

TRANSITION OF CARE

CONTINUITY OF CARE

See how they work.

What is Transition of Care?

A Transition of Care (TOC) service is a dental procedure that begins while you're covered under one carrier and is finished while covered under a different carrier.

Typically, TOC services require more than one trip to the dental office for completion. Orthodontic treatment and some general dentistry services apply – i.e., root canal therapy, crowns, partials, bridges.

With TOC, you may be able to continue to receive services for specified dental procedures with dental providers who are not in the Cigna network at in-network coverage levels. You must apply for TOC at enrollment, or when there is a change in your medical plan. You must apply no later than 30 days after the start date of your coverage.

What is Continuity of Care?

With Continuity of Care (COC), you may be able to receive services at in-network coverage levels for specified dental services when your dental care provider leaves your plan's network. This care is for a defined period of time. You must apply for COC within 30 days of being notified of your dental care provider's termination. Typically, COC services require more than one trip to the dental office for completion. Orthodontic treatment and some general dentistry services apply – i.e., root canal therapy, crowns, partials, bridges.

How they both work

- ▶ You must already be under treatment for the condition identified on the TOC/COC request form.
- ▶ If the request is approved for dental procedures:
 - You will receive the in-network level of coverage for treatment of the specific service by the dental care providers for a defined period of time, as determined by Cigna.
 - If your plan includes out-of-network coverage and you choose to continue care out-of-network beyond the time frame approved by Cigna, you must follow your plan's out-of-network provisions.
 - TOC/COC applies only to treatment of the qualifying dental service specified and the dental provider identified on the request form. All other conditions must be cared for by an in-network dental provider for you to receive in-network coverage.
- ▶ The availability of TOC/COC: Does not guarantee that a treatment is dentally necessary.
- ▶ Depending on the actual request, a dental necessity determination may still be required for a service to be covered.

Together, all the way.®



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

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Examples of dental conditions that may qualify for TOC/COC include, but are not limited to:

- › Root canal treatment
- › Crowns/Bridgework
- › Full/Partial dentures
- › Implants
- › Orthodontic treatment

Examples of conditions that do not qualify for TOC/COC include, but are not limited to:

- › Cleanings/Exams
- › Periodontal services
- › Fillings

What time frame is allowed for transitioning to a new in-network dental care provider?

If Cigna determines that transitioning to an in-network dental care provider is inappropriate or unsafe for the conditions that qualify, services by the approved out-of-network dental care provider will be authorized for a specified period of time (usually 90 days). Or, services will be approved until care has been completed or transitioned to an in-network dental care provider, whichever comes first.

If I am approved for TOC/COC for dental, can I receive in-network coverage for a non-related service?

In-network coverage levels provided as part of TOC/COC are for the specific qualifying dental services only and cannot be applied to another dental service. You need to complete a TOC/COC request form for each unrelated dental service. You need to complete this form no later than 30 days after your plan becomes effective or your dental care provider leaves your plan's network.

Can I apply for TOC/COC if I am not currently in treatment or seeing a dental care provider?

You must already be in treatment for the dental service that is noted on the TOC/COC request form.

How do I apply for TOC/COC coverage?

Requests must be submitted in writing, using the TOC/COC request form. This form must be submitted at the time of enrollment, change in dental plan, or when your dental care provider leaves the Cigna network. It cannot be submitted more than 30 days after the start date of your plan or being notified of your dental care provider's termination. After receiving your request, Cigna will review and evaluate the information provided. Then, we will send you a letter informing you whether your request was approved or denied. A denial will include information about how to appeal the determination.

TOC/COC request form



See instructions on the reverse side for completing this form.

- ▶ New Cigna enrollee (TOC applicant)
- ▶ Existing Cigna customer whose dental care provider terminated (COC applicant)

Use a separate form for each condition. Photocopies are acceptable. Attach additional information if needed.

Please work with your dental provider to complete the information below.

Employer	Plan #	Employee Date of Enrollment in Plan (mm/dd/yyyy)	
Employee Name	Employee ID	Work Phone	
Home Address	Street	City	State ZIP
Patient's Name	Patient's Social Security # or Alternate ID	Patient's Birth Date (mm/dd/yyyy)	Relationship to Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Self

1. Has the patient started root canal treatment for a specific tooth that is in progress and not complete? Yes No
2. Has the patient started crown and/or bridgework for a specific tooth/teeth that is in progress and not complete? Yes No
3. Has the patient started treatment for an upper and/or lower denture or partial denture that is in progress and not complete? Yes No
4. Has the patient started treatment for implants and prosthesis work related to the implants that is in progress and not complete? Yes No
5. Is the patient currently receiving treatment for a dental condition? Yes No
6. Is the patient currently receiving orthodontic treatment? Yes No
7. Has the patient started any other oral surgery performed in a dental office that is in progress and not complete? Yes No
8. If you did not answer "Yes" to any of the above questions, please describe the dental service for which the patient requests TOC/COC.

9. Please complete the dental care provider information requested below.

Group Practice Name	
Dental Care Provider Name	Dental Care Provider Phone #
Dental Care Provider Specialty	
Dental Care Provider Address	
Reason for Service(s)	

10. Please list any other continuing care needs that may qualify for TOC/COC. If these care needs are not associated with the dental service for which you are applying for TOC/COC, you need to complete a separate TOC/COC request form.

I hereby authorize the above health care provider to give Cigna Health and Life Insurance Company or its affiliates and contracted parties, any and all information and medical records necessary to make an informed decision concerning my request for Transition of Care/Continuity of Care. I understand I am entitled to a copy of this authorization form.	
Signature of Patient, Parent or Guardian	Date (mm/dd/yyyy)

Submit this request form to:

Cigna Dental
 Attention: Transition of Care/Continuity of Care
 5300 W. Tulare Ave
 Visalia, CA 93277
 Fax 860.730.3939

Transition of Care/Continuity of Care requests will be reviewed within 10 days of receipt.

Instructions for completing the TOC/COC request form

Please work with your dental provider to complete the information requested in this form.

When the form is completed, it must be signed by the patient for whom the TOC/COC is being requested. If the patient is a minor, a guardian's signature is required.

To help ensure a timely review of your request, please return the form as soon as possible. You must apply for TOC within 30 days of the start date of your plan. For COC, please return this form, along with a copy of the Provider Termination letter you received from Cigna. We must receive both documents within 30 days of the date on the Provider Termination letter.

The first few sections of the form apply to the employee. When the form asks for the patient's name, enter the name of the person who is receiving care and is requesting TOC/COC.

In #10, briefly state the dental service, when it began, what dental care provider is currently involved, and how often you see this dental care provider. Please be as specific as possible.



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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