

# Illustrative Schedule of Benefits

## Dental & Vision Benefits

Effective: March 2022

*Prepared especially for:*



**GREENWICH**  
HOSPITALITY GROUP

By:

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### Important Notice:

*The attached handout is not meant to be highly technical and full of complex "legalese" type terms. We had this information written in a clear and easy to understand format to help you better understand your plan and its options. Technical Summary Plan Descriptions are being prepared for each of you and will be forthcoming. The intent of this handout is to provide you with a condensed overview of your benefits. Every effort has been taken to assure that it accurately reflects those benefits, however, if there are any discrepancies between the terms described in this handout and the terms of the actual benefit plan as described in plan documents, the official plan document shall control. In addition, the Plan Administrator has the right to amend, modify or terminate the Plan at any time.*

**Greenwich Hospitality Corporation**

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<b>DENTAL BENEFITS</b>	
<b>Network:</b>	 Cigna Dental PPO Shared Administration Plus Network - <a href="http://www.CignaDentalSA.com">www.CignaDentalSA.com</a>
<b>Plan Year Deductible:</b>	
Preventive	None
Basic & Major	\$50 per Individual / \$150 per Family
<b>Coinsurance:</b>	
Preventive (Type I)	100%
Basic (Type II)	80%
Major (Type III)	50%
<b>Maximum Annual Benefit - Plan Year</b>	
Preventive, Basic & Major (combined)	\$2,000 per Individual

<b>VISION CARE BENEFIT:</b>	
Eye Exam	\$10 copay, then plan pays \$45
Frames	\$25 copay then plan pays up to \$75
<b>Lenses:</b>	
Single Vision	Covered 100% up to \$40/pair
Bi-Focal	Covered 100% up to \$60/pair
Tri-Focal	Covered 100% up to \$80/pair
Lenticular	Covered 100% up to \$80/pair
Progressive Lenses	Covered 100% up to \$80/pair
Contact Lens Exam/Fitting	\$25 copay, then plan pays up to \$60
Contact Lenses/Pair	Covered 100% up to \$130
Maximum Annual Benefit	\$200 per covered individual