Real savings.
Real convenience.

The Cigna Dental Care® (DHMO[1]) plan.

Together, all the way.®

Cigna®

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

937212 12/19

It's easy to use.

It's easy to find a dentist, too – **24/7/365.**

Choosing a dentist.

Whether you prefer seeing a dentist close to home or close to work, one who speaks a certain language, or one who has extended office hours, it's easy to find the right network dentist using the search tools on **myCigna.com**.

You can view verified patient reviews and recommendations. You can also use the Brighter Score®[3] feature to see dentists' professional history and compare patient experiences.

The dentist you choose will serve as your primary provider for all routine dental care and most non-routine care. If you ever need to see a specialist, your primary dentist will facilitate a referral on your behalf.[4]

Even better, the Cigna Dental Care plan offers the flexibility for every enrolled family member to have their own primary network dentist - whether you have a child under the age of 13 who needs to see a pediatric dentist, a college student away at school, or a spouse who prefers a provider different than yours.

Knowing what you'll owe.

Nobody likes unexpected costs. That's why the Cigna Dental Care plan provides you with a detailed list of covered services and the cost for each. It's called your Patient Charge Schedule (PCS) and it allows you to see ahead of time what your visit may cost. Plus, the Cigna Dental Care plan has no deductible. This means your out-of-pocket costs are limited to what is shown on the PCS, which helps with budgeting and planning for a variety of dental services.

Getting care when you need it, with no calendar year or lifetime dollar maximums.

When your Cigna Dental Care plan becomes effective, your benefits start immediately. There are no waiting periods for any covered services. And, you never need to worry about running out of coverage because the Cigna Dental Care plan has no calendar year or lifetime dollar maximums.

$0 deductible

Is your dentist in the Cigna Dental Care Access Plus Network?

Before you enroll, check to see if your dentist is in the Cigna Dental Care Access Network by visiting Cigna.com and selecting "Cigna Dental Care Access Network" in the search tool.

If your dentist is in the network, you can select him or her as your primary dentist and begin seeing them for care as soon as your benefits are effective.

If your dentist is not in the network, you will need to select another provider to serve as your primary dentist. Once enrolled, you can nominate non-network dentists to join the Cigna Dental Care Access Network by submitting a request on **myCigna.com**.

Need help locating a dentist in the Cigna Dental Care Access Plus network?

If you prefer, you may call us 24/7 at 800.Cigna24, and a Cigna representative will be happy to help you find a primary dentist that meets your needs.

Here's what's covered.

Most preventive care is covered at low cost or no extra cost to you when you see a dentist in the Cigna Dental Care network. Some examples include:

- Cleanings
- Fluoride
- Sealants (no age limit)
- Bitewing x-rays
- Full mouth x-rays
- Oral cancer screenings

It's also important to know that only procedures that are medically necessary and listed on your plan's PCS are covered.

There may be times when you need more than just routine preventive care. When you do, you'll save with the Cigna Dental Care plan.

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

When you use take-home bleaching trays and gel.

Athletic mouth guard

Includes 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.[5] Review your enrollment materials for more details

All dental plans have exclusions and limitations, so here are some things you should be aware of with the Cigna Dental Care plan.

- In most states, services must go through a primary dentist for coverage to apply. If you see a dentist outside the Cigna Dental Care Access Plus Network, your plan will not pay, unless it's an emergency.[6]

Other examples of services that are not covered include:[7]

- Experimental and cosmetic dentistry.
- Treatments or surgery if associated with a poor or hopeless diagnosis.
- 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.[8]

You should review your plan documents to see what other exclusions may apply on your specific plan.

No annual maximums

Get added support designed to help you thrive.

Through the Cigna Dental Health Connect™ feature you'll have access to proactive and personalized support that helps make taking care of your oral health – and your overall health – easier and more affordable. These programs are included with your plan at no additional cost to you.

The Cigna Dental Oral Health Integration Program®

Offers enhanced dental coverage for customers with specific medical conditions to reduce the impact of dental conditions like gum disease. If you qualify, you will be reimbursed 100% of eligible out-of-pocket costs for certain dental procedures.[9]

Onsite dental care

If offered by your employer, we can bring in-network dental care providers right to where you work, making getting a dental cleaning more convenient than ever.

Safe prescribing measures

We work together with dental providers through monitoring, coaching and safe prescribing protocols, helping to protect you and your family from misuse, addiction and overdose.

You'll also have access to trained professionals 24/7/365 to help answer your questions about dental treatment and clinical symptoms.

READY TO ENROLL?

Follow your employer's enrollment instructions and be sure to select a primary dentist for yourself and any covered family members. This will help ensure that your ID cards, which will arrive after enrollment, include your primary dentist's information, making it easy for you to make an appointment as soon as you need to.

Your Patient Charge Schedule (PCS) and other plan materials will be mailed with your ID card to your home. If you need to access your ID card information or PCS before they arrive by mail, you can log on to **myCigna.com** or the **myCigna®** App and download the materials.

With a

lower premium[2]

than the Cigna DPPO plan, plus

no deductibles or annual dollar maximums,

the Cigna Dental Care® plan offers you a unique balance of savings and convenience. So you can get a dental plan that fits your budget and your busy life.

1. The term DHMO ("Dental HMO") is used to refer to product designs that may diff er by state of residence of enrollee, including but not limited to, prepaid plans, managed care plans, and plans with open access features. The Cigna Dental Care plan is not available in all states. Actual costs and savings will vary.
2. Compared to average costs for DPPO. Per Employee Per Month costs are based on Cigna Book of Business average costs as of year-end 2018. Actual costs will vary.
3. 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.
4. Referrals are not required for network orthodontists or pediatric dentists.
5. 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.
6. 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.
7. 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 benefi ts 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.
8. California and Texas residents: Treatment already in progress on the eff ective date of your coverage is not excluded if otherwise covered under your PCS.
9. 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 annual benefits maximum. See your plan documents for program details.

All group dental plans and insurance policies have exclusions and limitations. For costs and details about the services covered under your plan, review your enrollment materials. Dentists who participate in Cigna's network are independent contractors solely responsible for the treatment provided and are not agents of Cigna.

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.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. Cigna Dental PPO plans are insured or administered by Cigna Health and Life Insurance Company (CHLIC) with network management services provided by Cigna Dental Health, Inc. (CDHI) and certain of its subsidiaries. In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network. 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 CHLIC or Cigna HealthCare of Connecticut, Inc., and administered by CDHI. CHLIC policy forms: OK – DPPO: HP-POL99/HP-POL388, DHMO: POL115; OR - DPPO: HP-POL68/HP-POL352, DHMO: HP-POL121 04-10; TN – DPPO: HP-POL69/HC-CER2V1/HP-POL389 et al., DHMO: HP-POL134/HC-CER17V1 et al. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. All pictures are for illustrative purposes only.

937212 12/19