Introducing Cigna Dental Care® DHMO Coinsurance Plans

Frequently Asked Questions (FAQs) for Cigna Dental Health Care Professionals

Released August 2013

Overview

- Cigna is introducing the new Q Series Coinsurance Patient Charge Schedule (PCS). The Cigna Dental Care® DHMO plans on this schedule show patient copays as percentages rather than fixed dollar amounts.

- The Q Series Coinsurance PCS was designed to meet the diverse needs of our clients and employer groups. This will help grow the Cigna Dental customer base, which in turn may bring more patients to our network offices.

- These plans will be offered to employer groups who renew or purchase plans effective January 1, 2014 or later.

Questions and answers (Q&A)

1. What is a DHMO coinsurance plan?
   This is a plan featuring copays that are not fixed dollar amounts, but are instead shown as percentages on the PCS (similar to dental PPO and indemnity plans). Network general dentists or specialists calculate the patient’s copay by multiplying the percentage listed in the PCS at a Glance by the dollar amount shown on their contracted fee schedule for the procedure(s) – general dentists use their DPPO Fee Schedule; specialists use their DHMO Contract Compensation Schedule. (See questions 5 and 6.)

2. How many DHMO coinsurance plans are being offered?
   There are 22 coinsurance plans with various plan features.

3. What do these plans feature?
   Similar to the new 09 PCS Series, the Q Series includes plans that offer coverage for:
   - Surgical placement of implants, including associated cone beam imaging, sinus augmentation, and bone grafting
   - Temporomandibular joint (TMJ) diagnosis and treatment procedures, including cone beam imaging and appliances
   - Athletic mouth guards
   - Same day in-office CAD/CAM upgrades – an additional charge up to $150 will be allowed per tooth for crowns, inlays, onlays, post and cores, and veneers if using same-day, in-office CAD/CAM (ceramic) services.
   - Teeth whitening (take home bleaching with gel trays)
4. **How will network dentists be reimbursed? Will they still receive supplemental payments?**
   When treating customers covered under a DHMO Q Series Coinsurance plan, dentists will receive compensation in a similar manner to how they receive compensation for fixed copay plans. Compensation will continue to include a combination of: (a) patient copays (b) capitation, and (c) supplemental payments (minimum guaranteed dollar amount for a procedure), when applicable.

5. **How will network general dentists know what dollar amount to charge their patients?**
   Network general dentists will calculate the patient’s copay as a percentage of their network dentist contracted DPPO Fee Schedule.
   **Example:** If the patient’s copay amount for a procedure is shown as 20% on the PCS at a Glance, and the contracted DPPO fee schedule amount for that procedure is $100, the patient’s copay is 20% of that amount – or $20.

6. **How will network specialists know what dollar amount to charge their patients?**
   Network specialists will calculate the patient’s copay as a percentage of their contracted DHMO Contract Compensation Schedule in a similar manner to that shown in the example above.

7. **What if I don’t have a contracted fee schedule or I am unsure of my contracted fee schedule amount?**
   The Provider Services Unit can assist you. Please call 1.800.Cigna24 (1.80.244.6224). Identify yourself as a Health Care Professional, request Contracting, and state that you are a Dental caller.

8. **How do I obtain the PCS for the coinsurance plans?**
   The Q Series Coinsurance PCS at a Glance, which contains these plans, has been posted to the Cigna for Health Care Professionals website to view, download, and print. If you are registered for the website, log in to CignaforHCP.com. Click Resources > Dental Resources > Patient Charges Schedules. If you are not yet registered to use the website, go to CignaforHCP.com and click Register Now. Once you complete the registration process and your information has been validated, you will be able to view, download, and print the schedules.
   If you are unable to access the PCS at a Glance on CignaforHCP.com and want to request a hardcopy printout, please call the Provider Services Unit at 1.800.Cigna24 (1.800.244.6224). Identify yourself as a Health Care Professional, request Contracting, and state that you are a Dental caller.

**Additional questions?**
Contact your Professional Relations Manager or call the Provider Services Unit at 1.800.Cigna24 (1.800.244.6224).