



This is a summary of benefits for your dental plan.  
All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.  
Your DPPO plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.

| Plan Design  | Total                              | Out-of-Network   |
|--|------------------------------------|--|
| <b>Calendar Year Maximum</b>   |                                    |  |
| (Class I, II, III Expenses)  | \$1500, Class I Applies            | \$1000, Class I Applies  |
| <b>Calendar Year Deductible</b>  |                                    |  |
| Per Individual   | \$50                               | \$50   |
| Per Family   | \$150                              | \$150  |
| <b>Class I Expenses - Preventive &amp; Diagnostic Care</b>   |                                    |  |
| Oral Exams<br>Cleanings<br>Routine X-rays<br>Fluoride Application<br>Sealants<br>Space Maintainers (limited to non-orthodontic treatment)<br>Non-Routine X-rays  | 100%, No Deductible                | 100%, No Deductible  |
| <b>Class II Expenses - Basic Restorative Care</b>  |                                    |  |
| Emergency care to relieve pain (administrated at In Network coinsurance)<br>Fillings<br>Oral Surgery - Simple Extractions<br>Oral Surgery - All Except Simple Extraction<br>Surgical Extraction of Impacted Teeth  | 80%, After Deductible              | 80%, After Deductible  |
| <b>Class III Expenses - Major Restorative Care</b>   |                                    |  |
| Anesthetics<br>Minor Periodontics<br>Major Periodontics<br>Root Canal Therapy / Endodontics<br>Relines, Rebases, and Adjustments<br>Repairs - Bridges, Crowns, and Inlays<br>Repairs - Dentures<br>Crowns/Inlays/Onlays<br>Stainless Steel/Resin Crowns<br>Dentures<br>Bridges<br>Brush Biopsy | 50%, After Deductible              | 50%, After Deductible  |
| <b>Class IV Expenses - Orthodontia</b>   |                                    |  |
| Coverage for Eligible Children Only<br>Lifetime Maximum  | 50%, No Ortho Deductible<br>\$1000 | 50%, No Ortho Deductible<br>\$1000   |
| <b>Dental Plan Reimbursement Levels</b>  | Based on Contracted Fees           | 90th Percentile of Allowed Charges***  |
| <b>Additional Member Responsibility in excess of Coinsurance</b>   | None                               | Yes, the difference between the member's dentist's billed charges and the dental plan reimbursement level*** |
| <b>Student/Dependent Age</b>   | 26/26                              |  |
|  |                                    |  |

**Cigna Dental PPO / Indemnity Exclusions and Limitations:**

| Procedure                      | Exclusions & Limitations   |
|--------------------------------|--|
| Exams                          | 1 per 6-month consecutive period   |
| Prophylaxis (cleanings)        | 1 routine prophylaxis or perio maintenance procedure per 6-month consecutive period  |
| Fluoride Treatments            | 1 per consecutive 12 months for participants younger than age 14   |
| X-Rays (routine)               | Bitewings: 1 set in any consecutive 12 month period. Limited to a maximum of 4 films per set.  |
| X-Rays (non-routine)           | Full mouth or Panorax: 1 per 60 consecutive months   |
| Periapical X-rays:             | 4 in 12 consecutive months if not performed in conjunction with an operative procedure   |
| Intraoral Occlusal X-rays:     | 2 in 12 consecutive months   |
| Models                         | Not covered  |
| Space Maintainers              | No frequency limit for participants under age 14.  |
| Fillings                       | 1 per tooth per 12 consecutive months (applies to replacement of identical surface fillings only). No white-colored fillings on bicuspid or molar teeth.   |
| Sealants                       | 1 treatment per tooth per lifetime up to age 14. Payable on unrestored permanent bicuspid or molar teeth only  |
| Minor Perio (non-surgical)     | Root planing-1 per quadrant per 36 consecutive months  |
| Perio Surgery                  | 1 per 36 consecutive months per area of the mouth (same service)   |
| Crowns and Inlays              | Replacement limited to 1 per 84 consecutive months. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Replacement must be indicated by major decay. For participants younger than age 16, benefits are limited to resin or stainless steel. |
| Stainless Steel & Resin Crowns | 1 per 36 consecutive months for participants younger than age 16, primary teeth will be treated with Stainless Steel Crowns.   |
| Prosthesis over Implants       | 1 per 84 consecutive months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges.  |
| Bridges                        | Replacement limited to 1 per 84 consecutive months, if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.  |
| Dentures and Partial           | Replacement limited to 1 per 84 consecutive months, if unserviceable and cannot be repaired.   |
| Relines, Rebases               | Covered if more than 12 months after installation; 1 per 36 consecutive months   |
| Adjustments                    | Covered if more than 12 months after installation; 1 per 12 consecutive months   |
| Repairs - Bridges              | Covered if more than 12 months after installation  |
| Repairs - Dentures             | Covered if more than 12 months after installation  |
| Endodontics                    | Root canal re-treatment 1 per 24 consecutive months, if necessity demonstrated   |
| Alternate Benefits             | When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.   |
| Orthodontia                    | For dependent children, up to age 19   |
| Missing Tooth Provision        | The amount payable is 50% of the amount otherwise payable until insured for 12 months; thereafter, considered a Class III expense  |
| Late Entrant Limit****         | No coverage except for Class I (as defined in these plans) for 12 months   |
| Pre-Treatment Review           | Available on a voluntary basis when extensive work in excess of \$500 is proposed  |

**Benefit Exclusions:**

- \* Services performed primarily for cosmetic reasons; Replacement of a lost or stolen appliance;
- \* Initial placement of a full or partial denture unless it includes the replacement of a functioning natural tooth extracted while the person is covered under this plan; removal of only a permanent third molar will not qualify for an initial or replacement denture or bridge;
- \* Overdentures, personalization, precision or semi-precision attachments;
- \* Replacement of a bridge, denture or crown within 84 months following its initial date of insertion;
- \* Replacement of a bridge, denture or crown which can be made useable according to dental standards;
- \* Procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of TMJ, stabilize periodontally involved teeth, or restore occlusion, the restoration of teeth which have been damaged by erosion, attrition or abrasion; bite registration; or bite analysis;
- \* Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars;
- \* Core buildup, labial veneers; Precious or semi-precious metals for crowns, bridges, pontics and abutments; crowns and bridges other than stainless steel or resin for participants under 16 years old;
- \* Bite registrations; precision or semi-precision attachments; splinting; Surgical implant of any type
- \* Instruction for plaque control, oral hygiene and diet;
- \* Dental services that do not meet common dental standards; Services that are deemed to be medical services;
- \* Services and supplies received from a hospital;
- \* Procedures for which a charge would not have been made in the absence of coverage, for which the person is not legally required to pay;
- \* Charges made by a hospital which performs services for the U.S. Government if the charges are directly related to a condition connected to a military service;
- \* Experimental or investigational procedures and treatments; Procedures which are not necessary and which do not have uniform professional endorsement;
- \* Any injury resulting from, or in the course of, any employment for wage or profit; Any sickness covered under any workers' compensation or similar law;
- \* Charges in excess of reasonable and customary allowances;
- \* IV sedation or general anesthesia, except when medically or dentally necessary and when in conjunction with covered complex oral surgery;
- \* Fees charged for broken appointments, claim form submission or sterilization;
- \* Services not included in the list of covered dental expenses, unless Cigna HealthCare agrees to accept such expense as a covered dental expense, in which case payment will be made consistent with similar services which would provide the least expensive professionally satisfactory result;
- \* Crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth unless the tooth cannot be restored with an amalgam or composite resin filling due to major decay or fracture; Replacement of teeth beyond the normal complement of 32;
- \* Prescription drugs; Athletic mouth guards; Myofunctional therapy;
- \* Charges for travel time; transportation costs; or professional advice given on the phone;
- \* Procedures performed by a Dentist who is a member of the covered person's family (covered person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents);
- \* Any procedure, service, or supply which may not reasonably be expected to successfully correct the covered person's dental condition for a period of at least three years, as determined by Cigna HealthCare; Temporary, transitional or interim dental services; Diagnostic casts, diagnostic models, or study models;
- \* Any charge for any treatment performed outside of the United States other than for Emergency Treatment (any benefits for Emergency Treatment which is performed outside of the United States will be limited to a maximum of (\$100.00-\$200.00) per 12 consecutive month period);
- \* Procedures that are a covered expense under any other medical plan which provides group hospital, surgical, or medical benefits whether or not on an insured basis;
- \* Any charges, including ancillary charges, made by hospital, ambulatory surgical center or similar facility;
- \* To the extent that payment is unlawful where the person resides when the expenses are incurred;
- \* For charges which would not have been made if the person had no insurance; For charges for unnecessary care, treatment or surgery;
- \* To the extent that you or any of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid;
- \* To the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a "no-fault" insurance law or an uninsured motorist insurance law. Cigna HealthCare will take into account any adjustment option chosen under such part by you or any one of your Dependents.
- \* Services or supplies received as a result of dental disease, defect or injury due to an act of war, declared or undeclared;

**\*\* In Texas, the insured dental product offered by CGLIC and CHLIC is referred to as the Cigna Dental Choice Plan, and this plan utilizes the national Cigna Dental PPO network.**

**\*\*\*Charges are based upon an independent third party organization that is the industry standard. Percentile data is based upon the third party organization's aggregated industry-wide claims data**

**\*\*\*\*Late Entrant coverage limitation does not apply to New Mexico Residents for Insured Dental Products.**

Did you know that most of Cigna's dental plans include the Cigna Dental Oral Health Integration Program? This program was designed to address research that supports the association of oral health to overall health and provides reimbursement of copays or coinsurance for customers with qualifying medical conditions for program eligible procedures. Additionally, registered program members can access articles on behavioral conditions that impact oral health.

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# DISCRIMINATION IS AGAINST THE LAW

## Dental coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com) or by writing to the following address:

Cigna  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com). You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
1.800.368.1019, 800.537.7697 (TDD)  
Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.



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## Proficiency of Language Assistance Services

**English** – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

**Spanish** – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

**Chinese** – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

**Vietnamese** – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

**Korean** – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시십시오.

**Tagalog** – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

**Russian** – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

**Arabic** – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

**French Creole** – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

**French** – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

**Portuguese** – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

**Polish** – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

**Japanese** – 注意事項: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

**Italian** – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

**German** – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

**Persian (Farsi)** – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).

# A DENTAL PLAN THAT FITS YOUR NEEDS

The Cigna Dental Care Plan<sup>®1</sup>  
K1-09



**THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE AND HEALTH SERVICES AGREEMENT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.**

Regular dental care is important for a healthy smile and a healthy body. With the Cigna Dental Care plan, you get comprehensive dental coverage that's easy to use. This overview shows you a sampling of covered services and your estimated costs with and without dental 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 the Cigna Dental Care plan, some preventive services are covered at no extra cost to you. The plan also covers many other dental services that can help your mouth stay healthy.

The Cigna Dental Care plan being offered to you is a copayment plan. This means when you get a dental service with a dentist in your plan's network, you pay a fixed dollar amount to the dentist for the covered service, in addition to any allowable charge for upgraded materials (such as gold, high noble metal or porcelain used in molar restorations), CAD/CAM services, complex rehabilitation. There are no annual dollar maximums and no deductibles to meet before coverage begins!

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.

### Choosing a Dentist

- › 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.<sup>2</sup>
- › Each family member can choose their own dentist
- › Referrals are required for specialty care services, except for pediatric dentists for children under 13 and orthodontics.\*

### Finding a network dentist is easy.

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

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

\* Coverage for treatment by a pediatric dentist ends on your child's 13th birthday. Effective on your child's 13th birthday, dental services generally must be obtained from a network general dentist.

**Together, all the way.<sup>®</sup>**

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



## WHAT YOU'LL PAY<sup>3</sup>

| Sampling of covered procedures  | With Cigna Dental Care | Without dental coverage |
|---|------------------------|-------------------------|
| Adult cleaning (two per calendar year – each at \$0)<br>(additional cleanings available at \$45.00 each)  | \$0                    | \$76- \$173             |
| Child cleaning (two per calendar year – each at \$0)<br>(additional cleanings available at \$30.00 each)  | \$0                    | \$59 - \$135            |
| Periodic oral evaluation  | \$0                    | \$45 - \$100            |
| Comprehensive oral evaluation   | \$0                    | \$70 - \$159            |
| Topical application of fluoride (two per calendar year – each at \$0)<br>(additional topical application of fluoride available at \$15.00 each) | \$0                    | \$31 - \$70             |
| X-rays – (bitewings) 2 films  | \$0                    | \$37 - \$84             |
| X-rays – panoramic film   | \$0                    | \$93 - \$211            |
| Sealant – per tooth   | \$12.00                | \$46 - \$105            |
| Amalgam filling (silver colored) – 2 surfaces   | \$0                    | \$130 - \$296           |
| Composite filling (tooth – colored) – 1 surface, Anterior   | \$0                    | \$132 - \$301           |
| Molar root canal (excluding final restoration)  | \$335.00               | \$936 - \$2,133         |
| Comprehensive orthodontic treatment of the adolescent dentition –<br>Banding  | \$515.00               | \$1,078 - \$2,455       |
| Periodontal (gum) scaling & root planning – 1 quadrant  | \$83.00                | \$206 - \$461           |
| Periodontal (gum) maintenance   | \$53.00                | \$119 - \$271           |
| Removal/extraction of erupted tooth   | \$12.00                | \$38 - \$214            |
| Removal/extraction of impacted tooth – completely bony  | \$115.00               | \$406 - \$920           |
| Crown – porcelain fused to high noble metal*  | \$450.00               | \$936 - \$2,130         |
| Occlusal appliance, by report (for treatment of TMJ)  | \$330.00               | \$814 - \$1,852         |

\*The co-payments for fixed and removable restorations (crowns, bridges, implant/abutment supported prosthetics, complete and partial dentures) do not include additional charges for material upgrades (such as gold/high noble metal or porcelain used in molar restorations), CAD/CAM services, complex rehabilitation or characterizations (for dentures). Any additional allowable charge for these upgrades is the patient's responsibility as specifically outlined in your Patient Charge Schedule (PCS). For questions regarding these charges you may contact Customer Service at 800.Cigna24 (800.244.6224). Please refer to your PCS for full details.

## 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 (non-routine)                 | Full mouth: 1 every 3 calendar years<br>Panorex: 1 every 3 calendar years   |
| Periodontal root planing and scaling | Limited to once per quadrant 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                | Coverage is provided for twenty-four (24) months of active treatment. Cases beyond 24 months require an additional payment by the patient.  |
| Relines, rebases                     | One every 24 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  |
| 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/IV sedation: coverage is provided when medically necessary for covered surgical procedures listed on the Patient Charge Schedule. Clinical guidelines related to the use of general anesthesia/IV sedation should be discussed with your treating network specialist. |

**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)<sup>3</sup>
- › 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
- › Any services related to surgical implants, including placement, repair, maintenance, removal, and implant abutment(s) unless specifically listed on your PCS 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
- › 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.<sup>5</sup>
- › The completion of crowns, bridges, dentures, or root canal treatment already in progress on the effective date of your Cigna Dental coverage<sup>6</sup>
- › 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<sup>4</sup>
- › 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
- › 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 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 PCS<sup>6</sup>
- › 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
- › Bone grafting and/or guided tissue regeneration when performed in conjunction with an apicoectomy or periradicular surgery
- › 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 official plan documents (the Group Contract and Plan Booklet/ Combined Evidence of Coverage and Disclosure Form/Certificate of Coverage). If there are any differences between the information contained here and the plan documents, the information in the plan documents takes precedence.**



1. "Cigna Dental Care" is the brand name used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care (including Dental HMO) plans, and plans with open access features. Cigna Dental Care plans are not available in all states.
2. 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.
3. 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 2019/2020 and are intended to reflect national average charges as of July 2021 assuming an annual cost increase of three percent. Estimates have been adjusted to reflect the 2021 Cigna Dental Care geographical membership distribution. Office visit fee may also apply.
4. **Oklahoma residents:** This exclusion is replaced by the following: War or act of war (whether declared or undeclared) while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer.
5. **Arizona and Pennsylvania residents:** This exclusion does not apply. **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.
6. **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 to their patients. They are not agents of Cigna.

Cigna Dental Care 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 or Cigna HealthCare of Connecticut, Inc., and administered by Cigna Dental Health, Inc. Policy forms: OK - HP-POL115; TN-HP-POL134/HC-CER17V1 et al.



# HEALTHY MOUTH. HEALTHY BODY. HAPPY FACE.

Get to know the Cigna Dental PPO (DPPO) plan.



## The power of preventive dental care

When you enroll in the Cigna Dental PPO (DPPO) plan, certain preventive dental care services like cleanings, oral exams and routine x-rays are **covered at no additional cost** when you use a network dentist.<sup>1</sup> And those visits are about more than brightening your smile — they're important for maintaining your overall health, too.

**1.5x**

People who do not get preventive care are 1.5 times more likely to develop gum disease, which can cause complications, especially for people with underlying medical conditions.<sup>2</sup>

**22%**

People who get regular preventive care are **22 percent less likely to need care at an emergency room or urgent care center.**<sup>2</sup>

## Your plan includes other features and benefits to help make getting dental care simple and affordable, including:



### Enhanced flexibility

The Cigna DPPO plan allows you to choose any licensed dentist for care. However, you'll save more by using a dentist in the Total DPPO network. The Total DPPO network offers convenient access to highly rated dentists all across the country and savings on covered dental services.<sup>3</sup>



### Savings and convenience

**Network dentists have agreed to reduce their fees for Cigna customers.** They will also file claims for you and they cannot "balance bill" you for the difference between their regular fees and the reduced fees they have agreed to accept from Cigna.



### Preventive care at no additional cost

Your plan covers certain preventive care services like cleanings, oral exams and routine x-rays at **no additional cost** when you use a network dentist.<sup>1</sup>



### What is balance billing?

Balance billing happens when a dentist who isn't in your plan's network charges more than your plan pays. Balance billing is a risk when you get services from an out-of-network dentist, so it helps to understand the difference between in-network and out-of-network dentists.

Together, all the way.®



## Find dentists in the Total DPPO network.

You can search for network dentists before your benefits become active by visiting [Cigna.com](https://Cigna.com).

- Select “Find a Doctor, Dentist or Facility”
- Follow prompts to search by type of dentist or by dentist name.
- When prompted to select a plan, choose “DPPO/EPO > Total Cigna DPPO”

Once your benefits become active, you can use your [myCigna.com](https://myCigna.com) account to access enhanced search tools including verified patient reviews, and Brighter Scores.



### No ID card needed!

You don't need an ID card to receive care from network dentists. Simply make your appointment and provide identification to the office staff. They can verify your coverage with Cigna. You can also access a digital ID card after your benefits are effective and you have activated your [myCigna.com](https://myCigna.com) account.



**Dental coverage that keeps you smiling and helps you stay healthy.**



### Questions?

We're here to help 24/7, with live customer support in over 150 languages. Call 1.866.494.2111.

**Together, all the way.®**



1. Not all preventive services are covered, including athletic mouth guards. Refer to the policy for a complete list of covered and non-covered preventive services. Frequency limitations apply.
2. “Preventive Dental Treatment Associated with Lower Medical Utilization and Costs.” National study of Cigna customers with dental and medical coverage, updated December 2020.

The dentists who participate in the Cigna network are independent contractors solely responsible for the treatment provided to their patients. They are not agents of Cigna. In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network.

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# CALL OR CLICK TO FIND A NETWORK DENTIST

## It's easy with Cigna Dental Care (DHMO)\*

Finding a Cigna Dental Care® network dentist or specialist is quick and easy. And how you do it is up to you. You can search online or call to speak with a customer service representative. **Remember to always pick a network general dentist who's within 25 miles of your location to ensure adequate access.**

### Here's how

#### From myCigna.com – the easiest way

Once you enroll in a Cigna Dental Care plan, register at **myCigna.com**. Then the site will give you information for your specific dental plan. You can search for a dentist using your location, dentist name or procedure. Results can be further narrowed down using the prompts on the results page.

On the go? Not a problem. This information is also on the **myCigna® App**.\*\*

**We're with you every step of the way. To help you find better savings, better health and a better experience. From full-service to self-service, Cigna has your dentist search covered.**

\*The term DHMO ("Dental HMO") 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 Dental Care (DHMO) product availability varies by state and is subject to change.

\*\*The downloading and use of the myCigna Mobile App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

#### From Cigna.com

- ▶ To search for a dentist on **Cigna.com**, visit the site and click **"Find a Doctor, Dentist or Facility."**
- ▶ Follow the prompts on screen and when asked to choose your plan, select **"CIGNA DENTAL CARE DHMO > Cigna Dental Care Access Plus."**
- ▶ Review the lists given by specialty. Or narrow your search by typing in provider name, specialty or office name.
- ▶ Once you get your search results, you can further refine your search by:
  - Distance
  - Years in practice
  - Specialty
  - Additional languages
- ▶ Click on a dentist's name for more details. Such as office hours and location listings with map view.

#### Call us at 800.Cigna24 (800.244.6224)

Need help finding a Cigna Dental Care network dentist or specialist? Just give us a call. You can use the automated Dental Office Locator. Or, you can speak directly with a customer service representative. You can also ask for a directory customized by dentist type and location.

#### Call your current dentist

Your current dentist could be in-network. Call the office and ask if they participate in the Cigna Dental Care Access Plus network.

**Together, all the way.®**



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

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