

# QUESTIONS? WE'VE GOT ANSWERS.

## Cigna Dental Care (DHMO) plan

### Q: How does the Cigna Dental Care® (DHMO) plan differ from DPPO?

**A:** With the Cigna Dental Care plan:

- ▶ You must choose a network general dentist (NGD) who will manage your overall dental care. You won't be covered if you go to a dentist who's not in our network.<sup>2</sup>
- ▶ There are no deductibles. You don't have to reach an out-of-pocket cost before your insurance starts.
- ▶ There are no calendar year/lifetime maximums. Your coverage isn't limited by a dollar amount.
- ▶ There are no claim forms. No forms to file when using network dentists and no waiting periods for coverage.
- ▶ Referrals are required for some specialty care services. Exceptions are pediatric dentists for children under age 13 and orthodontists.<sup>3</sup>
- ▶ Your share of out-of-pocket costs is clearly listed on your Patient Charge Schedule (PCS). Only covered procedures are listed.

### Q: How does the Cigna Dental Care plan work?

**A:** When you enroll, you will choose an NGD. You can choose a different NGD for each covered family member. Next, you get a PCS mailed to your home. Your PCS lists the dental procedures covered by the plan. It also shows your part of the dental charges - depending on your plan, either:

- ▶ Fixed amount (copay) or
- ▶ Percentage (coinsurance)

These copays/coinsurance apply only when you get care from dentists in our Cigna Dental Care Access network.

If a dental procedure is not listed on your PCS, it's not covered. You will have to pay the dentist's normal fees. You must use a dentist in the Cigna Dental Care Access network for services to be covered. If you see a dentist outside the Cigna Dental Care Access network, your care won't be covered (unless it's an emergency).<sup>2</sup>

If you have questions, you can take your PCS with you to dental appointments. Use it to discuss treatment options and costs with your dentist.

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## Q: How do I choose a dentist when I sign up for the plan?

- A:** Finding a dentist is easy.
- › Go to **Cigna.com** before you sign up.
  - › Visit **myCigna** - online or through the app - after you enroll.
  - › Call customer service 24/7/365 at **800.Cigna24 (800.244.6224)**. We'll help you find a network dentist near you. Or you can follow the phone prompts to use our automated Dental Office Locator.

**Remember to always pick an NGD who's within 25 miles of your location to ensure adequate access.**

## Q: Can I change my NGD later on?

- A:** You can change your network dentist at any time. Changes must be made by the 15th day of the month for the change to take effect on the first of the following month.

## Q: I'm new to the Cigna Dental Care plan. Can I keep my current dentist?

- A:** That depends. Is your current dentist in the Cigna Dental Care Access network? If so, you can choose him/her as your NGD. You can look online at **Cigna.com** before you enroll to find out. Or, ask your dental office directly. Cigna's online directory may show that your dental office is not taking new patients. If your office says they are, contact customer service. Call **800.Cigna24 (800.244.6224)** for help 24/7/365.

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

- A:** Yes. If you need specialty care your general dentist doesn't perform, your NGD will refer you to an in-network specialist and handle the paperwork. Referrals are needed for all specialists, except pediatric dentists for children under age 13 and orthodontists (if your plan includes orthodontic benefits).

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

- A:** No. ID cards are not needed to use the plan. When you make your appointment, tell the dental office that you have Cigna Dental Care. The dental office can call us to verify coverage, if needed. You can also call **800.Cigna24 (800.244.6224)** 24/7/365 if you need help. While you do not need an ID card to receive care you can print one from **myCigna.com** anytime after you enroll.

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

- A:** That depends on the financial arrangement between you and your network dentist. You should talk about cost and payment with your dentist before you get care. Most dentists will work with their patients to arrange payment plans.

## Q: Are braces covered?

- A:** Braces may be covered, depending on your plan. The plan documents in your enrollment kit will explain if your plan includes orthodontic coverage. If you or your family member started orthodontic treatment before joining Cigna Dental Care, this is called "orthodontics in progress." And if your plan covers orthodontics, you may qualify for coverage. Call customer service to learn more.

## Q: What if I have a dental emergency and can't see my Cigna Dental Care network dentist?

- A: Emergency services.** If you're away from home or not able to contact your NGD, you may get emergency care from any licensed dentist. This is for unexpected but necessary services only. Emergency services are limited to:
- › Relieving severe pain
  - › Controlling excessive bleeding
  - › Eliminating serious and sudden (acute) infection

Routine restorative procedures or definitive treatment (root canal) are not considered emergency care. You should return to your NGD for these procedures.

**Emergency care away from home.** For covered emergency services, you're responsible for the copays/coinsurance listed on your PCS. After your appointment, you can request payment from Cigna. You can ask for the difference between the fee and your normal copay/coinsurance up to a total of \$50 per incident. (This amount may vary by state.) To make a request, send the dentist's itemized bill to Cigna Dental. Contact customer service for help.

**Emergency care after hours.** See your PCS for the copay/coinsurance for emergency care received after regularly scheduled hours. This cost will be in addition to other copays/coinsurance that may apply.

## Q: What if I'm in the middle of dental treatment when my new Cigna Dental Care plan starts?

**A:** Typically, these in-progress procedures aren't covered under the Cigna Dental Care plan.<sup>4</sup>

- › Root canal treatment
- › Dentures
- › Crown and bridge treatment

You should finish these procedures under your prior insurance plan. Depending on your plan, other types of treatment in progress may not be covered, such as implant supported prosthesis (including crowns, bridges and dentures). However, many Cigna Dental Care plans do give coverage for orthodontics in progress. Refer to your plan's exclusions and limitations for more details.



Have more questions? We're here to help 24/7/365. Call us at **800.Cigna24 (800.244.6224)** or the number on the back of your ID card.



1. "Cigna Dental Care" is a 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 plans (including Dental HMO plans), and plans with open access features. The Cigna Dental Care plan may not be 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. 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 an NGD. Check your plan materials to see if your plan includes coverage for orthodontia.
4. **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.

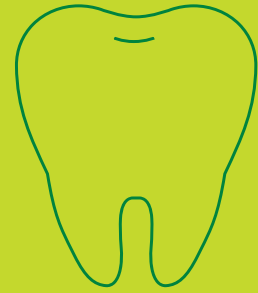
All group dental plans and insurance policies have exclusions and limitations. For costs and details about the services covered under your plan, review your enrollment materials. Dentists who participate in Cigna's network are independent contractors solely responsible for the treatment provided and 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.

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# MAKE THE MOST OF YOUR CIGNA DENTAL PLAN



## Programs and services that can help

Nothing is more important than your health. That's why there's **myCigna.com** – your online home for assessment tools, plan management, dental health information and much more. Once you've enrolled in a Cigna dental plan, you can use **myCigna.com** to:

- › **Choose** dentists and create, download and print a personal directory.
- › **Verify** plan details such as coverage, coinsurance/copays and deductibles (the amount you pay before your plan starts to pay).
- › **Print** a dental ID card.
- › **Get** the forms you need.
- › **Access** dental health information through WebMD® Dental Health Resource Center.
- › **Estimate** your dental costs before your next visit.

### Get to know your oral health

Are you at risk for gum disease? Knowing the answer to this question could help your overall health. That's because research shows an association between gum disease and other health conditions like diabetes, heart disease and stroke. Pregnant women with untreated gum disease may be at an increased risk for delivering preterm and/or low birth weight babies. Think cavities are just for kids? Think again. Many adults have untreated cavities (25% of those 20–44 years, 21% of those 45–64 years and 20% of those 65 years and older).<sup>1</sup> And tooth decay (cavities) is the single most common chronic childhood disease – four times more common than asthma.<sup>2</sup>

### Assess your risks

The Periodontal (gum) Disease and Cavity Risk Assessment Tools are designed to help you and your dentist identify factors that might increase your risks for gum disease and cavities. The quizzes are quick and easy. The Periodontal Disease Risk Assessment is just 20 questions. The Cavity Risk Assessment is just 12 questions for adults and 16 questions for children under age 12. And when you complete the quizzes, you'll get detailed score sheets that tell you whether you are low risk, low to moderate, moderate risk or high risk for gum disease or tooth decay, depending on which quiz you've taken. Take the quizzes today and share the results with your dentist at your next dental checkup.

Please note that these tools serve as a guideline to assess your risks for cavities and gum disease. It's important to visit your dentist on a regular basis to discuss your oral health.

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



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This flyer is not intended for use in New Mexico.

## Prevention is key

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. Practice prevention and take advantage of your plan's preventive care services – certain services may be covered at low cost or no cost to you when you visit a network dentist. Covered services\* may include, but are not limited to:

- › Oral exams
- › Cleanings
- › Fluoride treatments
- › X-rays
- › Oral cancer screenings

\*The following is not an exhaustive list of exclusions and limitations. See your plan documents for additional details. Exams, cleanings and fluoride treatments are limited to two per calendar year. Routine X-rays are limited to: Bitewings: Two per calendar year, non-routine X-rays are limited to: Full mouth: One every three calendar years; Panorex: One every three calendar years. The frequency limitations of certain other covered services are set forth on your plan benefit schedule.

## We're here when you need us

We know that sometimes you need us at odd hours – late at night, on the weekend or during a national holiday. Sometimes your questions just can't wait for "normal business hours."

- › "My son is away at college. Can you help me find a network dentist close to his school?"
- › "My dentist told me I need a root canal. Does my dental plan cover this?"
- › "My husband has a painful toothache, but he's in Phoenix on a business trip. Can you help me find a dentist?" That's why our customer service hours include weekdays, Saturdays, Sundays and holidays. Call us at **800.Cigna24** any time you need us – we'll be there. We're on the clock for you 24 hours a day, 7 days a week, 365 days a year.

## Health and wellness discounts

Save money when you purchase health and wellness products and services through the Cigna Healthy Rewards® program.<sup>3</sup> Programs include:

- › Weight and nutrition management
- › Fitness
- › Tobacco cessation
- › Vision and hearing care
- › Vitamins, health and wellness products
- › Alternative medicine
- › Anticavity products
- › Healthy lifestyle products



1. [www.cdc.gov/oralhealth/factsheets/dental\\_caries](http://www.cdc.gov/oralhealth/factsheets/dental_caries) American Dental Association; May 31, 2012, CDC report: Selected Oral Health Indicators in the United States, 2005–2008.

2. Surgeon General's Report on Oral Health in America, Centers for Disease Control and Prevention, July, 10 2013, Preventing Dental Caries With Community Programs.

3. Healthy Rewards is a discount program. If your plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. Healthy Rewards programs are separate from your benefits. **A discount program is NOT insurance, and you must pay the entire discounted charge.** Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time.

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# FINDING A DENTIST IN OUR DIRECTORY IS EASY

Is your dentist in your plan's Cigna network? Cigna's online directory makes it easy to find who (or what) you're looking for.

## SEARCH YOUR PLAN'S NETWORK IN FOUR SIMPLE STEPS



### Step 1

Go to **Cigna.com**, and click on "Find a Doctor" at the top of the screen. Then, under "How are you Covered?" select "Employer or School."

(If you're already a Cigna customer, log in to **myCigna.com** or the myCigna® app to search your current plan's network. To search other networks, use the **Cigna.com** directory.)



### Step 2

Change the geographic location to the city/state or zip code you want to search. Select the search type and enter a name, specialty or other search term. Click on one of our suggestions or the magnifying glass icon to see your results.



### Step 3

Answer any clarifying questions, and then verify where you live (as that will determine the networks available).



### Step 4

Optional: Select one of the plans offered by your employer during open enrollment.

**That's it!** You can also refine your search results by distance, years in practice, specialty, languages spoken and more.

## Search first. Then choose Cigna.

There are so many things to love about Cigna. Our directory search is just the beginning.

After you enroll, you'll have access to **myCigna.com** - your one-stop source for managing your health plan, anytime, just about anyplace. On **myCigna.com**, you can estimate your health care costs, manage and track claims, learn how to live a healthier life and more.

**Questions?** Call

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