



ORTHODONTICS IN PROGRESS CIGNA DENTAL PPO (DPPO)

Even if you're in active orthodontic treatment when you join the Cigna DPPO, your plan may help pay some of the costs.

Q: What is "Orthodontics in Progress?"

A: "Orthodontics in Progress" refers to orthodontic treatment that began under a different carrier and continues into the new Cigna coverage period. Contributions may be available for patients whose teeth are being actively moved by bands or appliances (such as braces) at the time their Cigna dental coverage becomes effective. The Cigna DPPO plan covers orthodontics in progress, subject to your specific plan's limitations. Keep in mind, new benefits do not change the terms of the contract you signed with your orthodontist prior to enrolling with Cigna. You are still responsible for the orthodontist's total case fee.

Q: How much is my benefit amount?

A: Your benefit amount is determined by your plan's coinsurance level for orthodontia and the number of months of active treatment remaining when your Cigna DPPO plan takes effect. After you enroll, you must have your orthodontist submit the following information to your claim office:

- The original treatment plan showing the total months of active treatment
- The orthodontist's total case fee
- The banding date

Once your Cigna plan takes effect, the coinsurance percentage for orthodontia is applied to the contracted monthly payment you owe to your orthodontist. You are responsible for the balance. Your Cigna plan will contribute to your costs until the lifetime orthodontia maximum in your plan has been met, or until active treatment is completed (whichever comes first).

Q: How will Cigna pay the orthodontist?

A: Cigna will pay your orthodontist quarterly. If you have prepaid your bill, you can request that we pay you directly.

Q: What about non-orthodontic treatment in progress?

A: Generally, root canal treatment, crown and bridge work, and dentures in progress are not covered under the Cigna DPPO plan. You should complete these procedures under the guidelines of your prior insurance plan. See the exclusions and limitations in your plan documents for more details.

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All dental plans have limitations and exclusions. Please refer to your employer's insurance certificate, summary plan description or evidence of coverage for a complete list of plan limitations and both covered and not covered services. If there are any differences between the information in this document and your plan documents, the information in your plan documents takes precedence.

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