



CIGNA DENTAL CARE (DHMO)

Your healthy smile starts here

Together, all the way.®



Offered by Cigna Health and Life Insurance Company or its affiliates.

Regular dental care is important for a healthy smile. And a healthy body. With Cigna Dental Care (DHMO¹), you get comprehensive dental coverage that's easy to use. At a wallet-friendly price. Now that's something to smile about.

Get to know Cigna Dental Care

This information will help you learn more about the Cigna Dental Care[®] plan. Such as what's included, how it works and how to enroll. Review your plan materials so you can get the most from your benefits.

How the plan works

- › For each covered member, you must select a network general dentist (NGD) in the Cigna Dental Care Access Plus network who will coordinate all of your dental care needs. You can pick a different NGD for each covered member, near home, work or school. **Remember to always pick an NGD who's within 25 miles of your location to ensure adequate access.**
- › If you see a dentist outside the Cigna Dental Care Access Plus network, your plan will not pay (unless it is an emergency).²
- › You can change your NGD at any time. Changes must be made by the 15th day of the month for the change to take effect on the first of the following month.
- › You have no deductible or calendar year/lifetime dollar maximums.
- › There is no waiting period - your benefits start right away.
- › Most preventive services are covered at low cost or no extra cost to you when you see a dentist in the Cigna Dental Care Access Plus network.
- › Your dentist will give you a referral if you need to see a dental specialist. (Referrals are not required for pediatric dentists for children under age 13 and orthodontists.³)
- › When you visit an in-network dentist, you pay the amount listed on your Patient Charge Schedule (PCS). You'll receive your PCS in the mail after you enroll, but you can also access a copy on the myCigna[®] website or app.
- › Your PCS lists the amount you pay for covered services and outlines any frequency limitations. Procedures not listed on your PCS are not covered. To avoid cost surprises, it's a good idea to always have your PCS handy when you visit your dentist.

What's covered

With your Cigna Dental Care plan, you can save money on dental 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). Also root canals, oral surgery, extractions, treatment for periodontal (gum) disease and more.
- › **Orthodontic care** - many plans have coverage for braces for children and adults. Check your plan materials.
- › **Teeth whitening** - using take-home bleaching trays and gel.
- › **Athletic mouth guard** - including creation and adjustments.
- › **General anesthesia** - when medically necessary.
- › **Temporomandibular joint (TMJ)** - diagnosis and treatment, including cone beam x-ray and appliance.

Alternate coverage provisions may apply for covered services if noted on your PCS.⁴ Review your enrollment materials for more details.

What's not covered

All plans have exclusions and limitations. Please note:

In most states, services must go through an NGD for coverage to apply (except in case of emergency). Only procedures that are medically necessary and listed on the plan's PCS are covered.

Here are some examples of services that aren't covered:⁵

- › Experimental and cosmetic dentistry.
- › Treatments or surgery if associated with a poor or hopeless diagnosis.
- › Recementation of crowns, inlays and onlays, posts and cores, and veneers - within 180 days of initial placement.
- › Crowns, bridges and implant supported prostheses used only for splinting.
- › The replacement of an occlusal guard (night guard) beyond one per any 24 consecutive month period, when this limitation is noted on the PCS.
- › Work already in progress. This refers to treatment that began under a different plan and continues into the new Cigna plan coverage period. Includes crowns, bridges, dentures, root canal treatment or implant supported prostheses.⁶

More about your Cigna Dental Care plan

- › **Easy to understand plan.** Your share of out-of-pocket costs is clearly listed on your PCS. Only covered procedures are listed.
- › **No claim forms.** No forms to file.
- › **No waiting period.** Your coverage starts right away.
- › **No age limit on sealants,** which help prevent tooth decay.
- › **Oral cancer detection.** Your preventive care coverage includes dental procedures to help find oral cancer in its early stages.

The Cigna Dental Oral Health Integration Program®

With your Cigna Dental Care plan, you can save money on dental services, including:

- › Diabetes
- › Heart disease
- › Stroke
- › Maternity
- › Head and neck cancer radiation
- › Organ transplants
- › Chronic kidney disease

If you qualify, you're reimbursed 100% of the eligible out-of-pocket costs for certain dental procedures.⁷

We're there for you, when you need it most

Your Cigna Dental Care plan includes extra support at no added cost to you. You get access to trained professionals 24/7/365 to help answer your questions about dental treatment and clinical symptoms.

After you enroll

Here's what you can expect when you sign up for Cigna Dental Care coverage.

- › You'll get an ID card, a PCS and other plan materials mailed to your home. And you can always print your ID card from **myCigna.com**.
- › At the time of service, you're responsible for paying for covered services. See your PCS for more detail.
- › You can get a second opinion from a different NGD. Just call customer service. They will help you make arrangements.

Finding a dentist is easy

With your Cigna Dental Care plan, you get access to intuitive tools that make it easier to choose a dentist that's right for you.

Visit **myCigna** – online or through the app – anytime, just about anywhere to discover:⁸

- › **Brighter Score® feature.** Use this score to compare dentists, based on patient experience and professional history.
- › **Office reviews and comparisons.** – Read verified patient reviews and view dentist profiles, including pictures and videos.
- › **Enhanced search and transparent pricing.** Search by dentist or procedures to estimate out-of-pocket costs for your specific plan.

Need help finding a Cigna network dentist or specialist? Call us 24/7/365 at **800.Cigna24 (800.244.6224)**. You can ask for a customized network directory via email.

Enrollment is easy- follow these simple steps.

- › Review your plan materials to understand your choices.
- › Select your NGD.
- › Enroll by following your employer's instructions.
- › Register on **myCigna** online or through the app. You can access information to help you get the most out of your plan.





1. "Cigna Dental Care" is a brand name 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 (including Dental HMO plans), and plans with open access features. The Cigna Dental Care plan may not be available in all states.
2. A benefit is paid for covered out-of-network emergency dental care. Certain states mandate coverage for dental care received out-of-network. For example, in Minnesota, the plan will pay 50% of the value of your network benefit for covered out-of-network services. In Oklahoma, the plan will pay the same amount it pays network dentists for covered out-of-network services. You are responsible for any charges not covered by the plan. Other states may have similar mandates. Refer to your plan documents for cost and coverage details.
3. Coverage for treatment by a pediatric dentist ends on your child's 13th birthday. Effective on your child's 13th birthday, dental services generally must be obtained from an NGD.
4. Covered services may cost less than alternative services suggested by the dentist. You can receive the dental procedure of your choice. However, if you choose the higher cost procedure, you will be responsible for paying the patient charge for the covered procedure plus the difference in cost between the dentist's usual charges for the less costly procedure and higher cost procedure.
5. Unless otherwise listed on the PCS or required by law. This is not a complete list. Actual terms of coverage may vary by state. For a more complete list of both covered and non-covered services, including benefits required by your state, refer to the rest of your enrollment materials or call **800.Cigna24 (800.244.6224)** if you have questions or need more information.
6. **California and Texas residents:** Treatment already in progress on the effective date of your coverage is not excluded if otherwise covered under your PCS.
7. You must enroll in the program prior to receiving dental services to be eligible for reimbursement. Reimbursement is applied to and subject to any applicable calendar year maximum. See your plan documents for program details.
8. Actual features may vary by dentist. These and other dentist directory features are for educational purposes only and should not be the sole basis for decision making. They are not a guarantee of the quality of care that will be provided to individual patients and you should consider all relevant factors when selecting a dentist.

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

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