

MAKE SURE YOU READ THIS IMPORTANT INFORMATION

What's covered

You can save money on a wide range of services, including:

- **Preventive care** – cleanings, fluoride, sealants, bitewing x-rays, full-mouth x-rays and more.
- **Basic care** – tooth-colored fillings (called resin or composite) and silver-colored fillings (called amalgam).
- **Major services** – crowns, bridges, dentures (including those placed over implants), root canals, oral surgery, extractions, treatment for periodontal (gum) disease and more.
- **Specialty care** – some plans include specialty care with an approved referral. Check your plan materials to see how other specialty care is handled.
- **Orthodontic care** – many plans include coverage for braces for children and adults. Check your plan materials.
- **General anesthesia** – when medically necessary.
- **Temporomandibular joint (TMJ)** – diagnosis and treatment procedures, including cone beam x-ray and appliance.

Alternate coverage provisions may apply for covered services if noted on your PCS.⁸ Review the rest of your enrollment materials for more details.

Enrollment is easy – follow these simple steps

- **Review your plan materials to understand your choices.**
- **Enroll.** Complete and sign the paper enrollment form and return it to your employer. (If your employer has a different enrollment process, follow your employer's instructions.)
- **Register on myCigna.com** for access to information that will help you get the most out of your plan.

What's not covered*

All plans have exclusions and limitations. Here are some examples of services not covered:

In most states, individuals must receive non-emergency services through their network general dentist for coverage to apply. Prior authorization may be required for certain specialty care treatments. Only those procedures that are medically necessary and listed on the plan's Patient Charge Schedule (PCS) are covered. 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. The frequency limitations of certain other covered services are set forth in the PCS. The following are excluded from coverage unless otherwise listed on the PCS or required by law: (a) Experimental and cosmetic dentistry; (b) Treatments or surgery if associated with a poor or hopeless diagnosis; (c) Recementation of crowns, inlays and onlays, post and cores, and veneers within 180 days of initial placement; (d) Crowns, bridges and implant supported prostheses used solely for splinting; and (e) Work already in progress for crowns, bridges, dentures, root canal treatment or implant supported prostheses.

* This is not a complete list. Actual terms of coverage may vary by state. For a more complete list of both covered and not covered services, including benefits required by your state, 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.

8. Covered services may cost less than alternative services suggested by the dentist. You can receive the dental procedure of your choice; however, if you choose the higher cost procedure, you will be responsible for paying the Patient Charge for the covered procedure plus the difference in cost between the dentist's usual charges for the less costly procedure and higher cost procedure.



Dentists who participate in Cigna's network are independent contractors solely responsible for the treatment provided and are not agents of Cigna.

DHMO insurance coverage is set forth on the following policy form numbers: CO, DE, FL, KS, NE, OH, PA, and VA: PB09. AR: HP-POL120; CA: CAPB09, CAVP/A09, or 91994D3; CT: PB09CT; IL: CG-CDC-ILL-POLICY; LA: HP-POL118; MA: HP-POL134; MI: HP-POL179; MO: PB09MO; MS: HP-POL117; NC: PB08 (PB09.NC pending); NV: HP-POL132; NY: HP-POL130; OK: HP-POL115; OR: HP-POL121; SC: HP-POL128; TN: HP-POL134; TX: PB09TX; UT: HP-POL129; WA: WAPOL05/11; and WI: HP-POL122.

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CIGNA DENTAL CARE® DHMO

Dental coverage that is convenient,
pocket-friendly and easy to use

GO YOU®



KNOW WHAT'S IMPORTANT TO YOU

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

- **Review** your plan materials to understand how your plan works. We are here if you have questions or need more information. Call **1.800.Cigna24** (1.800.244.6224).
- **Take advantage** of your plan's preventive care services – view your Patient Charge Schedule (PCS) for a list of covered services and related costs.
- **Dental information line**
 - 24/7 access to trained professionals
 - Information and help with questions about dental treatment and clinical symptoms
- **Cigna's identity theft program¹**
 - Resolution support for credit card fraud, and financial and/or medical identity theft
 - Available 24/7/365 at no additional charge

Get smarter about ways to stay healthy

Did you know that healthy gums may:

- **Help reduce the risk of preterm birth.** Mom's gum disease may increase the chances of a preterm, low birth weight baby. The changing hormone levels in some pregnant women can make dental problems worse.²
- **Lead to a healthier heart.** Those with gum disease may be twice as likely to suffer from coronary artery disease.³
- **Help control blood sugar.** One study found that when diabetic patients' gum infections were treated, it was easier to manage their blood sugar.⁴

The **Cigna Dental Oral Health Integration Program[®]** reflects the latest medical and dental research by providing you with access to additional preventive care services if you have any of the following medical conditions: Pregnancy, heart disease, stroke, diabetes, head and neck cancer radiation, organ transplants and chronic kidney disease. In addition, we offer savings on certain prescription dental products, and guidance on behavioral issues that impact oral health such as tobacco cessation, stress and fear of going to the dentist.

There's no additional charge for the program – if you qualify, you get reimbursed! To learn more, visit **myCigna.com** or call the number on your ID card or **1.800.Cigna24** (1.800.244.6224).

1. Cigna's Identity Theft services are provided under a contract with Europ Assistance USA. Full terms are contained in Cigna's Identity Theft Program service agreement.
2. American Dental Association, 2012, Pregnancy. Retrieved from www.mouthhealthy.org/en/pregnancy/. If you are unable to access this article please call **1.800.Cigna24** to request a copy.
3. American Academy of Periodontology, April 18, 2012, Gum disease links to heart disease and stroke.
4. American Academy of Periodontology, April 18, 2012, Gum disease and diabetes.



To learn more,
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(1.800.244.6224).

UNDERSTAND HOW YOUR PLAN WORKS

Your network general dentist

The network general dentist you choose will manage your overall dental care. Covered family members can choose their own network general dentists – near home, work or school. Our nationwide Cigna Dental Care (DHMO)⁵ network is the largest in the United States.⁶

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

Finding a network dentist is easy

There are multiple ways to select your network general dentist. First, be sure to select DHMO as your plan. Then, choose from one of these two options:

- Go to the provider directory at **myCigna.com**. Our online provider directory is updated weekly.
 - Call **1.800.Cigna24** (1.800.244.6224) to speak with a customer service representative. Our service representative can send you a customized network directory listing via email if you'd like.
5. "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.
 6. NetMinder. DHMO data as of March 2013 and is subject to change. The Ignition Group makes no warranty regarding the performance of the data and the results that will be obtained by using.

After you enroll

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

More about your DHMO plan

- No deductibles – you don't have to reach a certain level of out-of-pocket expenses before your insurance kicks in.
- No dollar maximums – you don't have to worry about your coverage running out after your covered expenses reach a certain dollar amount.
- Easy to understand plan – your share of out-of-pocket expenses is clearly listed on your PCS and only covered procedures are listed.
- There are no claim forms to file and no waiting periods for coverage.
- Pre-existing conditions are not excluded if the procedures involved are otherwise covered under your PCS. However, work already in progress is excluded.*
- There is no age limit on sealants, which help prevent tooth decay.
- Your preventive care coverage includes certain procedures to help detect oral cancer in its early stages.

* **California and Texas residents:** Treatment for pre-existing conditions already in progress on the effective date of your coverage are not excluded if otherwise covered under your PCS.