

QUESTIONS? WE'VE GOT ANSWERS.

Cigna Dental Care (DHMO) plan

Harmony Public Schools

Q: How does the Cigna Dental Care® (DHMO) plan differ from DPPO?

A: With the Cigna Dental Care plan:

- ▶ You must choose a network general dentist (NGD) 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
- ▶ There are no deductibles. You don't have to reach an out-of-pocket cost before your insurance starts.
- ▶ There are no calendar year/lifetime maximums. Your coverage isn't limited by a dollar amount.
- ▶ There are no claim forms. No forms to file when using network dentists and no waiting periods for coverage.
- ▶ Referrals are required for some specialty care services. Exceptions are pediatric dentists for children under age 13 and orthodontists.³
- ▶ Your share of out-of-pocket costs is clearly listed on your Patient Charge Schedule (PCS). Only covered procedures are listed.

Q: How does the Cigna Dental Care plan work?

A: When you enroll, you will choose an NGD. You can choose a different NGD for each covered family member. Next, you get a PCS mailed to your home. 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 Cigna Dental Care **Access Plus** 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 Cigna Dental Care **Access Plus** network for services to be covered. If you see a dentist outside the Cigna Dental Care **Access Plus** 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. Use it to discuss treatment options and costs with your dentist.

Together, all the way.®



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

Q: How do I choose a dentist when I sign up for the plan?

A: Finding a dentist is easy.

- › Go to **Cigna.com** before you sign up.
- › Visit **myCigna** – online or through the app – after you enroll.
- › Call customer service 24/7/365 at **800.Cigna24 (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 an NGD who's within 25 miles of your location to ensure adequate access.

Q: Can I change my NGD later on?

A: You can change your network dentist at any time. Changes must be made by the 15th day of the month for the change to take effect on the first of the following month.

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

A: That depends. Is your current dentist in the Cigna Dental Care **Access Plus** network? If so, you can choose him/her as your NGD. You can look online at **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 **800.Cigna24 (800.244.6224)** for help 24/7/365.

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 NGD will refer you to an in-network specialist and handle the paperwork. Referrals are needed for all specialists, except pediatric dentists for children under age 13 and orthodontists (if your plan includes orthodontic benefits).

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 Dental Care. The dental office can call us to verify coverage, if needed. You can also call **800.Cigna24 (800.244.6224)** 24/7/365 if you need help. While you do not need an ID card to receive care you can print one from **myCigna.com** anytime after you enroll.

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: Are braces covered?

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

If you or your family member started orthodontic treatment before joining Cigna Dental Care, 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 Cigna Dental Care network dentist?

A: Emergency services. If you're away from home or not able to contact your NGD, 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 NGD for these procedures.

Emergency care away from home. For covered emergency services, you're responsible for the copays/coinsurance 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/coinsurance 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/coinsurance for emergency care received after regularly scheduled hours. This cost will be in addition to other copays/coinsurance that may apply.

Q: What if I'm in the middle of dental treatment when my new Cigna Dental Care plan starts?

A: Typically, these in-progress procedures aren't covered under the Cigna Dental Care 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 Cigna Dental Care 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. Call us at **800.Cigna24 (800.244.6224)** or the number on the back of your ID card.

Your Harmony Public Schools Monthly Premium Rates for the Cigna Dental Care DHMO are:

\$0.00 Employee only
\$10.49 Employee + Spouse
\$16.76 Employee + Child(ren)
\$30.85 Family



1. "Cigna Dental Care" is a brand name 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 (including Dental HMO plans), and plans with open access features. The Cigna Dental Care plan may not be available in all states.
2. A benefit is paid for covered out-of-network emergency dental care. Certain states mandate coverage for dental care received out-of-network. For example, in Minnesota, the plan will pay 50% of the value of your network benefit for covered out-of-network services. In Oklahoma, the plan will pay the same amount it pays network dentists for covered out-of-network services. You are responsible for any charges not covered by the plan. Other states may have similar mandates. Refer to your plan documents for cost and coverage details.
3. 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. Check your plan materials to see if your plan includes coverage for orthodontia.
4. **California and Texas residents:** Treatment for conditions already in progress on the effective date of your coverage are not excluded if otherwise covered under your PCS.

All group dental plans and insurance policies have exclusions and limitations. For costs and details about the services covered under your plan, review your enrollment materials. Dentists who participate in Cigna's network are independent contractors solely responsible for the treatment provided and are not agents of Cigna.

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 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 Cigna Health and Life Insurance Company (CHLIC) or Cigna HealthCare of Connecticut, Inc., and administered by Cigna Dental Health, Inc. Policy forms: OK – POL115, OR – HP-POL121 04-10, TN – HP-POL134/HC-CER17V1 et al. (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.