

# Cigna Dental Oral Health Integration Program® Registration Form



**INSTRUCTIONS:** Please complete the entire form to ensure registration.  
For questions on the program, please refer to back page.

**Please mail the completed form to:** Cigna Dental  
P.O. Box 188044  
Chattanooga, TN 37422-8044

A. PRIMARY CUSTOMER INFORMATION			
Primary Customer Name: <i>(Last, First, Middle Initial)</i>			SSN or Cigna Customer ID:
Address: <i>(Street)</i>		<i>(City)</i>	<i>(State) (Zip Code)</i>
Telephone Number:	E-Mail Address:	Employer Name:	Employer Group Number:
B. PATIENT INFORMATION			
Patient Name: <i>(Last, First, Middle Initial)</i>			Patient Date of Birth:
Patient's Relationship to the Primary Customer: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other _____			
C. MEDICAL INFORMATION AND ELIGIBLE PROCEDURES			
<b>I confirm that I have one or more of the conditions listed that based on the terms of my plan, I am eligible for this additional dental coverage.</b>			
<input type="checkbox"/> Cardiovascular <input type="checkbox"/> Diabetes <input type="checkbox"/> Organ Transplants <input type="checkbox"/> Maternity <i>(please list due date):</i> <input type="checkbox"/> Cerebrovascular (Stroke) <input type="checkbox"/> Chronic Kidney Disease <input type="checkbox"/> Head and Neck Cancer Radiation _____			
<b>ELIGIBLE PROCEDURES</b> <b>Cardiovascular, Cerebrovascular (Stroke) and Diabetes:</b> D4341 - Periodontal Scaling and Root Planing - 4 or more teeth per quadrant D4342 - Periodontal Scaling and Root Planing - 1-3 teeth per quadrant D4910 - Periodontal Maintenance*  <b>Chronic Kidney Disease, Organ Transplants and Head and Neck Cancer Radiation:</b> D1206 - Topical Application of Fluoride Varnish*** D1208 - Topical Application of Fluoride D1351 - Sealant - One Tooth*** D4341 - Periodontal Scaling and Root Planing - 4 or more teeth per quadrant D4342 - Periodontal Scaling and Root Planing - 1-3 teeth per quadrant D4910 - Periodontal Maintenance*  <b>Maternity:</b> D0120 - Periodic Oral Evaluation** D0140 - Limited Oral Evaluation** D0150 - Comprehensive Oral Evaluation** D0180 - Periodontal Evaluation D1110 - Prophylaxis - Adult (Cleaning)** D4910 - Periodontal Maintenance* D4341 - Periodontal Scaling and Root Planing - 4 or more teeth per quadrant D4342 - Periodontal Scaling and Root Planing - 1-3 teeth per quadrant D9110 - Palliative Treatment			
* Limited to four times per year. ** One additional cleaning and one additional exam per year. *** Age limitations removed, all other limitations apply.			
D. HOW TO GET ADDITIONAL INFORMATION AVAILABLE TO CIGNA DENTAL ORAL HEALTH INTEGRATION PROGRAM CUSTOMERS			
I'd like to receive information on: <input type="checkbox"/> Tobacco Cessation <input type="checkbox"/> Fear of Dentist <input type="checkbox"/> Stress and the Impact on Oral Health <input type="checkbox"/> How to get free samples and discounts for non-prescription dental products developed for patients with a higher risk of oral health problems. I understand by checking this box that I authorize Cigna Dental to release my name and address for one-time use only to outside companies so they may provide me with information and products. <input type="checkbox"/> How to get discounts on my prescription dental products from Cigna Home Delivery Pharmacy <sup>SM</sup> .			
Please select how you'd like us to send the information: <input type="checkbox"/> Send to the e-mail address listed in Section A above <input type="checkbox"/> Mail to me at no charge to the address listed in Section A above			
E. CERTIFICATION OF MEDICAL CONDITION			
By checking the box(es) below, I confirm that based on the terms of my plan, I have one or more of the conditions listed and am eligible for this additional dental coverage. I understand that filling out and mailing this form does not guarantee payment and that plan maximums may apply. I also understand Cigna has the right to check my medical records and contact my dentist and/or physician to confirm my medical condition.			
<input type="checkbox"/> Cardiovascular Disease <input type="checkbox"/> Cerebrovascular (Stroke) Disease <input type="checkbox"/> Chronic Kidney Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Head and Neck Cancer Radiation <input type="checkbox"/> Pregnancy <input type="checkbox"/> Organ Transplants			
Medical Physician's Name:		Telephone Number:	Medical Carrier:
<b>PATIENT SIGNATURE: (Required)</b>			<b>DATE:</b>

**Participation in the Cigna Dental Oral Health Program does not guarantee coverage and is subject to the terms of customer's plan documents which shall prevail.**

## Frequently Asked Questions about the Cigna Dental Oral Health Integration Program®

### **Do I only have to enroll in the program once or, do I have to contact Cigna each time I go to the dentist?**

You only enroll once in the program. Once enrolled, Cigna will automatically reimburse you for the eligible dental services covered for your medical condition.

### **How and when will I get reimbursed for my out-of-pocket expenses?**

As with any dental service, you will pay your dentist at the time the service is performed. A claim form is typically submitted to Cigna by your dentist. Once we receive the claim form from the dentist, we pay him/her for their services and you will then receive reimbursement for the amount of your coinsurance or copay. This may take 2-4 weeks, depending on when the dentist submits the claim. Please keep in mind that only dental services eligible under the Cigna Dental Oral Health Integration Program will be reimbursed.

### **How do I know if my enrollment has been processed?**

Once your enrollment has been approved, Cigna will send you a program welcome email.

### **What procedures are eligible for reimbursement?**

Please refer to the list of procedures for each qualifying condition on the front of the page.

### **If my dental coverage has a plan maximum or deductible, how do procedures covered under the program get applied?**

Any procedures covered under the program are not applied toward your plan's annual deductible; however, do count towards your plan's annual maximum.

### **If I go out-of-network, will the services covered under this program still apply?**

If your plan does not include coverage for out-of-network services, then you must use a dentist in your plan's network for coverage under this program to apply. If your plan includes out-of-network coverage, you will be reimbursed for your covered expenses whether you choose to use an in-network or out-of-network dentist. However, if you use an out-of-network dentist you may have out-of-pocket costs because the dentist may choose to bill you for charges that are in excess of what your plan reimburses for covered expenses.

### **If I'm a dependent (spouse, partner or child), do I provide my ID number or the person who is the primary covered individual?**

Please provide the ID number of the person who is the primary covered individual.

### **Where can I find my Group/Account Number?**

Please check a previous Explanation of Benefits, your dental page on mycigna.com, call Customer Service at the number on your ID card and follow the prompts to get your Group/Account Number. You can also provide your ID and/or social security number and a Customer Service Representative will identify your Group/Account Number for you. If you have a Cigna Medical or Dental ID card the Group/Account Number is listed on the cards.

### **What does "Other Coverage" mean?**

Please complete the Other Coverage section if you have additional coverage through a different carrier (sometimes referred to as secondary insurance), typically through your spouse or partner.

### **If I don't have an e-mail address but still want information on discounted prescription products, discounted non-prescription products or information on behavioral conditions affecting my oral health, how can I get the information?**

Please include a note when you submit your Cigna Dental Oral Health Integration Registration Form indicating the address where you would like the information mailed and it will be sent through the U.S. Postal Service.

### **Do I have to include anything that proves I have a condition and does Cigna have the right to verify my condition?**

You do not have to include any documentation with your Registration Form that proves you have a specific condition. However, at the bottom of the form you must sign your name verifying that you have the condition and acknowledge that Cigna reserves the right to request medical records or check with your physician prior to reimbursement.

### **If I have questions about the Cigna Dental Oral Health Integration Program or how to complete and submit the Registration Form who do I call?**

Please call Customer Service at the number on your ID card with any questions. One of our associates will be happy to help you, 24 hours a day, 7 days a week.

Acceptance into the Cigna Dental Oral Health Integration Program does not guarantee coverage and is subject to the terms of your dental insurance policy or dental plan. All dental insurance policies and dental plans have exclusions and limitations. For costs and complete details of coverage, see your policy or plan documents.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. Individual and Family Dental Insurance Plans are insured by Cigna Health and Life Insurance Company. Group dental plans are insured or administered by Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, and the following HMO or service company subsidiaries: Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna HealthCare of Connecticut, 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., 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. "Cigna Home Delivery Pharmacy" refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.