



Cigna

Dental Care[®] DHMO¹

*dental coverage that is convenient,
affordable and easy to use*



know what's important to you

Regular dental visits may do more than brighten your smile. Research shows receiving regular dental care often catches minor problems before they become major and expensive to treat. Every \$1 you spend on preventive dental care could save you \$8 to \$50 in restorative and emergency treatment.²



- **Review** your plan materials to understand how your plan works. We are here if you have questions or need more information call **1.800.Cigna24** (1.800.244.6224).
- **Take advantage** of your plan's preventive care services – most are covered at low cost or no cost to you.
- **Enjoy discounts** on health-related products and services with Cigna Healthy Rewards®.³

Get smarter about ways to stay healthy

Did you know that healthy gums may:

- **Help reduce the risk of pre-term birth.** Pregnant women with chronic gum disease may be more likely to give birth prematurely.^{4,5}
- **Lead to a healthier heart.** Those with gum disease may be at greater risk for heart disease and stroke.⁶
- **Help control blood sugar.** One study⁷ found that when diabetic patients' gum infections were treated, it was easier to manage their blood sugar.

Studies also show that patients with the following conditions are frequently prone to dry mouth, a condition associated with a higher risk of dental cavities: head and neck cancer radiation, organ transplants and chronic kidney disease. As a result, we've enhanced the Cigna Dental Oral Health Integration Program® to reflect the latest medical and dental research. If you have any of the following medical conditions, you qualify for 100% reimbursement of your out of pocket costs for certain related dental procedures: pregnancy, heart disease, stroke, diabetes, head and neck cancer radiation, organ transplants and chronic kidney disease. There's no additional charge for the Program – if you qualify, you get reimbursed! To learn more, visit **myCigna.com** or call the number on your ID card or **1.800.Cigna24** (1.800.244.6224).

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.
2. www.adha.org (American Dental Hygienist Association).
3. Healthy Rewards discounts and services are not available in all states. A discount program is NOT insurance, and you must pay the entire discounted charge.
4. American Dental Association News Releases, Sept. 2001.
5. Journal of the American Dental Association, July 2001 "Oral Health During Pregnancy: An Analysis of Information."
6. American Academy of Periodontology (www.perio.org), Feb. 2002.
7. Journal of the American Dental Association, Oct. 2003.

understand your dental plan

How your plan works

Your Network General Dentist

The network general dentist you choose will manage your overall dental care. Covered family members can choose their own network general dentists – near home, work or school. Our nationwide Cigna Dental Care (DHMO) network is one of the largest in the United States.⁸

- If you require specialty care (except pediatric or orthodontic), your network general dentist will refer you to a network specialist.
- You don't need a referral for children under seven years old to visit a network pediatric dentist.
- You don't need a referral to receive care from a network orthodontist (check your plan materials to determine if you have orthodontic coverage).
- If your current dentist isn't part of the DHMO network, we're happy to consider recommendations for additions to our network. In the meantime, you **must** select a dentist who participates in the DHMO network for covered services to apply.
- **Remember: If you receive covered services from a dentist who does not participate in the Cigna Dental Care DHMO network, your plan will not pay except in the case of an emergency.**

Finding a network dentist is easy.

There are several ways to select your network general dentist:

- Go to the Provider Directory at **Cigna.com**. Our online provider directory is updated weekly.
- Call **1.800.Cigna24** (1.800.244.6224) to speak with a Customer Service representative. Our service representative can send you a customized network directory listing via email if you'd like.

After you enroll

- You will receive an ID Card, a Patient Charge Schedule (PCS) and other plan materials.
- At the time of service, you are responsible for paying the copay for the covered services as described on your PCS.
- You may change your dental office for any reason. The change will become effective the first of the following month. To make the change, visit **myCigna.com** or call the number on your ID card or **1.800.Cigna24** (1.800.244.6224) to speak with a representative or use our automated Quick Transfer option.
- You can get a second opinion by calling customer service; they will help you make the necessary arrangements.

More about your DHMO plan

- No deductibles – you don't have to reach a certain level of out of pocket expenses before your insurance kicks in.
- No dollar maximums – you don't have to worry about your coverage running out after your covered expenses reach a certain dollar amount.
- Easy to understand plan – the fees you pay are clearly listed on your PCS.
- There are no claim forms to file and no waiting periods for coverage.
- There are no restrictions on preexisting conditions, except for work in progress.
- There is no age limit on sealants, which help prevent tooth decay.
- Your plan covers procedure(s) to detect oral cancer in its early stages.

8. Cigna Dental Internal Analysis, January 2006.

make sure you read this important information

What's 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.
- **Specialty care** – many plans include specialty care with an approved referral. Check your plan materials to see how specialty care is handled.
- **Orthodontic care** – some plans include braces for children and adults. Check your plan materials.
- **General anesthesia** – when medically necessary.

Age and frequency limitations apply to some covered services. Alternate benefit provisions may apply for covered services if noted on your PCS.⁹ Review the rest of your enrollment materials for more details.

What's not covered*

Your dental plan covers services that can help you maintain a healthy mouth and treat or manage dental conditions. But no plan covers everything. Here are some examples of services not covered:

- **Services provided by a non-network dentist** without prior approval from Cigna Dental (except emergencies).
- **Replacement of fixed or removable bridges**, dentures and orthodontic retainers that are lost, stolen, or damaged due to patient abuse, misuse or neglect.
- **Cosmetic dentistry** unless specifically listed on your PCS.
- **Dental implant surgery** or services associated with placement, repair, removal or restoration of a dental implant.

This is not a complete list. For a complete list of services not covered, refer to the rest of your enrollment materials or call **1.800.Cigna24 (1.800.244.6224) if you have questions or need more information.*

enrollment is easy – follow these simple steps

- **Review** your plan materials to understand your choices.
- **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** for access to information that will help you get the most out of your plan.

9. 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.

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