QUESTIONS? WE'VE GOT ANSWERS.

Cigna Dental Care® DHMO plan

Q: How does a DHMO[1] plan differ from DPPO?

A: With a DHMO plan:

> You must choose a network general dentist who will manage your overall dental care. You won't be covered if you go to a dentist who's not in our network.[2]

> Referrals are required for some specialty care services. Exceptions are pediatric dentists for children under 7, orthodontics and endodontics.[3]

> Your share of out-of-pocket costs is clearly listed on your Patient Charge Schedule (PCS). Only covered procedures are listed.

> No deductibles. You don't have to reach an out-of-pocket cost before your insurance starts.

> No dollar maximums. Your coverage isn't limited by a dollar amount. No matter the amount of your covered expenses.

> No claim forms. No forms to file and no waiting periods for coverage.

Q: How does the DHMO plan work?

A: When you enroll, you will choose a network general dentist. Next, you get a Patient Charge Schedule (PCS). Your PCS lists the dental procedures covered by the plan. It also shows your part of the dental charges – depending on your plan, either:

> Fixed amount (copay) or

> Percentage (coinsurance)

These copays/coinsurance apply only when you get care from dentists in our DHMO network.

If a dental procedure is not listed on your PCS, it's not covered. You will have to pay the dentist's normal fees. You must use a dentist in the DHMO network for services to be covered. If you see a dentist outside the DHMO network, your care won't be covered (unless it's an emergency).[2]

If you have questions, you can take your PCS with you to dental appointments. You can use it to discuss treatment options and costs with your dentist.

Together, all the way.®

Cigna®

Q: How do I choose a dentist when I sign up for the plan? Can I change my network dentist later on?

A: You can find a network dentist in several ways:

> Go to **www.Cigna.com** before you sign up.

> Visit your personalized website, **www.myCigna.com**, after you enroll.

> Call customer service at **1.800.Cigna24 (1.800.244.6224)**. We'll help you find a network dentist near you. Or you can follow the phone prompts to use our automated Dental Office Locator.

Remember to always pick a network general dentist who's within 25 miles of your location to ensure adequate access.

You can change your network dentist at any time. Changes will go into effect the next month. Remember, you must visit a DHMO network dentist for coverage to apply.[2]

Q: I'm new to the Cigna DHMO plan. Can I keep my current dentist?

A: That depends. Is your current dentist in the Cigna DHMO network? If so, you can choose him/her as your network general dentist. You can look online at **www.cigna.com** before you enroll to find out. Or, ask your dental office directly. Cigna's online directory may show that your dental office is not taking new patients. If your office says they are, contact customer service. Call **1.800.Cigna24** (1.800.244.6224) for help.

Q: Do I need a referral to visit a dental specialist?

A: Yes. If you need specialty care your general dentist doesn't perform, your network general dentist will refer you and handle the paperwork. Referrals are needed for all network specialists, except pediatric dentists for children under 7 and orthodontists. (If your plan includes orthodontic benefits.). Prior authorization may be needed for certain types of specialty care.

Q: Do I need to show my ID card at the dentist's office?

A: No. ID cards are not needed to use the plan. When you make your appointment, tell the dental office that you have Cigna DHMO. The dental office can call us to verify coverage, if needed. You can also call **1.800.Cigna24** (1.800.244.6224) if you need help.

Q: When do I have to pay the dentist?

A: That depends on the financial arrangement between you and your network dentist. You should talk about cost and payment with your dentist before you get care. Most dentists will work with their patients to arrange payment plans.

Q: Will my network dentist send a claim to Cigna after I get treatment?

A: No. There are no claim forms needed with the Cigna DHMO plan.

Q: Are braces covered?

A: Braces may be covered, based on your plan. The plan documents in your enrollment kit will explain your orthodontic coverage.

If you or your family member started orthodontic treatment before joining Cigna DHMO, this is called "orthodontics in progress." And if your plan covers orthodontics, you may qualify for coverage. Call customer service to learn more.

Q: What if I have a dental emergency and can't see my DHMO network dentist?

A: Emergency services. If you're away from home or not able to contact your network general dentist, you may get emergency care from any licensed dentist. This is for unexpected but necessary services only. Emergency services are limited to:

> Relieving severe pain

> Controlling excessive bleeding

> Eliminating serious and sudden (acute) infection

Routine restorative procedures or definitive treatment (root canal) are not considered emergency care. You should return to your network general dentist for these procedures.

Emergency care away from home. For covered emergency services, you're responsible for the copays listed on your PCS. After your appointment, you can request payment from Cigna. You can ask for the difference between the fee and your normal copay. Up to a total of $50 per incident. (This amount may vary by state.) To make a request, send the dentist's itemized bill to Cigna Dental. Contact customer service for help.

Emergency care after hours. See your PCS for the copay for emergency care received after regularly-scheduled hours. This copay will be in addition to other copays that may apply.

Q: What if I'm in the middle of dental treatment when the new DHMO plan starts?

A: Typically, these in-progress procedures aren't covered under the Cigna DHMO plan:[4]

> Root canal treatment

> Dentures

> Crown and bridge treatment

You should finish these procedures under your prior insurance plan. Depending on your plan, other types of treatment in-progress may not be covered. Such as implant supported prosthesis (including crowns, bridges and dentures). However, many DHMO plans do give coverage for orthodontics in progress. Refer to your plan's exclusions and limitations for more details.

Have more questions? We're here to help 24/7/365. Before you enroll, call 800.Cigna24 (800.244.6224) After you enroll, call the number on the back of your ID card.