

We give you
more reasons to
smile

Understanding and Getting the Most from Your CIGNA Dental Care (DHMO*) Plan

A dental plan that makes it easier for you to take care of your oral health.



Below you will find answers to the most commonly asked questions about your dental plan. If you have further questions, please call CIGNA member services at 1.800.CIGNA24 (1.800.244.6224) or the number provided on your identification card.

How do I know what's covered?

Covered services are listed on your Patient Charge Schedule (PCS). Procedures NOT listed in your PCS are NOT covered and are your responsibility at the dentist's usual fees. Some plans include specialty care at the same fee as general care with an approved referral.

Are cleanings free?

One routine cleaning every six months is covered at no charge under most plans. Some plans may have an office visit copay of \$5 or \$10, check your PCS. It is important to note, if you have not had your teeth professionally cleaned on a regular basis, your dentist may recommend a deeper cleaning to remove heavy buildup of tartar and calculus, which indicates gum disease. See your PCS for the copay associated with deeper cleanings, which may also be referred to as periodontal scaling and root planing.

Find information specifically for you online at your convenience. Once you are enrolled in a CIGNA Dental plan, our secure, easy-to-use web site, myCIGNA.com, gives you the tools you need to make informed health care decisions for you and your family. Depending upon your covered dental plan benefits, you can:

- Review your dental information
- Learn about the CIGNA Dental programs available to you
- Order a dental ID card
- Find and change network dentist offices

To get started, go to myCIGNA.com from any computer with internet access.

If there is a cost, how is it handled?

You are responsible for the charges listed on the PCS ONLY when these procedures are performed by your assigned Network General Dentist. Procedures performed by a non-network dentist are NOT covered and you will be responsible to pay the dentist's usual and customary fees for those procedures. Copayments are due at the time the services are provided. Please be sure that you have your full payment available. If several visits are required to complete your treatment, your dental office can design a treatment plan and advise you of their payment options so that you can budget accordingly. Because you are a DHMO member, the charges for covered services are significantly discounted from the dentist's usual fees.





Can I change dentists?

You and your covered dependents can change dental offices at any time during the month. Call us at the number provided on your ID card and use our Quick Transfer system or speak to a member services representative to transfer in to an office that is accepting new patients. Please note that not all contracted offices are still accepting new patients. Please refer to our online provider directory or ask our member services representative for up to date information. Before changing offices, we recommend that you complete any procedures in progress and pay all outstanding balances before requesting a new dental office. All dental office transfers are effective the first day of the following month.

What if I need a specialist?

Your network general dentist will evaluate your condition and provide you with a specialty referral form. A referral form is not required for orthodontic, endodontic and pediatric visits. Please remember that you must seek treatment from a contracted specialist or your services will not be covered.

What happens if I miss an appointment?

Please give your dental office a minimum of 24 hours notice if you need to cancel a dental appointment. If you fail to keep an appointment, you may be charged a broken appointment fee.

**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, and the 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.

Here are some things that we hope you will keep in mind:

- Talk with your dentist and his/her staff. They will be happy to answer your questions, explain dental procedures and discuss alternative options regarding your treatment plan. The more you understand, the better decisions you and your dentist can make regarding your dental health.
- Be sure to keep your employer and CIGNA Dental up-to-date regarding any changes in address, phone number, number of covered dependents, or any other changes in your coverage status. Maintaining accurate records helps us serve you better.

How do I handle dental emergencies away from home?

If you are away from home or unable to contact your network general dentist, you may receive emergency services by any licensed dentist. For emergency covered services, you will be responsible for the Patient Charges listed on your PCS. CIGNA Dental will reimburse you the difference, if any, between the dentist's usual fee for emergency covered services and your Patient Charge, up to a total of \$50 per incident. To receive reimbursement, send appropriate reports and x-rays to CIGNA Dental at the address listed on your plan materials.

Questions or Comments?

Contact customer service at 1.800.CIGNA24 (1.800.244.6224) or the number provided on your identification card. If you have not received your identification card, contact customer service.



www.cigna.com
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