

Cigna Dental Care (DHMO)

WELCOME

Thank you for
choosing Cigna
Dental Care.



Thank you for choosing Cigna Dental Care.

You're covered by a dental plan dedicated to providing quality service and coverage that includes the treatment you need to maintain a healthy mouth. Cleanings, X-rays and second opinions are covered. Most plans even cover orthodontia for children and adults. Refer to your Patient Charge Schedule (PCS) for details. Your PCS is a full listing of covered procedures and what your out-of-pocket responsibility will be.

Visit [myCigna.com](https://mycigna.com)

For easy online access so you can check your coverage, find a dentist and print ID cards. You'll also have access to oral health assessment tools to find out about your risk for cavities, gum disease and oral cancer, and cost estimator tools to help you budget your expenses.

24/7 SERVICE

**We're only a
phone call away.**

Anytime you need us, feel free to call. We're here 24/7 to answer questions, resolve problems, and make sure you're satisfied with your Cigna plan. Our toll-free number is listed on your Cigna ID card.

**We're always
here to help.**



Several ways to find a DHMO network general dentist

- Online directory at **Cigna.com** or **myCigna.com**, which is updated weekly
- Call the number on your ID card to:
 - Use the Dental Office Locator via Speech Recognition
 - Speak with a customer service representative, who can send you a customized network directory listing via email
- Ask coworkers. Then tell us which office you choose. Each covered family member can select his/her own network general dentist

Q&A



Here are some of the most commonly asked questions and answers about your dental plan. Your Cigna Dental Care® certificate booklet and PCS will also explain your covered services.

You and your dentist

What if I have specific questions about the Cigna network dentists near me?

Our customer service representatives can answer questions about the dentists near you, such as where they went to school, how long they've been in practice and what languages they speak. You can also find this information in our online directory at **Cigna.com** or **myCigna.com**.

What if I have a problem with my plan?

Most problems can be resolved between you and your dentist. However, if you have an issue that you feel should be addressed by us, call us. We have a complaint and appeals process to help resolve your problem in a timely manner.

Can I change dentists?

If you need to change dental offices, simply find another dentist in the Cigna Dental Care network using the methods described. Make sure to note the dental office number. You can also use our automated Quick-Transfer system to make the change. Please refer to your ID card for our toll-free phone number. When you call us, have your ID card handy. You will need the ID number, date of birth and zip code of the person in your household who enrolled in the plan. Then follow the prompts to complete your transfer. Transfers take up to five days to process and generally become effective on the first of the following month. Remember, you **must** select a dentist who participates in the DHMO network for covered services to apply.

At the end of the call, if you like, you may request a new ID card. A new ID card is not necessary to make an appointment with your new dentist. After your transfer has been completed, Quick-Transfer will ask you the reason that you decided to change offices. It will read you a list of five options to choose from. This information helps us understand your needs. All responses will remain confidential.

You or a family member can change dental offices for any reason. But, we recommend that you complete any procedures in progress and pay all outstanding balances before requesting a new dental office.

Coverage

How do I know what's covered?

Many diagnostic, preventive and restorative procedures are covered with no, or minimal, out-of-pocket expense. When procedures require an out-of-pocket payment, you pay only the charge described in your PCS. As a general rule, if the procedure is listed, it is covered subject to plan limitations. If the procedure is not listed in your PCS, you are responsible for the dentist's regular fee. Your dentist and dental office staff can also tell you which procedures are covered.

If there is a cost, when do I know and how is it handled?

Certain procedures require payment as described in your PCS. If this is the case, payment is due at the time the service is provided. Review your PCS to find a list of procedures that require payment. Your dentist should make you aware of any additional costs that are involved.

Are cleanings free?

Each calendar year, you are covered for two routine cleanings at no charge for normal, healthy teeth and gums. If your dentist recommends, you may receive two additional cleanings at the charge listed in your PCS. If your dentist tells you that you need a more complex procedure, such as periodontal scaling and root planning to correct periodontal (gum) problems, there might be a charge as listed in your PCS. It is not possible to perform a routine cleaning on teeth that require treatment for gum disease.

What if my dentist says I need treatment from a specialist?

Specialty care is available from network specialists at the charge listed on your PCS when authorized by Cigna Dental. Your network general dentist will begin the referral process. Your specialist will then submit a treatment plan for authorization. Services will not be covered if you see a specialist without a referral from your network general dentist. After your specialty care treatment is complete, return to your network general dentist for care.

What do I do in an emergency?

Under your plan, a dental emergency is when you have excessive bleeding, acute infection or severe pain. First contact your network general dentist. He/she should handle all emergencies within 24 hours. If you are outside your service area or unable to contact your network general dentist, you can see any dentist and you will be reimbursed up to \$50 for immediate relief after the copay for the procedure (unless otherwise noted in your plan). You should return to your network dentist for follow-up treatment.

What if I move or change my name and need a new ID card?

Just call us. We'll update your records and send you a new ID card. Be sure to let your employer know about any changes, as well.

What if my spouse and I both subscribe to the Cigna Dental Care plan?

You and your dependents generally may not be covered twice under the Cigna Dental Care plan. If you and your spouse have enrolled separately, please contact your Benefits Administrator.

Special situations

Can I get a second opinion?

If you have questions about a treatment plan that your dentist suggests, second opinions are available at no charge. Just call us and a representative will assist you in making the necessary arrangements.

What happens if I can't keep an appointment?

If you need to cancel an appointment, please call at least 24 hours in advance. Network dentists are respectful of your time and, of course, appreciate the same courtesy. If you break an appointment with less than 24 hours notice, you may be charged.

Limitations and exclusions

Limitations on covered services

Listed below are limitations on services when covered by your Dental plan:

- **Frequency** – The frequency of certain covered services, like cleanings, is limited. Your PCS lists any limitations on frequency.
- **Pediatric dentistry** – Coverage for treatment by a pediatric dentist ends on your child's 7th birthday. Effective on your child's 7th birthday, dental services must be obtained from a network general dentist; however, exceptions for medical reasons may be considered on an individual basis.
- **Oral surgery** – The surgical removal of an impacted wisdom tooth may not be covered if the tooth is not diseased or if the removal is only for orthodontic reasons. Your PCS lists any limitations on oral surgery.
- **Periodontal services** (gum tissue and supporting bone) – Periodontal regenerative procedures are limited to one regenerative procedure per site (or per tooth, if applicable), when covered on the PCS.

Localized delivery of antimicrobial agents is limited to eight teeth (or eight sites, if applicable) per 12 consecutive months, when covered on the PCS.
- **Clinical oral evaluations** – When this limitation is noted on the PCS, periodic oral evaluations, comprehensive oral evaluations, comprehensive periodontal evaluations and oral evaluations for

patients under three years of age are limited to a combined total of four evaluations during a 12-consecutive-month period.

- **Surgical placement of implant services** – When covered on the PCS, surgical placement of a dental implant; repair, maintenance, or removal of a dental implant; implant abutment(s); or any services related to the surgical placement of a dental implant are limited to one per year with replacement of a surgical implant frequency limitation of one every 10 years.
- **Prosthesis over implant** – When covered on the PCS, a prosthetic device, supported by an implant or implant abutment is considered a separate distinct service(s) from surgical placement of an implant. Replacement of any type of prosthesis with a prosthesis supported by an implant or implant abutment is only covered if the existing prosthesis is at least five calendar years old, is not serviceable and cannot be repaired.

General limitations Dental benefits

No payment will be made for expenses incurred or services received:

- For, or in connection with, an injury arising out of, or in the course of, any employment for wage or profit;
- For charges that 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;
- To the extent that payment is unlawful where the person resides when the expenses are incurred or the services are received;
- For charges that the person is not legally required to pay;
- For charges that would not have been made if the person had no insurance; or
- Due to injuries that are intentionally self-inflicted.

Services not covered under your dental plan

Listed below are the services or expenses that are NOT covered under your dental plan and that are your responsibility at the dentist's usual fees. There is no coverage for:

- Services not listed on the PCS.
- Services provided by a non-network dentist without Cigna Dental's prior approval (except emergencies).

- 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.
- Cosmetic dentistry or cosmetic dental surgery (dentistry or dental surgery performed solely to improve appearance), unless specifically listed in your PCS. If bleaching (tooth whitening) is listed in your PCS, only the use of take-home bleaching gel with trays is covered; all other types of bleaching methods are not covered.
- General anesthesia, sedation and nitrous oxide, unless specifically listed in your PCS. When listed in your PCS, general anesthesia and IV sedation are covered when medically necessary, and provided in conjunction with covered services performed by an oral surgeon or periodontist. (Maryland residents: General anesthesia is covered when medically necessary and authorized by your physician.) There is no coverage for general anesthesia or IV sedation when used for the purposes 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) or
 - b. restore teeth that 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 placement of a dental implant; repair, maintenance or removal of a dental implant; implant abutment(s); or any services related to the surgical placement of a dental implant, unless specifically listed on your PCS.
- Services considered to be unnecessary or experimental in nature, or that do not meet commonly accepted dental standards.
- Procedures or appliances for minor tooth guidance or to control harmful habits.

- Hospitalization, including any associated incremental charges for dental services performed in a hospital. (Benefits are available for network general dentist charges for covered services performed at a hospital. Other associated charges are not covered and should be submitted to the medical carrier for benefit determination.)
- Services to the extent you or your enrolled dependent are compensated under any group medical plan, no-fault auto insurance policy, or uninsured motorist policy. (Arizona and Pennsylvania residents: Coverage for covered services to the extent compensated under group medical plan, no-fault auto insurance policies or uninsured motorist policies is not excluded. Kentucky and North Carolina residents: Services compensated under no-fault auto insurance policies or uninsured motorist policies are not excluded. Maryland residents: Services compensated under group medical plans are not excluded.)
- The completion of crowns, bridges, dentures or root canal treatment already in progress on the effective date of your Cigna Dental coverage.
- 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 in your PCS.
- 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 in your PCS.
- Bone grafting and/or guided tissue regeneration when performed in conjunction with an apicoectomy or periradicular surgery.
- Intentional root canal treatment in the absence of injury or disease solely to 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. Cigna Dental considers this to be incidental to and part of the charges for services provided and not separately chargeable.
- The recementation of any inlay, onlay, crown, post and core or fixed bridge within 180 days of initial placement. Cigna Dental considers recementation within this time frame to be incidental to and part of the charges for the initial restoration.
- The recementation of any implant supported prosthesis (including crowns, bridges and dentures) within 180 days of initial placement. Cigna Dental considers recementation within this timeframe to be incidental to and part of the charges for the initial restoration unless specifically listed in your PCS.
- 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 in the PCS.
- Crowns, bridges and/or implant-supported prosthesis used solely for splinting.
- Resin-bonded retainers and associated pontics.

Preexisting conditions are not excluded if the procedures involved are otherwise covered under your PCS.

Should any law require coverage for any particular service(s) noted above, the exclusion or limitation for that service(s) shall not apply.

Your rights

You have the right to:

- Participate in decision making regarding your dental care.
- Know your costs in advance for routine and emergency care.
- An explanation of the covered services listed in your Patient Charge Schedule.
- Tell us when something goes wrong.
- Appeal the outcome of your complaint through the Cigna Dental Appeals Process explained in your plan document.

- Schedule an appointment with your network dental office within a reasonable time.
- Receive an appointment reminder from your dental office.
- See a dentist within 24 hours for emergency care. Emergencies are dental problems that require immediate treatment (includes control of excessive bleeding, acute infection or severe pain).
- Select or change dental offices within the Cigna Dental Care network.
- Receive advance notification if your network general dentist leaves the Cigna Dental Care network.
- Receive a PCS that describes your plan and covered services. If you do not receive one before your plan becomes effective, call customer service to request one.
- Privacy and confidential treatment of information and dental records, as provided by law.
- Considerate, respectful care, with recognition of your personal dignity, regardless of race, color, religion, sex, age, physical or mental handicap or national origin.

We're always available to help you enforce your rights.

Your responsibilities

- Choose a primary care dentist from the Cigna Dental Care network and let us know the name of your selected dentist.
- Receive care only from the dentist you have chosen until you select and are transferred to another dentist. If you choose a new network dentist, let us know before receiving treatment.
- Pay your patient charges as soon as possible for the dental care received so your dentist can continue to serve you.
- Follow the treatment your dentist recommends.
- Let your dentist know whether you understand the treatment plan he/she recommends.
- Keep appointments or cancel in time for another patient to be seen in your place.
- Be considerate of the rights of other patients and the dental office personnel.

- Know how to use your plan by reviewing the Cigna Dental Care Certificate Booklet and PCS.
- Keep your employer or Cigna Dental up to date regarding any changes that might occur with your personal information such as address, phone, number of covered dependents or any other change in your coverage status.

Visit myCigna.com or call the toll-free number that's on your identification card.



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