

FIND THE PLAN THAT'S RIGHT FOR YOU.



We can help with this plan guide

Selecting between the **Cigna Dental Care® (DHMO*)** and the **Dental PPO (DPPO)** plans is an important decision. Take the quick quiz below to help you decide which dental plan features are most important to you and your family. Then, read the information on the second page when you're done.

CHECK EITHER "YES" OR "NO" FOR EACH STATEMENT BELOW.	YES	NO
I am willing to receive all my dental care from a network general dentist or dental specialist in my plan's network, even if it means choosing from a smaller network.	☐	☐
I prefer a plan that tells me the exact dollar amount I will pay for each procedure, so I don't have to calculate percentages.	☐	☐
I prefer a dental plan that has no calendar year maximums , so I don't have to worry about my benefits running out if I reach a certain amount.	☐	☐
I prefer a dental plan with no deductibles , so I don't have to wait to reach a certain level of out-of-pocket expenses before my benefits begin.	☐	☐
I prefer a dental plan that has no waiting period , so my benefits start right away.	☐	☐
Add up the number of answers you checked in each column:	_____	_____

I answered "yes" the most. The Cigna Dental Care plan may be right for me because:

- › I'm willing to choose a Cigna Dental Care **Access Plus** network general dentist to manage all of my dental health care needs, and who will refer me to any network specialists. (Referrals are not required for pediatric dentists for children under age 13 and orthodontics.**).
- › I like knowing the exact dollar amount I'll have to pay without doing calculations.
- › There are no calendar year maximums.
- › There are no deductibles.
- › My benefits start right away with no waiting periods.

Visit **Cigna.com** to see if your dentist is in the Cigna Dental Care **Access Plus** Network.

Together, all the way.®

I answered "no" the most. The DPPO plan may be right for me because:

- › I have the freedom to visit any licensed dentist or specialist. And I don't need a referral to visit any specialist).
- › I don't mind calculating my out-of-pocket costs based on percentages.
- › I don't mind having calendar year maximums.
- › I don't mind having a deductible.
- › My dental plan will cover eligible dental expenses after I meet any deductible and satisfy any waiting periods.

See the other side for more details.



Offered by Cigna Health and Life Insurance Company or its affiliates.



Have questions about your dental plan options through Cigna?

Review your enrollment information in detail. If you still have questions, call us 24/7/365 at **800.Cigna24 (800.244.6224)** or visit **Cigna.com**.



* The term "DHMO" 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 (DHMO) product availability varies by state and is subject to change.

**Coverage for treatment by a pediatric dentist ends on your child's 13th birthday. Effective on your child's 13th birthday, dental services generally must be obtained from an NGD.

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. Cigna Dental PPO plans are insured or administered by Cigna Health and Life Insurance Company (CHLIC) or Connecticut General Life Insurance Company, with network management services provided by Cigna Dental Health, Inc. (CDHI) and certain of its subsidiaries. In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPPO network. Cigna Dental Care (DHMO) plans are insured by Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, 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. (KS & NE), Cigna Dental Health of Kentucky, Inc. (KY & IL), 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. In other states, Cigna Dental Care plans are insured by CHLIC or Cigna HealthCare of Connecticut, Inc., and administered by CDHI. CHLIC policy forms: OK – DPPPO: HP-POL99/HP-POL388, DHMO: POL115; OR – DPPPO: HP-POL68/HP-POL352, DHMO: HP-POL121 04-10; TN – DPPPO: HP-POL69/HC-CER2V1/HP-POL389 et al., DHMO: HP-POL134/HC-CER17V1 et al. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.