

# YOUR QUESTIONS ANSWERED: CIGNA DENTAL CARE PLAN<sup>®</sup> (DHMO)

The DHMO plan makes it easy and affordable to take care of your dental health



## Q: How does the DHMO plan work?

**A:** When you sign up in the DHMO plan, you select a network general dentist, who will handle your dental care needs. You then receive a Patient Charge Schedule, or “PCS,” that lists the specific dental procedures covered by the plan and the amount you would pay the dentist (your copays). These are **special, reduced fees** that apply only when you receive treatment from the dentists or dental specialists in our large, nationwide DHMO Network.

If a dental procedure is not listed on your PCS, it is not covered and you will have to pay according to the dentist's regular fees. If you receive a covered service from a dentist who does **not** participate in the DHMO network, your dental benefits may be reduced<sup>1</sup> or your treatment may not be covered at all. You can take your PCS to dental appointments to discuss treatment options and costs with your dentist (but it is not required).

## Q: How do I choose a dentist when I sign up for the plan? Can I change my network dentist later on?

**A:** When you enroll in the DHMO plan, **you are required to select and visit a network general dentist (provider) for all your dental care needs.** You can find a network dentist online at [www.cigna.com](http://www.cigna.com) before you sign up or go to your personalized website at [www.myCigna.com](http://www.myCigna.com) after you sign up. You can change your network dentist at any time; changes go into effect the following month. Remember, if you visit a non-network dentist, your treatment may not be covered at all.

If you'd rather speak to someone, call Customer Service at **1.800.Cigna24 (1.800.244.6224)** and we will help you find a network dentist in your area. Or you can follow the phone prompts to use our automated Dental Office Locator. The automated system will speak the names of the dentists in your area or fax a list of dentists to you.

## Q: If I'm new to the Cigna DHMO plan, can I keep my current dentist?

**A:** That depends. If your current dentist participates in the Cigna DHMO Network, you can choose him/her as your network general dentist. You can look online at [www.cigna.com](http://www.cigna.com) before you enroll to find out, or ask your dental office directly. Sometimes, Cigna's online Dental Office Directory may show that your dental office is *not* accepting new patients even when your office says they are. If this happens, please contact Customer Service at 1.800.Cigna24 (1.800.244.6224) for assistance.

## Q: Do I need a referral to visit a dental specialist?

**A:** Yes. If you require specialty care, your network general dentist will refer you to a network dental specialist – and handle any paperwork. Referrals are required for all network specialists, except orthodontists and pediatric dentists.

**See the reverse side for more information about your Cigna DHMO plan**

**GO YOU**



**Q: Do I need to show my ID card when I arrive at the dentist's office?**

**A:** No. ID cards are not required to use the plan. When you call to schedule your appointment, just let your selected network dental office know that you are covered under the Cigna DHMO plan. If for some reason the dental office does not see your name on its list of Cigna DHMO patients, your office will call us to verify. You can also call Customer Service at 1.800.Cigna24 (1.800.244.6224) if you need more help.

**Q: When do I have to pay the dentist?**

**A:** That depends on the financial arrangement between you and your network dentist. We encourage you to discuss costs and payment arrangements for dental treatment with your dentist before you receive care. Most dentists will work with their patients to arrange payment plans for more costly treatments.

**Q: Will my network dentist submit a claim to Cigna after I receive treatment?**

**A:** No. There are no claim forms required with the Cigna DHMO plan. Plus, the DHMO has no deductibles (amounts you would have to pay before your coverage begins) or dollar maximums (limits to what a plan would pay for your dental care costs)!

**Q: Are braces covered?**

**A:** Braces may be covered. The plan documents in your enrollment kit will explain your plan's orthodontic coverage. If orthodontia is covered on your plan, and you or your family member started treatment before you joined the Cigna DHMO (called "orthodontics in progress"), you can call Customer Service to find out if your plan will help pay for that treatment.

**Q: What if I have a dental emergency and can't get treatment from my DHMO network dentist?**

**A: Emergency Services:** If you are away from home or unable to contact your network general dentist, you may receive emergency services by *any* licensed dentist for unexpected but necessary services. Emergency services are limited to relieving severe pain, controlling excessive bleeding, eliminating serious and sudden ("acute") infection, or preventing an existing dental condition from getting worse.

**Emergency Care Away From Home:** For emergency covered services, you are responsible to pay the treatment copays listed on your PCS. After your appointment, you can request some payment from Cigna: the difference, if any, between the dentist's usual fee for the emergency covered services and your normal copay, up to a total of \$50 per incident (this amount will vary by state). To request reimbursement, send the emergency dental treatment reports and any x-rays to Cigna at the address listed on your plan materials.

**Emergency Care After Hours:** There is a copay listed on your PCS for emergency care received after regularly-scheduled office hours. This copay will be in addition to other copays that may apply.

**Q: What if I enroll in the DHMO plan and in the middle of a dental treatment plan when the new plan year begins?**

**A:** Generally, root canal treatment, dentures, crown and bridge treatment in-progress are not covered under the Cigna DHMO plan. You should complete these procedures under your prior insurance plan. Refer to your plan's exclusions and limitations for more details.

**www.cigna.com • 1.800.Cigna24**

<sup>1</sup> Applies to MN and OK residents. The term "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. "Cigna Dental" refers to the following operating subsidiaries of Cigna Corporation: Connecticut General Life Insurance Company, Cigna Life and Health Insurance Company and Cigna Dental Health, Inc., and its operating subsidiaries and affiliates. The Cigna Dental Care plan is provided 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. (Kansas and Nebraska), Cigna Dental Health of Kentucky, Inc., 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, the Cigna Dental Care plan is underwritten by Connecticut General Life Insurance Company or Cigna HealthCare of Connecticut, Inc. and administered by Cigna Dental Health, Inc.

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Affordable, Easy-to-Use Dental Coverage

Under your plan, you have coverage for **hundreds** of dental procedures. This overview shows you a small **sampling** of covered services and what you will pay compared to your **cost without coverage**. See savings below!

Review your plan materials to understand how your plan works. For questions on the plan before enrollment, or to ask for a full list of covered services and exclusions and limitations, call **1.800.Cigna24 (1.800.244.6224)** and select the "Enrollment Information" prompt.

Regular dental visits may do more than brighten your smile. Receiving regular dental care often catches minor problems before they become major and more expensive to treat.

And there's a link between gum disease and other conditions, such as pre-term birth, heart disease, stroke, diabetes and other health issues. So taking good care of your teeth and gums may help you live a healthier life.

**Get the most value from your plan**

Take advantage of your plan's preventive care services – most are covered at low cost or no cost to you. Your plan also covers many other dental services that can help you achieve and maintain a healthy mouth.

Sampling of Procedures	What You'll Pay <sup>2</sup>	
	Cost With Cigna Dental Care	Estimated Cost Without Dental Coverage
Adult cleaning (Two per calendar year each at \$0. Additional two cleanings available at \$45 each)	\$0	\$66-\$125 each
Child cleaning (Two per calendar year each at \$0. Additional two cleanings available at \$30 each)	\$0	\$49-\$93 each
Periodic oral evaluation	\$0	\$94-\$178
Comprehensive oral evaluation	\$0	\$37-\$69
Topical fluoride	\$0	\$57-\$108
X-rays - (bitewings) 2 films	\$0	\$26-\$49
X-rays - panoramic film	\$0	\$30-\$58
Sealant - per tooth	\$5	\$39-\$74
Amalgam filling (silver colored) - 2 surfaces	\$0	\$110-\$208
Composite filling (tooth-colored) - 1 surface	\$0	\$111-\$211
Molar root canal (excluding final restoration)	\$100	\$800-\$1,514
Comprehensive orthodontics - child (up to 19th birthday) banding	\$300	\$991-\$1,874
Periodontal (gum) scaling & root planing - 1 quadrant	\$15	\$167-\$316
Periodontal (gum) maintenance	\$0	\$102-\$193
Removal/extraction of erupted tooth	\$0	\$112-\$211
Removal/extraction of impacted tooth	\$40	\$349-\$660
Crown – porcelain fused to high noble metal	\$60	\$797-\$1,509
Implant crown – porcelain fused to high noble metal crown	\$360	\$1,025-\$1,939

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<sup>2</sup> 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 2010 and are intended to reflect national average charges as of January 2013 assuming an annual cost increase of three percent. Estimates have been adjusted to reflect the 2010 Cigna DHMO geographical membership distribution.



know what's important to you

## Key Plan Features

- 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 your dentist are clearly listed on your Patient Charge Schedule (PCS).
- There are no claim forms to file and no waiting periods for coverage.
- 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.
- You don't need a referral for children under seven to visit a network pediatric dentist. And you don't need a referral to see a network orthodontist.
- There's no age limit on sealants, which help prevent tooth decay.
- Your plan covers procedures to detect oral cancer in its early stages.
- 24/7 access to the Dental Information Line – this line will be staffed by trained health care professionals who can answer questions about dental treatment and clinical symptoms.

## Finding a network dentist is easy.

There are several ways to choose your network general dentist:

- Find a dentist at Cigna.com. Our online dental directory is updated weekly.
- Call **1.800.Cigna24** (1.800.244.6224) to speak to a Customer Service representative. Our representatives can send you a customized dental directory listing via email.

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, and dentures (including those placed over implants), root canals, oral surgery, extractions, treatment for periodontal (gum) disease, and more.
- **Specialty care** – at the same fee as general care, with an approved referral
- **Orthodontic care** – braces for children and adults
- **General anesthesia** – when medically necessary
- **Teeth whitening** – using take home bleaching trays and gel

Age and frequency limitations may apply to some covered services. 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)<sup>3</sup>
- 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.

<sup>3</sup> Minnesota and Oklahoma residents: See the enclosed brochure for information on your out of network coverage.



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# CIGNA DENTAL CARE<sup>®</sup> (DHMO<sup>1</sup>) DECISION GUIDE

Selecting a dental plan is an important decision. Use the following checklist to help you decide what's most important for you and your family. Simply check "yes" or "no," and then read the instructions below.



Cigna DHMO Feature	What It Means to You	Important to You?	
Fixed copays	When you enroll in a DHMO plan, you receive a Patient Charge Schedule, or "PCS." The PCS lists the specific dental procedures covered by the plan and the amount <b>you pay</b> the dentist. These copays apply even if you see a specialist. Most preventive services such as cleanings, x-rays and exams are covered in full.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Access to a DHMO dentist where you need one	Cigna has one of the largest, national dental HMO-type networks in the country. This means you and each of your enrolled family members can choose a network dental office that's most convenient to home, work, or school.	<input type="checkbox"/> yes	<input type="checkbox"/> no
No deductibles or waiting periods	There is no amount you have to pay, and no period of time you have to wait, before your coverage begins. Instead, you can visit a network dentist immediately after your coverage begins and pay only the copay listed on your PCS.	<input type="checkbox"/> yes	<input type="checkbox"/> no
No annual or lifetime dollar maximums	If your benefits include a plan maximum and the plan pays that maximum amount, you would have to pay 100% for all dental work needed for the rest of the plan year. With the DHMO plan, "no maximums" means that no matter how much dental treatment you need, you don't ever have to worry about your coverage running out.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Quality management program	Your network dental office is required to participate in our quality management program, which helps ensure that Cigna's high standards for quality, appointment availability, and patient satisfaction is met. In fact, each dental office is visited every year by our network staff.	<input type="checkbox"/> yes	<input type="checkbox"/> no
No paperwork	Since you simply pay the copay when you visit the network dental office, there are no claim forms to file. If you need to see a specialist, your assigned network general dentist will fill out the specialty referral paperwork for you. Referrals aren't required for pediatric dentists for your children under seven years old or for orthodontists if you or your family member needs braces.	<input type="checkbox"/> yes	<input type="checkbox"/> no
<b>Count the boxes you checked "yes" and "no." If more boxes are checked "yes," the Cigna DHMO plan may be the right option for you!</b>		—	—

If you still have questions after reviewing the DHMO enrollment information, call **1.800.Cigna24** to speak to one of our helpful customer service representatives or visit our website at **www.cigna.com**.

**GO YOU<sup>™</sup>**



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