Offered by Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company – 900 Cottage Grove Road, Hartford, CT 06156



A guide to YOUr Cigna Dental PPO¹



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know what's important to you

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.

Every \$1 you spend on preventive dental care could save you \$8 to \$50 in restorative and emergency treatment.²

And research also shows a link between periodontal disease – called gum disease – and other conditions, such as pre-term birth, heart disease, stroke, diabetes and other health issues.³ So a healthier mouth may help you to have a healthier life.



What can Cigna Dental do for you?

First, think about your needs. Next, read this information carefully to understand how the plan works. Then, choose Cigna for your dental health partner and let us help you:

- Practice prevention and take advantage of your plan's preventive care services – most are covered at low cost or no cost to you.
- Use myCigna.com or call us at 1.800.Cigna24 to find out what you need to know about your dental plan.
- Estimate your dental care costs and measure your risk for cavities and gum disease with easy-to-use tools available on myCigna.com.
- Enjoy discounts on health-related products and services through Cigna Healthy Rewards[®].⁴
- The Cigna Dental Oral Health Integration Program® offers enhanced dental coverage and more for dental customers with any of the following medical conditions: diabetes, heart disease, stroke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease. There's no additional charge for the program those who qualify get reimbursed 100 percent of coinsurance for certain related dental procedures* and are eligible for other perks!

Visit myCigna.com or call customer service at 1.800.Cigna24 (1.800.244.6224) if you have questions about your dental coverage, claim status, dental office locator, eligibility and plan verification, and much more.

understand your Cigna Dental PPO

How your plan works

Whether you choose a dentist in the Cigna Dental Core Network or outside the network, your coverage includes a wide range of eligible services after you satisfy any waiting period and meet your deductible:

- Preventive care (cleanings, X-rays and more)
- Basic care (fillings, basic restorative work)
- Major services (bridges, crowns, root canals and more)
- Orthodontics (some plans may include orthodontic coverage for children and adults)

And there is more:

- Some diagnostic and preventive care procedures are covered at no cost or low cost to you.
- For other services, you will usually pay a percentage of the cost – or coinsurance amount – to the dentist at the time of service.
- You don't need an ID card to receive dental care.
- If you visit a dentist or specialist for a second opinion, we will reimburse you according to your plan coverage.
- You don't need to select a primary care dentist.
- You don't need a referral to receive care from a specialist.



- Pay less for covered services because the dentists in the Core Network have agreed to offer our enrollees services at lower negotiated rates, approximately 35% off average area charges.⁵
- You may save on out-of-pocket costs for many services not covered under your plan. Dentists in the Core Network have agreed to offer our customers discounted fees for all procedures on their fee schedules.⁶
- Dentists in the Core Network will submit claims for you.
- All dentists in the Core Network have been screened through a process modeled after the highest national quality standards and we repeat the process every three years.

- Your out-of-pocket expenses will generally be higher because out-of-network dentists have not agreed to offer Cigna plan customers negotiated rates.
- Depending on your plan design, outof-network dentists may bill you for the difference between the payment they receive from Cigna Dental and their usual fees.
- You may also have to file your own claims.

Please refer to your Summary of Benefits for specific plan details and any age and frequency limitations, including out-of-network coverage and a complete list of exclusions and limitations.

Save more with in-network care



plan to enroll today

Follow these simple steps

- Review your plan materials
- Complete and sign the enrollment form and return it to your employer

If your employer has a different process, follow those instructions.

After you enroll

Register for myCigna.com and click the link to view your personalized dental plan information

- · Print an I.D. card
- Search for claims
- Access easy-to-use tools to learn more about your oral health
- Enjoy discounts on a variety of health and wellness products and services
- Find a dentist in the Cigna Dental Core Network or call 1.800.Cigna24 (1.800.244.6224)

Make the most of your dental plan by visiting your dentist.

- 1. The Cigna Dental PPO is underwritten or administered by Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company with network management services provided by Cigna Dental Health, Inc., and certain operating subsidiaries. In Texas, the Dental PPO product is referred to as the Cigna Dental Choice Plan.
- 2. www.adha.org (American Dental Hygienist Association).
- 3. American Dental Association, Science in the News 2007–2010
- 4. Some Healthy Rewards programs are not available in all states. If your Cigna plan includes coverage for any of these services, this program is in addition to, not instead of, your plan coverage. A discount program is NOT insurance, and you must pay the entire discounted charge.
- 5. Average discount percentages are calculated by comparing nationwide average contracted rates to national average charge data. Actual savings will vary based upon procedure, geographic location, and the individual dentist's contracted fees.
- 6. Discounts on non-covered services may not be available in all states

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