

Cigna Healthcare Financial Exhibit for:  
**Safe Home Security, Inc.**  
**DPPO**

Effective Date: September 01, 2025



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.

| Plan Design                                                                                                                                                                                                                                                                                                                                                                                               | Total Cigna DPPO                | Out-of-Network                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>Policy Year Maximum</b>                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                                              |
| (Class I, II, III, IX Expenses)                                                                                                                                                                                                                                                                                                                                                                           | \$1250, Class I Applies         | \$1250, Class I Applies                                                                                      |
| <b>Policy Year Deductible</b>                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                                              |
| Per Individual                                                                                                                                                                                                                                                                                                                                                                                            | \$50                            | \$50                                                                                                         |
| Per Family                                                                                                                                                                                                                                                                                                                                                                                                | \$150                           | \$150                                                                                                        |
| <b>Class I Expenses - Preventive &amp; Diagnostic Care</b>                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                                              |
| Oral Exams<br>Cleanings<br>Routine X-rays<br>Fluoride Application<br>Space Maintainers (limited to non-orthodontic treatment)<br>Non-Routine X-rays<br>Emergency care to relieve pain (administrated at In Network coinsurance)                                                                                                                                                                           | 100%, No Deductible             | 100%, No Deductible                                                                                          |
| <b>Class II Expenses - Basic Restorative Care</b>                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                                              |
| Sealants<br>Fillings (Amalgam and composite on all teeth)<br>Oral Surgery - Simple Extractions<br>Oral Surgery - All Except Simple Extraction<br>Surgical Extraction of Impacted Teeth<br>Anesthetics<br>Minor Periodontics<br>Major Periodontics<br>Root Canal Therapy / Endodontics<br>Relines, Rebases, and Adjustments<br>Repairs - Bridges, Crowns, and Inlays<br>Repairs - Dentures<br>Brush Biopsy | 80%, After Deductible           | 80%, After Deductible                                                                                        |
| <b>Class III Expenses - Major Restorative Care</b>                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                                              |
| Crowns/Inlays/Onlays<br>Stainless Steel/Resin Crowns<br>Dentures<br>Bridges                                                                                                                                                                                                                                                                                                                               | 50%, After Deductible           | 50%, After Deductible                                                                                        |
| <b>Class IV Expenses - Orthodontia</b>                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                           | Not Covered                     | Not Covered                                                                                                  |
| <b>Class IX Expenses - Implants</b>                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                                                              |
| Plan Policy Year Max                                                                                                                                                                                                                                                                                                                                                                                      | 50%, After Deductible<br>\$1250 | 50%, After Deductible<br>\$1250                                                                              |
| <b>Dental Plan Reimbursement Levels</b>                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                           | Based on Contracted Fees        | 90th Percentile of Submitted Charges***                                                                      |
| <b>Additional Member Responsibility in excess of Coinsurance</b>                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                           | None                            | Yes, the difference between the member's dentist's billed charges and the dental plan reimbursement level*** |
| <b>Student/Dependent Age</b>                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                           | 27/27                           |                                                                                                              |

**Cigna Dental PPO / Indemnity Exclusions and Limitations:**

| <b>Procedure</b>           | <b>Exclusions &amp; Limitations</b>                                                                                                                                                                                                                                |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Exams                      | Two per policy year                                                                                                                                                                                                                                                |
| Prophylaxis (cleanings)    | Two per policy year                                                                                                                                                                                                                                                |
| Fluoride                   | 1 per policy year for people under 19                                                                                                                                                                                                                              |
| X-Rays (routine)           | Bitewings: 2 per policy year                                                                                                                                                                                                                                       |
| X-Rays (non-routine)       | Full mouth: 1 per 36 consecutive months. Panorex: 1 per 36 consecutive months                                                                                                                                                                                      |
| 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          | 1 per 60 consecutive months                                                                                                                                                                                                                                        |
| 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                    | 1 per 60 consecutive months                                                                                                                                                                                                                                        |
| Dentures and Partial       | 1 per 60 consecutive months                                                                                                                                                                                                                                        |
| 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. |
| Missing Tooth Provision    | The amount payable is 50% of the amount otherwise payable until insured for 12 months; thereafter, considered a Class III expense                                                                                                                                  |
| 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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Prepared by Underwriting.

Cigna DPPO Network (P0002 / NS001)

# 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, or sex. Cigna Healthcare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### Cigna Healthcare:

- Provides free aids and services to people with disabilities 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 services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.



Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc. and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc., and Cigna HealthCare of Texas, Inc. ATTENTION: If you speak languages other than English, language assistance services, 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 Healthcare, llame al número 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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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, or sex, you can file a grievance by sending an email to **ACAGrievance@Cigna.com** or by writing to the following address:

### Cigna Healthcare

Nondiscrimination Complaint Coordinator  
P.O. Box 188016  
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to

**ACAGrievance@Cigna.com**.

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

**<http://www.hhs.gov/ocr/office/file/index.html>**

## Proficiency of Language Assistance Services

**English** – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

**Spanish** – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número 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).

**Chinese** – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

**Vietnamese** – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

**Korean** – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시고. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시고.

**Tagalog** – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

**Russian** – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

**Arabic** – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

**French Creole** – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

**French** – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

**Portuguese** – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

**Polish** – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

**Japanese** – 注意事項: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

**Italian** – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

**German** – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

**Persian (Farsi)** – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 (شماره تلفن ویژه ناشنویان: شماره 711 را شماره‌گیری کنید).