

CHOOSE CIGNA DENTAL CARE® (DHMO) FOR COST AND CONVENIENCE

Annual enrollment begins October 8, 2018

It's annual enrollment time. From October 8 through October 19, you can choose between three Cigna dental plans:

- › Cigna Dental Care (DHMO)¹
- › Cigna Dental PPO-Mid
- › Cigna Dental PPO-High

Convenience and savings start here

Take a closer look at the Cigna Dental Care plan. You may be surprised at the benefits – in cost, coverage and convenience.

Compare the annual premium costs and coverage details:

	Cigna Dental Care (DHMO)	Cigna Dental PPO-Mid	Cigna Dental PPO-High
EE Only	\$161.28	\$397.92	\$617.76
EE + Spouse	\$322.44	\$795.24	\$1,235.40
EE + Child(ren)	\$403.08	\$994.08	\$1,544.16
EE + Family	\$483.60	\$1,191.84	\$1,849.68

Costs are subject to change.

Plan Details*	Cigna Dental Care (DHMO) (Patient Charge Schedule)	Cigna Dental PPO-Mid	Cigna Dental PPO-High
Deductible	No deductible	\$100 Individual/\$300 Family	\$50 Individual/\$150 Family
Class I – Preventive and diagnostic care	You incur no charge for the following services: routine cleaning, x-rays, oral exams, topical fluoride.	100% covered by the plan.	100% covered by the plan.
Class II – Basic restorative care	Covered services. Refer to your Patient Charge Schedule for costs.	80% covered by the plan.*	80% covered by the plan.*
Class III – Major restorative care	Covered services. Refer to your Patient Charge Schedule for costs.	50% covered by the plan.*	50% covered by the plan.*
Class IV – Orthodontia	Covered services. Refer to your Patient Charge Schedule for costs.	Not Covered	50% covered by the plan.*
Class IX: Implants	Covered services. Refer to your Patient Charge Schedule for costs.	Not Covered	50% covered by the plan.*
Calendar year maximum	No Maximum	\$1,000	\$1,500
Ortho lifetime maximum	No Maximum	N/A	\$2,500

* See limitations beginning on page 3 of this document.

Together, all the way.®



Offered by Cigna Health and Life Insurance Company.

Cut costs – not convenience

It may pay to choose the Cigna Dental Care (DHMO) plan

The Cigna Dental Care (DHMO) plan offers:

- › Preventive and diagnostic services covered at low or no additional cost.
- › Lower premium costs compared to the Cigna DPPO plans
- › No deductibles before your coverage begins
- › No calendar year maximums
- › No claim forms when using network dentists and no waiting periods
- › Coverage for dental implant surgery, braces, (child and adult), TMJ and other popular services²
- › To get the most from your plan benefits, you must choose a Cigna Dental Care Access Plus network dentist for your care; they will refer you to a specialist, if needed

Important note: The charges on your Patient Charge Schedule only apply when using dentists in the Cigna Dental Care Access Plus network. If you go out-of-network, services may not be covered and your out-of-pocket costs will be much higher.

You'll also enjoy these valuable services – at no extra cost:

- › **Cigna's Identity Theft Program.**² Resolution services to help you work through critical identity theft issues, including credit card fraud and financial and/or medical identity theft.
- › **The Cigna Dental Oral Health Integration Program**^{®.3} Enhanced dental coverage for dental customers with the following medical conditions: Diabetes, heart disease, stroke, maternity, head and neck cancer radiation, organ transplants, chronic kidney disease.

We're here to help

For more detailed information about your Cigna dental plans, call **800.Cigna24**. Or visit **Cigna.com** to look for a Cigna Dental Care Access Plus network dentist and learn more about your plan options.

Why pay more for dental care?

Please read your enrollment materials carefully. Then, consider choosing the Cigna Dental Care (DHMO) option when making your benefit elections.



Find a Cigna Dental Care (DHMO) network dentist near home, school or work.

For a complete list of Cigna Dental Care (DHMO) network dentists in your area:

- › Visit the directory at **Cigna.com**
- › Choose Cigna Dental Care Access Plus
- › Call **800.Cigna24** to access the automated Dental Office Locator

You also have access to 24/7/365 live customer service.

DPPO High Option

PROCEDURE	LIMIT
Oral evaluations	2 per calendar year
X-rays (routine)	Bitewings: 2 per calendar year
X-rays (non-routine)	Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months
Diagnostic casts	Payable only in conjunction with orthodontic workup
Cleanings	2 per calendar year, including periodontal maintenance procedures following active therapy
Fluoride application	1 per calendar year for children under age 19
Sealants (per tooth)	Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14
Space maintainers	Limited to non-orthodontic treatment for children under age 19
Inlays, crowns, bridges, dentures and partials	Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.
Denture and bridge repairs	Reviewed if more than once
Denture relines, rebases and adjustments	Covered if more than 6 months after installation
Prosthesis over implant	Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.

DPPO Benefit Exclusions:

Covered Expenses will not include, and no payment will be made for the following:

- ▶ Procedures and services not included in the list of covered dental expenses;
- ▶ Diagnostic: cone beam imaging; Preventive Services: instruction for plaque control, oral hygiene and diet;
- ▶ Restorative: veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars; Periodontics: bite registrations; splinting;
- ▶ Prosthodontic: precision or semi-precision attachments; initial placement of a complete or partial denture per plan guidelines;
- ▶ Procedures, appliances or restorations, except full dentures, whose main purpose is to: change vertical dimension; diagnose or treat conditions or dysfunction of the temporomandibular joint (TMJ); stabilize periodontally involved teeth; or restore occlusion;
- ▶ Athletic mouth guards; services performed primarily for cosmetic reasons; personalization; replacement of an appliance per benefit guidelines;
- ▶ Services that are deemed to be medical in nature; services and supplies received from a hospital; Drugs: prescription drugs
- ▶ Charges in excess of the Maximum Reimbursable Charge.

DPPO Mid Option

PROCEDURE	LIMIT
Oral Evaluations	2 per calendar year
X-rays (routine)	Bitewings: 2 per calendar year
X-rays (non-routine)	Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months
Cleanings	2 per calendar year, including periodontal maintenance procedures following active therapy
Fluoride Application	1 per calendar year for children under age 19
Sealants (per tooth)	Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14
Space Maintainers	Limited to non-orthodontic treatment for children under age 19
Inlays, Crowns, Bridges, Dentures and Partial	Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.
Denture and Bridge Repairs	Reviewed if more than once
Denture Relines, Rebases and Adjustments	Covered if more than 6 months after installation
Prosthesis Over Implant	Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.

DPPO Benefit Exclusions:

Covered Expenses will not include, and no payment will be made for the following:

- Procedures and services not included in the list of covered dental expenses;
- Diagnostic: cone beam imaging; Preventive Services: instruction for plaque control, oral hygiene and diet;
- Restorative: veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars; Periodontics: bite registrations; splinting;
- Prosthodontic: precision or semi-precision attachments; initial placement of a complete or partial denture per plan guidelines;
- Implants: implants or implant related services; Orthodontics: orthodontic treatment;
- Procedures, appliances or restorations, except full dentures, whose main purpose is to: change vertical dimension; diagnose or treat conditions or dysfunction of the temporomandibular joint (TMJ); stabilize periodontally involved teeth; or restore occlusion;
- Athletic mouth guards; services performed primarily for cosmetic reasons; personalization; replacement of an appliance per benefit guidelines;
- Services that are deemed to be medical in nature; services and supplies received from a hospital; Drugs: prescription drugs
- Charges in excess of the Maximum Reimbursable Charge.

DHMO Limitations

PROCEDURE	LIMIT
Oral evaluations	Oral evaluations are limited to a combined total of 4 of the following evaluations during a 12 consecutive month period: Periodic oral evaluations (D0120), comprehensive oral evaluations (D0150), comprehensive periodontal evaluations (D0180), and oral evaluations for patients under 3 years of age (D0145)
X-rays (routine)	Bitewings: 2 per calendar year
X-rays (non-routine)	Full mouth: 1 every 3 calendar years. Panorex: 1 every 3 calendar years
Periodontal root planning and scaling	Limit 4 quadrants per consecutive 12 months
Periodontal maintenance	Limited to 4 per year and (only covered after active periodontal therapy)
Crowns and inlays	Replacement 1 every 5 years
Bridges	Replacement 1 every 5 years
Dentures and partials	Replacement 1 every 5 years
Orthodontic treatment	Maximum benefit of 24 months of interceptive and/or comprehensive treatment. Atypical cases or cases beyond 24 months require an additional payment by the patient
Relines, rebases	One every 36 months
Denture adjustments	Four within the first 6 months after installation
Prosthesis over implant	Replacement 1 every 5 years if unserviceable and cannot be repaired
Temporomandibular Joint (TMJ) treatment	One occlusal orthotic device per 24 months
Athletic mouth guard	One athletic mouth guard per 12 months
General anesthesia/IV sedation	General anesthesia is covered when performed by an oral surgeon when medically necessary for covered procedures listed on the PCS. IV sedation is covered when performed by a periodontist or oral surgeon when medically necessary for covered procedures listed on the PCS. Plan limitation for this benefit is 1 hour per appointment.

Specialty treatment plans require payment authorization for services to be covered. Before treatment starts, you should verify with your network specialty dentist that your treatment plan has been authorized for payment by Cigna.

Alternate Benefits

If more than one professionally accepted and appropriate method of treatment can be used to treat a dental condition, coverage will be limited to the less costly covered service. If you choose the more costly service, the copay listed on the PCS will not apply. Discuss your options and increased financial obligations with your dentist.

DHMO Exclusions:

- ▶ Services for or in connection with an injury arising out of, or in the course of, any employment for wage or profit
- ▶ Charges which would not have been made in any facility, other than a hospital or a correctional institution owned or operated by the United States government or by a state or municipal government if the person had no insurance
- ▶ Services received to the extent that payment is unlawful where the person resides when the expenses are incurred or the services are received
- ▶ Services for the charges which the person is not legally required to pay
- ▶ Charges which would not have been made if the person had no insurance
- ▶ Services received due to injuries which are intentionally self-inflicted
- ▶ Services not listed on the PCS
- ▶ Services provided by a non-network dentist without Cigna Dental's prior approval (except emergencies, as described in your plan documents)
- ▶ Services related to an injury or illness paid under workers' compensation, occupational disease or similar laws
- ▶ Services provided or paid by or through a federal or state governmental agency or authority, political subdivision or a public program, other than Medicaid
- ▶ Services required while serving in the armed forces of any country or international authority or relating to a declared or undeclared war or acts of war

DHMO Exclusions (continued):

- › Services performed primarily for cosmetic reasons unless specifically listed on your PCS
- › General anesthesia, sedation and nitrous oxide, unless specifically listed on your PCS
- › General anesthesia or IV sedation when used for the purpose of anxiety control or patient management
- › Prescription medications
- › Procedures, appliances or restorations if the main purpose is to: a. change vertical dimension (degree of separation of the jaw when teeth are in contact); b. restore teeth which have been damaged by attrition, abrasion, erosion and/or abfraction
- › Replacement of fixed and/or removable appliances (including fixed and removable orthodontic appliances) that have been lost, stolen, or damaged due to patient abuse, misuse or neglect
- › Surgical implant of any type unless specifically listed on your PCS
- › Services considered unnecessary or experimental in nature or do not meet commonly accepted dental standards
- › Procedures or appliances for minor tooth guidance or to control harmful habits
- › Services and supplies received from a hospital
- › Services to the extent you or your enrolled dependent are compensated under any group medical plan, no-fault auto insurance policy, or uninsured motorist policy
- › The completion of crowns, bridges, dentures, or root canal treatment already in progress on the effective date of your Cigna Dental coverage
- › The completion of implant supported prosthesis (including crowns, bridges and dentures) already in progress on the effective date of your Cigna Dental coverage, unless specifically listed on your PCS
- › Consultations and/or evaluations associated with services that are not covered
- › Endodontic treatment and/or periodontal (gum tissue and supporting bone) surgery of teeth exhibiting a poor or hopeless periodontal prognosis
- › Bone grafting and/or guided tissue regeneration when performed at the site of a tooth extraction unless specifically listed on your PCS
- › Intentional root canal treatment in the absence of injury or disease to solely facilitate a restorative procedure
- › Services performed by a prosthodontist
- › Localized delivery of antimicrobial agents when performed alone or in the absence of traditional periodontal therapy
- › Any localized delivery of antimicrobial agent procedures when more than eight of these procedures are reported on the same date of service
- › Infection control and/or sterilization
- › The recementation of any inlay, onlay, crown, post and core or fixed bridge within 180 days of initial placement
- › Infection control and/or sterilization
- › The recementation of any inlay, onlay, crown, post and core or fixed bridge within 180 days of initial placement
- › The recementation of any implant supported prosthesis (including crowns, bridges and dentures) within 180 days of initial placement
- › Services to correct congenital malformations, including the replacement of congenitally missing teeth
- › The replacement of an occlusal guard (night guard) beyond one per any 24 consecutive month period, when this limitation is noted on the PCS
- › Crowns, bridges and/or implant supported prosthesis used solely for splinting
- › Resin bonded retainers and associated pontics
- › As to orthodontic treatment: incremental costs associated with optional/elective materials; orthognathic surgery appliances to guide minor tooth movement or correct harmful habits; and any services which are not typically included in orthodontic treatment



This guide provides highlights of coverage only. It is not a contract. For complete details of coverage, see your plan documents. If there are any differences between the information in this document and the official plan documents, the terms of the plan documents will control.

1. The term DHMO ("Dental HMO") 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. The Cigna Dental Care Plan is not available in all states.
2. **This program is NOT insurance and does not provide reimbursement of financial losses.** Services are provided under a contract with Generali Global Assistance. Full terms, conditions and exclusions are contained in Cigna's Identity Theft program service agreement.
3. You must enroll in the program prior to receiving treatment to be eligible for reimbursement. For DPPO plans, deductible does not apply, but reimbursements under this program are applied to and subject to the calendar year maximum. For a complete list of covered services and program terms, contact Cigna.

The dentists that participate in the Cigna network are independent contractors solely responsible for the treatment provided to their patients. They are not agents of Cigna.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. Dental PPO plans are insured and/or administered by Cigna Health and Life Insurance Company (CHLIC) with network management services provided by Cigna Dental Health, Inc. and certain of its subsidiaries. In Georgia, Cigna Dental Care (DHMO) plans are insured by CHLIC and administered by Cigna Dental Health, Inc. TN policy form (DHMO): HP-POL134/HC-CER17V1 et al. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. All pictures are used for illustrative purposes only.