional root canal treatment in the absence of injury or disease to solely facilitate a restorative procedure
- Services performed by a prosthodontist
- Localized delivery of antimicrobial agents when performed alone or in the absence of traditional periodontal therapy
- Any localized delivery of antimicrobial agent procedures when more than eight (8) of these procedures are reported on the same date of service.
- Infection control and/or sterilization
- The recementation of any inlay, onlay, crown, post and core or fixed bridge within 180 days of initial placement
- The recementation of any implant supported prosthesis (including crowns, bridges and dentures) within 180 days of initial placement
- Services to correct congenital malformations, including the replacement of congenitally missing teeth
- The replacement of an occlusal guard (night guard) beyond one per any 24 consecutive month period, when this limitation is noted on the PCS
- Crowns, bridges and/or implant supported prosthesis used solely for splinting
- Resin bonded retainers and associated pontics

Should any law require coverage for any particular service(s) noted above, the exclusion or limitation for that service(s) shall not apply.

**This document outlines the highlights of your plan. For a complete list of both covered and not-covered services, including benefits required by your state, see your insurance certificate or plan description. If there are any differences between the information contained here and the plan documents, the information in the plan documents takes precedence.**



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.
2. Costs listed for the Cigna Dental Care plan do not vary. Estimated costs without dental coverage may vary based on location and dentists' actual charges. These estimated costs are based on charges submitted to Cigna in 2012 and are intended to reflect national average charges as of January 2015 assuming an annual cost increase of three percent. Estimates have been adjusted to reflect the 2011 Cigna DHMO geographical membership distribution.
3. **Minnesota residents:** You must visit your selected network dentist in order for the charges on the Patient Charge Schedule to apply. You may also visit other dentists that participate in our network or you may visit dentists outside the Cigna Dental Care network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist's usual fee. We will pay 50% of the value of your network benefit for those services. Of course, you'll pay less if you visit your selected Cigna Dental Care network dentist. Call Customer Services for more information.  
**Oklahoma residents:** DHMO for Oklahoma is an Employer Group Pre-Paid Dental Plan. You may also visit dentists outside the Cigna Dental Care network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist's usual fee. We pay non-network dentists the same amount we'd pay network dentists for covered services. Of course, you'll pay less if you visit a network dentist in the Cigna Dental Care network. Call Customer Services for more information.
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.

Dentists who participate in Cigna's network are independent contractors solely responsible for the treatment provided and are not agents of Cigna. DHMO insurance coverage is set forth on the following policy form numbers: CO: DE, FL, KS, NE, OH, PA, and VA: PB09; AR: HP-POL120; CA: CAPB09, CAVP/A09, or 9199403; CT: PB09CT; IL: CG-CDC-ILL-POLICY; LA: HP-POL118; MA: HP-POL134; MI: HP-POL179; MO: PB09MO; MS: HP-POL117; NC: PB09.NC; NV: HP-POL132; NY: HP-POL130; OK: HP-POL115 (CHLIC) and GM6000 DEN201V1 (CGLIC); OR: HP-POL121; SC: HP-POL128; TN: HP-POL134; TX: PB09TX; UT: HP-POL129; WA: WAPOL05/11; and WI: HP-POL122.

"Cigna," the "Tree of Life" logo, "GO YOU" 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, Cigna Health and Life Insurance Company, Cigna HealthCare of Connecticut, Inc., and Cigna Dental Health, Inc. and its subsidiaries. Cigna Dental Care plans are provided 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. (Kansas and Nebraska), Cigna Dental Health of Kentucky, Inc., 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 coinsurance plans are underwritten by Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company or Cigna HealthCare of Connecticut, Inc., and administered by Cigna Dental Health, Inc.



RFP DISCLOSURE AFFIDAVIT  
CORPORATE

CONTRACT NO.: \_\_\_\_\_

STATE OF NEW YORK        )  
  ss.  
COUNTY OF                )

\_\_\_\_\_, being duly sworn, deposes and says:

1. That I reside at \_\_\_\_\_
2. That I am the (office held) \_\_\_\_\_ of the (name of corporation) \_\_\_\_\_ and am fully familiar with all the facts and circumstances hereinafter set forth.
3. That the business address of (name of corporation) \_\_\_\_\_ is (address) \_\_\_\_\_
4. That said corporation was incorporated under and pursuant to the Law of the State of \_\_\_\_\_
5. That the following are the names and residences of each officer, director and shareholder: (set forth names, residences and relationship to corporation): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. That the corporate stock of said corporation has not been pledged to any person nor has any agreement been made to pledge the said stock - except (if any, set forth details): \_\_\_\_\_  
\_\_\_\_\_
7. That I submit this affidavit in connection with (name of corporation) \_\_\_\_\_'s response to the Request for Proposal for \_\_\_\_\_ (enter title of contract) issued by the Town of Oyster Bay and I understand that the Town of Oyster Bay will rely upon my representations herein.
8. That I am not an officer or employee, and I am not related to an officer or employee of the Town of Oyster Bay - except: (if any, set forth details) \_\_\_\_\_
9. That no officer of the State of New York, or officer or employee of the Town of Oyster Bay, or Nassau County, or person holding any position or office, whether by election, appointment or otherwise, in any party as defined by subdivision 4 of Section 2 of the Election Law, or his spouse, children, grandchildren or the spouse of any of them, is the bidder.

or any officer, director or partner, member or employee of the bidder, or legally or beneficially owns or controls one (1) percent or more of the stock of the bidder, or is associated with the bidder in a joint venture, or is a party to an agreement with the bidder, expressed or implied, whereby he may receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable award of such contract -- except (if any set forth details -- see General Municipal Law Section 809) \_\_\_\_\_

10. That in the event there is any change in the matters set forth herein prior to the award of the contract, deponent(s) will file with the Town of Oyster Bay a supplemental affidavit indicating the details of such change within 48 hours of such change.

\_\_\_\_\_  
(signed)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_

\_\_\_\_\_  
NOTARY PUBLIC

RFP DISCLOSURE AFFIDAVIT  
INDIVIDUAL

CONTRACT NO.: \_\_\_\_\_

STATE OF NEW YORK     )  
  ss.  
COUNTY OF             )

\_\_\_\_\_, being duly sworn, deposes and says:

1. That I reside at \_\_\_\_\_
  
2. That I submit this affidavit in connection with my response to the Request for Proposal for \_\_\_\_\_ (enter title of contract) issued by the Town of Oyster Bay and I understand that the Town of Oyster Bay will rely upon my representations herein.
  
3. That I am familiar with all the facts and circumstances hereinafter set forth.
  
4. That I am not an officer or employee, and I am not related to an officer or employee of the Town of Oyster Bay -- except: (if any, set forth details) \_\_\_\_\_
  
5. That no officer of the State of New York, or officer or employee of the Town of Oyster Bay, or Nassau County, or person holding any position or office, whether by election, appointment or otherwise, in any party as defined by subdivision 4 of Section 2 of the Election Law, or his spouse, or their brothers, sisters, parents, children, grandchildren, or the spouse of any of them, is the bidder, or any officer, director or partner, member or employee of the bidder, or legally or beneficially owns or controls one (1) percent or more of the stock of the bidder, or is associated with the bidder in a joint venture, or is a party to an agreement with the bidder, expressed or implied, whereby he may receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable award of such contract -- except (if any set forth details -- see General Municipal Law Section 809) \_\_\_\_\_
  
6. That in the event there is any change in the matters set forth herein prior to the award of the contract, deponent(s) will file with the Town of Oyster Bay a supplemental affidavit indicating the details of such change within 48 hours of such change.

\_\_\_\_\_  
(signed)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_

\_\_\_\_\_  
NOTARY PUBLIC

RFP DISCLOSURE AFFIDAVIT  
PARTNERSHIP

CONTRACT NO.: \_\_\_\_\_

STATE OF NEW YORK        )  
  ss.  
COUNTY OF                )

\_\_\_\_\_ ; being duly sworn, deposes and says:

1. That I reside at \_\_\_\_\_  
\_\_\_\_\_
2. That I am a (partner, joint venture, etc.) \_\_\_\_\_ of the (name of partnership) \_\_\_\_\_ and fully familiar with all the facts and circumstances hereinafter set forth.
3. That the (name of partnership) \_\_\_\_\_ was established in (place) \_\_\_\_\_ on (date) \_\_\_\_\_.
4. That the following are the names, addresses and interests, respectively, of all partners (joint venturers, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. That I submit this affidavit in connection with (name of partnership) \_\_\_\_\_'s response to the Request for Proposal for \_\_\_\_\_ (enter title of contract) issued by the Town of Oyster Bay and I understand that the Town of Oyster Bay will rely upon my representations herein.
6. That I am not an officer or employee, and I am not related to an officer or employee of the Town of Oyster Bay - except (if any, set forth details) \_\_\_\_\_  
\_\_\_\_\_
7. That no officer of the State of New York, or officer or employee of the Town of Oyster Bay, or Nassau County, or person holding any position or office, whether by election, appointment or otherwise, in any party as defined by subdivision 4 of Section 2 of the Election Law, or his spouse, or their brothers, sisters, parents, children, grandchildren, or the spouse of any of them, is the bidder, or any officer, director or partner, member or employee of the bidder, or legally or beneficially owns or controls one (1) percent or more of the stock of the bidder, or is associated with the bidder in a joint venture, or is a party to an agreement with the bidder, expressed or implied, whereby he may receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable award of such contract - except (if any set forth details - see General Municipal Law Section 809) \_\_\_\_\_

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8. That in the event there is any change in the matters set forth herein prior to the award of the contract, deponent(s) will file with the Town of Oyster Bay a supplemental affidavit indicating the details of such change within 48 hours of such change.

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(signed)

Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 201\_\_

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NOTARY PUBLIC