



CIGNA DENTAL CARE[®] DHMO

Your healthy smile starts here

Together, all the way.[®]



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

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Regular dental care is important for a healthy smile. And a healthy body. With Cigna Dental Care® DHMO, 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 DHMO

This information will help you learn more about Cigna DHMO. Like what's included, how it works and how to enroll. Review your plan materials so you can get the most from your benefits.

Remember, we're here for you every step of the way. If you have questions, call **800.Cigna24** (800.244.6224).

How the plan works

You must choose a network general dentist to manage your overall dental care. Covered family members can choose their own network general dentists. You can pick a location near their home, work or school. **Remember to always pick a network general dentist who's within 25 miles of your location to ensure adequate access.**

We make it easy to find a convenient location. Our DHMO¹ network is one of the largest in the U.S.²

- › **Specialty care.** For some specialty care, your network general dentist will refer you to a network specialist. (Except pediatric for children under, orthodontic and endodontic.)
- › **Pediatric dentist.** Children under age 7 don't need a referral to see a network pediatric dentist.
- › **Orthodontics.** No referral is needed to see a network orthodontist. (Check your plan materials to see if you have orthodontic coverage.)
- › **In-network dentists.** Is your current dentist not part of the DHMO network? We're happy to consider adding new dentists to our network. In the meantime, you must choose a network dentist for coverage to apply. **If you see a dentist outside Cigna's DHMO network, your plan will not pay. (Unless it is an emergency.)³**
- › **No deductibles.** You don't have to reach an out-of-pocket cost before your insurance starts. Coverage starts on the first day.
- › **No dollar maximums.** Your coverage isn't limited by an annual maximum. No matter the amount of your covered expenses.

Finding a network dentist is easy

Once you select DHMO as your plan, you can:

- › Go to **myCigna.com** and search the dentist directory. It's updated weekly.
- › Call **800.Cigna24** (800.244.6224) to speak with a customer service representative. You can ask for a customized network directory via email.

What's covered

With your DHMO 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 Patient Charge Schedule (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 a network general dentist for coverage to apply. (Except in case of emergency.)
- › Prior authorization may be needed for certain specialty care treatments.
- › 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.³

More about your DHMO 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 and no waiting periods for coverage.
- › **Pre-existing conditions aren't excluded.** As long as the procedures are covered under your PCS. However, work already in progress for crowns, bridges, dentures, root canal treatment or implant supported prostheses is excluded.⁶
- › **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[®]

This program offers enhanced dental coverage for customers with these medical conditions:

- › Diabetes
- › Heart disease
- › Stroke
- › Maternity
- › Head and neck cancer radiation



- › Organ transplants
- › Chronic kidney disease

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

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

Your DHMO plan includes extra support at no added cost to you. These programs and services are included in your coverage:

- › **Dental Information Line.** Trained professionals are on hand 24/7/365 to answer your dental questions.
- › **Cigna's Identity Theft Program.**⁷ We're here for you 24/7/365 to help resolve critical identity theft issues, such as:
 - Credit card fraud
 - Financial and/or medical identity theft

After you enroll

Here's what you can expect when you sign up for Cigna DHMO coverage:

- › You'll get an ID card, a PCS and other plan materials.
- › At the time of service, you're responsible for paying for covered services. See your PCS for more detail.
- › You may change your dental office for any reason. The change will take effect the first day of the next month.* To make the change, visit **myCigna.com**. Or call the number on your ID card or **800.Cigna24** (800.244.6224). You can speak with a representative or use our automated Quick Transfer option.
- › You can get a second opinion from a different network general dentist. Just call customer service. They will help you make arrangements.

*Your dentist selection must be made by the 15th day of the month for the change to take effect on the first of the following month.

Enrollment is easy - follow these simple steps:

- › Review your plan materials to understand your choices.
- › Select your network general dentist.
- › Enroll. Complete and sign the paper enrollment form and return it to your employer. (If your employer has a different enrollment process, follow your employer's instructions.)
- › Register on **myCigna.com**. You can access information to help you get the most out of your plan.



When it comes to dental care, we've got you covered. To learn more about Cigna DHMO, go to **Cigna.com** before you enroll. Or to your personalized website, **myCigna.com**, after you sign up. To speak to customer service, call the number on your ID card or **800.Cigna24** (800.244.6244).



1. "DHMO" is 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 and plans with open access features. The Cigna DHMO is not available in the following states: AK, HI, ME, MT, NH, NM, ND, PR, RI, SD, VI, VT, WV, and WY.
2. 7,382 locations. NetMinder. DHMO data as of March 2016 and is subject to change. The Ignition Group makes no warranty regarding the performance of the data and the results that will be obtained by using.
3. **Minnesota residents:** If you enroll in the Cigna Dental Care (DHMO) plan, you must visit your selected network dentist in order for the charges on the Patient Charge Schedule to apply. You may also visit other dentists that participate in our network or you may visit dentists outside the Cigna Dental Care network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist's usual fee. We will pay 50% of the value of your network benefit for those services. You'll pay less if you visit your selected Cigna Dental Care network dentist. Call Customer Service for more information.
Oklahoma residents: DHMO for Oklahoma is an Employer Group Prepaid Dental Plan. You may also visit dentists outside the Cigna Dental Care network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist's usual fee. We pay non-network dentists the same amount we'd pay network dentists for covered services. You'll pay less if you visit a network dentist in the Cigna Dental Care network. Call customer service for more information.
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 Patient Charge Schedule (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 not 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. **This program is NOT insurance and does not provide for reimbursement of financial losses.** Cigna's Identity Theft services are provided under a contract with Generali Global Assistance, Inc. Full term, conditions and exclusions are contained in Cigna's Identity Theft Program service agreement.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. Cigna Dental Care (DHMO) plans are insured by Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna Dental Health of Delaware, Inc., Cigna Dental Health of Florida, Inc., a **Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes**, Cigna Dental Health of Kansas, Inc. (KS & NE), Cigna Dental Health of Kentucky, Inc. (KY & IL), Cigna Dental Health of Maryland, Inc., Cigna Dental Health of Missouri, Inc., Cigna Dental Health of New Jersey, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc., and Cigna Dental Health of Virginia, Inc. In other states, Cigna Dental Care plans are insured by Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company (CGLIC), or Cigna HealthCare of Connecticut, Inc., and administered by Cigna Dental Health, Inc. Policy forms: OK - HP-POL115 (CHLIC), GM6000 DEN201V1 (CGLIC); TN - HP-POL134/HC-CER17V1 et al (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

DENTAL COVERAGE THAT FITS



Cigna Dental Care DHMO¹

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

This overview shows you a sampling of covered services. And your estimated costs with – and without – coverage. For a full listing of covered services, please call Customer Service at **800.Cigna24 (800.244.6224)**.

Get the most value from your plan

With your Cigna DHMO plan, some preventive services are covered at no extra cost to you. (See below.) Your plan also covers many other dental services that can help your mouth stay healthy.

Your Cigna DHMO plan is a **copayment** plan. Here's how it works. When you get a dental service, Cigna allows your network dentist to charge a certain amount. Then you **pay a fixed portion** of that cost. And your plan pays the rest. There are **no annual maximums** and **no deductibles!**

Review your plan materials for more information about how your plan works. If you have questions before enrollment, call **800.Cigna24 (800.244.6224)** and select the "Enrollment Information" prompt.

| Sampling of covered procedures | WHAT YOU'LL PAY ² | |
|---|------------------------------|-------------------------|
| | With Cigna Dental Care | Without dental coverage |
| Adult cleaning (two per calendar year – each at \$0) (additional cleanings available at \$45 each) | \$0 | \$69 - \$139 each |
| Child cleaning (two per calendar year – each at \$0) (additional cleanings available at \$30 each) | \$0 | \$69 - \$139 each |
| Periodic oral evaluation | \$0 | \$40 - \$81 |
| Comprehensive oral evaluation | \$0 | \$62 - \$126 |
| Topical fluoride (two per calendar year – each at \$0) (additional topical fluoride available at \$15 each) | \$0 | \$28 - \$57 |
| X-rays – (bitewings) 2 films | \$0 | \$32 - \$66 |
| X-rays – panoramic film | \$0 | \$83 - \$168 |
| Sealant – per tooth | \$12 | \$41 - \$84 |
| Amalgam filling (silver colored – 2 surfaces) | \$0 | \$116 - \$237 |
| Composite filling (tooth – colored) – 1 surface, Anterior | \$0 | \$119 - \$241 |
| Molar root canal (excluding final restoration) | \$335 | \$847 - \$1,720 |
| Comprehensive orthodontic treatment of the adolescent detention – Banding | \$515 | \$987 - \$2,004 |
| Periodontal (gum) scaling & root planning – 1 quadrant | \$83 | \$181 - \$367 |
| Periodontal (gum) maintenance | \$53 | \$107 - \$217 |
| Removal / extraction of erupted tooth | \$12 | \$123 - \$250 |
| Removal / extraction of impacted tooth – completely bony | \$115 | \$366 - \$743 |
| Crown – porcelain fused to high noble metal | \$450 | \$845 - \$1,717 |
| Implant supported retainer for porcelain fused to metal fixed partial denture | \$750 | \$1,200 - \$2,437 |
| Occlusal appliance, by report (for treatment of TMJ) | \$330 | \$632 - \$1,284 |

Together, all the way.[®]



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

Smile. You're covered.

You can save money on a wide range of 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, dentures (including those placed over implants), root canals, oral surgery, extractions, treatment for periodontal (gum) disease and more
- › **Orthodontic care** – braces for children and adults
- › **General anesthesia** – when medically necessary
- › **Temporomandibular joint (TMJ)** – diagnosis and treatment, including cone beam x-ray and appliance
- › **Athletic mouth guard** – including creation and adjustments

More about your DHMO coverage

- › **No deductibles** You don't have to reach an out-of-pocket cost before your insurance starts.
- › **No dollar maximums** Your coverage isn't limited by a dollar amount. No matter the amount of your covered expenses.
- › **Easy to understand plan.** Dentist fees are clearly listed on your Patient Charge Schedule (PCS).
- › **No claim forms to file.** And no waiting periods for coverage.
- › **No age limit on sealants.** Helps prevent tooth decay.
- › **Cancer detection** Your plan covers procedures such as biopsy and light detection to help find oral cancer in its early stages.
- › **24/7 access to dental information line.** Trained professionals can help answer your questions about dental treatment and clinical symptoms.
- › **Cigna's Identity Theft Program.**³ Help resolving critical identity theft issues.
- › **Cigna Dental Oral health Integration Program**[®]. Enhanced dental coverage for enrolled Cigna dental plan participants with certain medical conditions.

How the plan works

- › You must choose a network general dentist to manage your overall care. You won't be covered if you go to a dentist who's not in our network.
- › Each family member can choose their own dentist
- › Referrals are required for specialty care services. Exceptions are pediatric dentists for children under 7, orthodontics and endodontics.*

Finding a network dentist is easy.

Visit **Cigna.com** to find a network general dentist.

Call **800.Cigna24 (800.244.6224)** to speak with a customer service representative. You can ask for a customized dental directory to be sent to you via email.

* Coverage for treatment by a pediatric dentist ends on your child's 7th birthday. Effective on your child's 7th birthday, dental services generally must be obtained from a network general dentist.

Limitations

| PROCEDURE | LIMIT |
|---------------------------------------|---|
| Oral evaluations | Oral evaluations are limited to a combined total of 4 of the following evaluations during a 12 consecutive month period: Periodic oral evaluations (D0120), comprehensive oral evaluations (D0150), comprehensive periodontal evaluations (D0180), and oral evaluations for patients under 3 years of age (D0145) |
| X-rays (routine) | Bitewings: 2 per calendar year |
| X-rays (non-routine) | Full mouth: 1 every 3 calendar years. Panorex: 1 every 3 calendar years |
| Periodontal root planning and scaling | Limit 4 quadrants per consecutive 12 months |
| Periodontal maintenance | Limited to 4 per year and (only covered after active periodontal therapy) |
| Crowns and inlays | Replacement 1 every 5 years |
| Bridges | Replacement 1 every 5 years |
| Dentures and partials | Replacement 1 every 5 years |
| Orthodontic treatment | Maximum benefit of 24 months of interceptive and/or comprehensive treatment. Atypical cases or cases beyond 24 months require an additional payment by the patient |
| Relines, rebases | One every 36 months |
| Denture adjustments | Four within the first 6 months after installation |

Limitations

| PROCEDURE | LIMIT |
|---|---|
| Prosthesis over implant | Replacement 1 every 5 years if unserviceable and cannot be repaired |
| Temporomandibular Joint (TMJ) treatment | One occlusal orthotic device per 24 months |
| Athletic mouth guard | One athletic mouth guard per 12 months |
| General anesthesia/IV sedation | General anesthesia is covered when performed by an oral surgeon when medically necessary for covered procedures listed on the PCS. IV sedation is covered when performed by a periodontist or oral surgeon when medically necessary for covered procedures listed on the PCS. Plan limitation for this benefit is 1 hour per appointment. |

Specialty treatment plans require payment authorization for services to be covered. Before treatment starts, you should verify with your network specialty dentist that your treatment plan has been authorized for payment by Cigna.

Listed below are the services or expenses which are NOT covered under your Dental plan. You will be responsible for these services at the dentist's usual fees. There's no coverage for:

- › Services for or in connection with an injury arising out of, or in the course of, any employment for wage or profit.
- › Charges which would not have been made in any facility, other than a hospital or a correctional institution owned or operated by the United States government or by a state or municipal government if the person had no insurance
- › Services received to the extent that payment is unlawful where the person resides when the expenses are incurred or the services are received
- › Services for the charges which the person is not legally required to pay
- › Charges which would not have been made if the person had no insurance
- › Services received due to injuries which are intentionally self-inflicted
- › Services not listed on the PCS
- › Services provided by a non-network dentist without Cigna Dental's prior approval (except emergencies, as described in your plan documents)⁴
- › Services related to an injury or illness paid under workers' compensation, occupational disease or similar laws
- › Services provided or paid by or through a federal or state governmental agency or authority, political subdivision or a public program, other than Medicaid
- › Services required while serving in the armed forces of any country or international authority or relating to a declared or undeclared war or acts of war
- › Services performed primarily for cosmetic reasons unless specifically listed on your PCS
- › General anesthesia, sedation and nitrous oxide, unless specifically listed on your PCS
- › General anesthesia or IV sedation when used for the purpose of anxiety control or patient management
- › Prescription medications
- › Procedures, appliances or restorations if the main purpose is to: a. change vertical dimension (degree of separation of the jaw when teeth are in contact); b. restore teeth which have been damaged by attrition, abrasion, erosion and/or abfraction
- › Replacement of fixed and/or removable appliances (including fixed and removable orthodontic appliances) that have been lost, stolen, or damaged due to patient abuse, misuse or neglect
- › Surgical implant of any type unless specifically listed on your PCS
- › Services considered unnecessary or experimental in nature or do not meet commonly accepted dental standards
- › Procedures or appliances for minor tooth guidance or to control harmful habits
- › Services and supplies received from a hospital
- › The completion of crowns, bridges, dentures, or root canal treatment already in progress on the effective date of your Cigna Dental coverage⁵
- › The completion of implant supported prosthesis (including crowns, bridges and dentures) already in progress on the effective date of your Cigna Dental coverage, unless specifically listed on your PCS⁵
- › Consultations and/or evaluations associated with services that are not covered

- › Endodontic treatment and/or periodontal (gum tissue and supporting bone) surgery of teeth exhibiting a poor or hopeless periodontal prognosis
- › Bone grafting and/or guided tissue regeneration when performed at the site of a tooth extraction unless specifically listed on your PCS
- › Intentional root canal treatment in the absence of injury or disease to solely facilitate a restorative procedure
- › Services performed by a prosthodontist
- › Localized delivery of antimicrobial agents when performed alone or in the absence of traditional periodontal therapy
- › Any localized delivery of antimicrobial agent procedures when more than eight of these procedures are reported on the same date of service
- › Infection control and/or sterilization
- › The recementation of any inlay, onlay, crown, post and core or fixed bridge within 180 days of initial placement
- › The recementation of any implant supported prosthesis (including crowns, bridges and dentures) within 180 days of initial placement
- › Services to correct congenital malformations, including the replacement of congenitally missing teeth
- › The replacement of an occlusal guard (night guard) beyond one per any 24 consecutive month period, when this limitation is noted on the PCS
- › Crowns, bridges and/or implant supported prosthesis used solely for splinting
- › Resin bonded retainers and associated pontics
- › As to orthodontic treatment: incremental costs associated with optional/elective materials; orthognathic surgery appliances to guide minor tooth movement or correct harmful habits; and any services which are not typically included in orthodontic treatment.

If any law requires coverage for any particular service(s) noted above, the exclusion or limitation for that service(s) does not apply.

This document outlines the highlights of your plan. For a complete list of both covered and non-covered services, including benefits required by your state, see your insurance certificate or plan description. If there are any differences between the information contained here and the plan documents, the information in the plan documents takes precedence.



1. The term "DHMO" is 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, and plans with open access features. The Cigna DHMO is not available in the following states: AK, HI, ME, MT, NH, NM, ND, PR, RI, SD, VT, VT, WV, and WY.
2. Costs listed for the Cigna Dental Care plan do not vary. Estimated costs without dental coverage may vary based on location and dentists' actual charges. These estimated costs are based on charges submitted to Cigna in 2014/2015 and are intended to reflect national average charges as of July 2016 assuming an annual cost increase of three percent. Estimates have been adjusted to reflect the 2015 Cigna DHMO geographical membership distribution. Office visit fee may also apply.
3. This is NOT insurance and does not provide for reimbursement of financial losses. Cigna's Identity Theft services are provided under a contract with Europ Assistance USA. Full terms are contained in Cigna's Identity Theft Program service agreement.
4. **Minnesota residents:** You must visit your selected network dentist in order for the charges on the Patient Charge Schedule to apply. You may also visit other dentists that participate in our network or you may visit dentists outside the Cigna Dental Care network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist's usual fee. We will pay 50% of the value of your network benefit for those services. Of course, you'll pay less if you visit your selected Cigna Dental Care network dentist. Call Customer Services for more information.
Oklahoma residents: DHMO for Oklahoma is an Employer Group Pre-Paid Dental Plan. You may also visit dentists outside the Cigna Dental Care network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist's usual fee. We pay non-network dentists the same amount we'd pay network dentists for covered services. Of course, you'll pay less if you visit a network dentist in the Cigna Dental Care network. Call Customer Services for more information.
5. **California and Texas residents:** Treatment for conditions already in progress on the effective date of your coverage are not excluded if otherwise covered under your PCS. Dentists who participate in Cigna's network are independent contractors solely responsible for the treatment provided and are not agents of Cigna.

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