

2005 Open Enrollment For Dental Benefits

For Dental Participants Who Are Receiving Long-Term Disability (LTD) Benefits

Welcome to the 2005 Open Enrollment Period. From November 1 through November 12, 2004 you may make the following changes to your coverage:

- Drop dental coverage
- Change from one dental plan to another
- Add or drop family members covered.

Any changes that you make will become effective on January 1, 2005. **If you do not want to make a change to your dental coverage, you do not need to do anything.** If you decide to make a change for 2005, you must complete a new enrollment form. Forms are available from the Benefits Office at (631) 344-5126, (631) 344-2877 or (800) 353-5321. Completed forms must be returned to the Benefits Office, Bldg. 185 by November 12.

You may only make changes to your coverage during the annual Open Enrollment Period or when a qualifying event occurs. Qualifying events allow you to make certain changes to your coverage if you notify the Benefits Office within 31 days of the event. Qualifying events may include changes in: legal marital status, number of dependents, dependent status, employment status, work schedule, place of residence, or worksite. The qualifying event must relate to the change in coverage that you request.

What's Changed?

CIGNA has updated their fee schedule for the CIGNA Dental Health Plan (DMO), effective January 1, 2005.

Plans Available As Of January 1, 2005

- CIGNA Dental Health Plan (DMO)
- CIGNA PPO Dental Plan
- Dental Assistance Plan, administered by Eastern Benefit Systems (EBS)

A comparison of the dental plans is enclosed. Additional information, including provider directories is available through the Benefits Office and through the following websites and telephone numbers.

| Dental Plan | Website | Telephone # |
|---|----------------|----------------|
| CIGNA Dental Health Plan (DMO) | www.cigna.com | (800) 367-1037 |
| CIGNA Dental PPO Plan | www.cigna.com | (888) 336-8258 |
| Dental Assistance Plan, administered by EBS | Not applicable | (800) 524-0227 |

Monthly Cost

| Dental Plan | Coverage | | |
|---|------------|----------|------------------|
| | One Person | 2 People | 3 or More People |
| CIGNA Dental Health Plan (DMO) | \$5.00 | \$10.00 | \$19.00 |
| CIGNA Dental PPO Plan | \$10.11 | \$20.86 | \$34.23 |
| Dental Assistance Plan, administered by EBS | \$5.00 | \$10.00 | \$19.00 |