



TAKE A LOOK AT THE CONVENIENCE AND SAVINGS

Consider the Cigna Dental Care (DHMO) plan.

Did you know you can save in dental plan costs by switching to the Cigna Dental Care® plan?

It's open enrollment time. During open enrollment, you can make changes to your dental coverage. Now is the time to think about which plan is right for you.

You are currently enrolled in the Dental PPO plan. However, you may want to take a closer look at another plan option available in your employee benefits package: the **Cigna Dental Care (DHMO)** plan. You might be surprised at the benefits of the Cigna Dental Care plan – in cost, coverage and convenience.

Cut costs – not convenience

With the Cigna Dental Care plan, you choose a general dentist from our Cigna Dental Care Access provider network. Your network general dentist manages your dental care. If you need specialty care, your network general dentist gives you a referral to a network specialist.² It's important to remember that out-of-network benefits are not offered with the Cigna Dental Care plan (except for emergencies or where required by law).³

Find a Cigna Dental Care network dentist near home, school or work

For a complete list of dentists in your area:

- ▶ Visit the directory at www.cigna.com
- ▶ Call 1.800.Cigna.24 to access the automated Dental Office Locator

Our network is constantly growing so remember to check the directory for updates.

See the reverse side for more reasons to consider switching to the Cigna Dental Care plan.

Why pay more for dental care?

Please read your enrollment materials carefully. Then, consider choosing the Cigna Dental Care option when making your benefit elections.

Together, all the way.®



Other reasons to consider the Cigna Dental Care plan:

- ▶ Preventive and diagnostic services covered at low or no additional cost.⁴
- ▶ NO calendar year maximum – unlike most DPPO plans, the Cigna Dental Care plan isn't limited by a calendar year maximum.
- ▶ NO deductibles – you don't have to reach a certain level of out-of-pocket expenses before your insurance begins.
- ▶ NO claim forms to file – when using in-network dentists.
- ▶ NO waiting periods – coverage starts on the first day.
- ▶ Copays – not coinsurance – most fees are covered with a copay, which help you better manage your dental expenses.
- ▶ Covered family members can choose different network general dentists near home, work, or school.
- ▶ Change your Network General Dentist (NGD) anytime (change in NGD made by the 15th of the month will go into effect the first day of the following month).
- ▶ NO age limit on sealants, which helps prevent tooth decay.
- ▶ Athletic mouth guard coverage to help prevent costly repairs to the mouth, teeth, and jaw.⁴
- ▶ Fluoride treatments – two treatments per year covered at 100%.
- ▶ Orthodontic coverage for children and adults.⁵



1. 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 plan is not available in every state. There are no out-of-network benefits, except for emergencies or where required by law.

2. Referrals are not required for network orthodontists or pediatric dentists.

3. **Minnesota Residents:** You must visit your selected network dentist in order for the charges on the Patient Charge Schedule to apply. You may also visit other dentists that participate in our network or you may visit dentists outside the Cigna Dental Care network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist's usual fee. We will pay 50 percent of the value of your network benefit for those services. Of course, you will pay less if you visit your selected Cigna Dental Care network dentist. Call Customer Services for more information.

Oklahoma Residents: In Oklahoma the Cigna Dental Care plan is an Employer Group Pre-Paid Dental Plan. You may also visit dentists outside the Cigna Dental Care network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist's usual fee. We pay non-network dentists the same amount we'd pay network dentists for covered services. You'll pay less if you visit a network dentist in the Cigna Dental Care network. Call Customer Service for more information.

4. Not all services are covered. For example, prescription medications are generally not covered. Athletic mouthguards are limited to one every 12 months. With most plans, cleanings and bitewing x-rays are limited to two per calendar year, and full mouth/panorex x-rays to one every three calendar years. See your Patient Charge Schedule for a complete list of covered services and any frequency limitations.

5. Maximum benefit of 24 months of interceptive and/or comprehensive treatment. Atypical cases or cases beyond 24 months require an additional payment by the patient. The following orthodontic services are generally not covered: 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. For a complete list of plan exclusions and limitations, see your plan documents.

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.

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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