



CIGNA DENTAL CARE[®] DHMO SPECIALTY DISCOUNT PLAN

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.** When you get specialty care from your network general dentist, it's covered at the copay listed on your Patient Charge Schedule (PCS). **If you get specialty care from a network specialty dentist, you're responsible for payment.** Your payment will be based on the Contract Fees negotiated by Cigna and not the Network Specialty Dentists' usual fees. Cigna will not make payments toward treatment from a network specialty dentist.
- **Pediatric dentists are considered specialty dentists.**
- **Orthodontics.** No referral is needed to see a network orthodontist.
- **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 won't pay. (Unless it's 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. Also root canals, oral surgery, extractions, treatment for periodontal (gum) disease and more.
- **Orthodontic care** – all plans have coverage for braces for children and adults.
- **Teeth whitening** – using take-home bleaching trays and gel.
- **General anesthesia** – when medically necessary.

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 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** (800.244.6224).



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 terms, conditions and exclusions are contained in Cigna's Identity Theft Program service agreement.

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