



How to Enroll: Dental/Vision

- 1. Your program must be a member in good standing with The Corps Network** and enrolled (or enrolling) in the medical/prescription plan.
- 2. Review the Frequently Asked Questions (FAQs)** for more information about the dental/vision plans' benefits, eligibility rules and administration.
- 3. Review the benefit summaries for each of the plan options and the corresponding monthly premium.**
As a general guideline, Plan 1 is a good fit for groups that have Cigna "DPPO Advantage" and "DPPO" network dental providers available in their area and members that will use network providers. Plan 2 is more expensive but provides additional reimbursement when network dentists are not available or not used. To gauge the number of providers available in a given area, go to "Find a Dentist" at <http://hcpdirectory.cigna.com/web/public/providers> and search for dentists by city/state or zip code in the DPPO network. Members may use any vision provider.
- 4. Complete the Program Enrollment Form for Dental/Vision.** Please remember to select which plan you've chosen and indicate an effective date if you are adding dental/vision to existing medical coverage (otherwise the effective date will match the medical/prescription plan). Also, please carefully review the statements contained in the form before signing.
- 5. Mail the appropriate materials and a check for the first month's premium to Relation Insurance Services.** Coverage can begin no earlier than fifteen days prior to the date all the necessary paperwork is received.
- 6. If your group already has existing medical/prescription coverage and you are adding dental/vision benefits,** you will need to submit the Program Enrollment Form for Dental/Vision Insurance, an enrollment roster (to be checked against the current medical/prescription plan enrollment) and a check for one month of dental/vision premium.
- 7. If you are newly enrolling in both medical/prescription and dental/vision,** only one enrollment roster and one check need to be submitted. Please include the Program Enrollment Form for Dental/Vision Insurance with the paperwork for medical coverage. The premium check should contain the correct amount for one full month of medical/prescription and dental/vision premium.
- 8. For questions,** please call (206) 812-7296 and ask for Julie Nelson or another member of the Benefits team. The Benefits Department is open 7:30 am – 4:00 pm Pacific Time, Monday – Friday.



Program Enrollment Form: Dental/Vision Insurance

This is an enrollment form for DENTAL/VISION INSURANCE, issued to The Corps Network by Cigna. It is based on the following statements and representations. The group master policy is governed by the laws of the District of Columbia.

Program Name _____ Contact Person _____
Address _____ City/State/ZIP _____
Phone _____ Email Address _____ Fax _____

1. EFFECTIVE DATE: _____ (For groups adding dental/vision coverage to existing Corps Network medical benefits).
2. ELIGIBILITY: Definitions and rules pertaining to the medical/prescription plan will also apply to the dental/vision plan, including:
 - a. Current membership in The Corps Network
 - b. Definitions of eligible persons
 - c. Part-time eligibility and waiting periods as determined by your program
 - d. Effective dates and termination dates will coincide with those of the medical/prescription plan
3. COMMON ELIGIBILITY: All members enrolled on medical/prescription will be enrolled on dental/vision and vice versa. No member is allowed to enroll solely in the medical/prescription or dental/vision plans.
4. PREMIUM: Monthly premium per member per month is based on the plan selected. Please check the box of either Plan 1 or Plan 2. Plan 1 - \$23.44 Plan 2 - \$26.36
5. TRANSMITTAL AGENT is Relation Insurance Services. All claims processing and customer service are administered by Cigna.
6. NON-CONTRIBUTORY: 100% of the monthly premium must be paid by your program. No portion of the premium can be billed back to the member.

In several states, we are required to advise you of the following: Any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

SIGNED FOR THE POLICY HOLDER THIS _____ DAY OF _____, 20_____

Signature

Print Name

Title