

YOUR DENTAL OPTIONS

You may have up to three dental plan options to choose from, depending on your home zip code:

- The Cigna Dental Basic Preferred Provider Organization (Basic PPO)
- The Cigna Dental Plus Preferred Provider Organization (Plus PPO)
- The Cigna Dental HMO (DHMO)

DENTAL PPO OPTIONS

The Dental PPO options differ in how much you pay for your dental expenses.

- With the Basic PPO, you'll pay less in monthly contributions but more when you receive care.
- With the Plus PPO, you'll pay more in monthly contributions and less when you receive care. The Plus PPO also covers orthodontia, which is not covered under the Basic PPO.

Under both options, you are free to go to any dentist under the Cigna Dental Plan, but will receive enhanced benefits (lower deductibles, better coinsurance and higher maximums) when using in-network providers. Visit myCigna.com to find a participating dentist.

DENTAL COVERAGE AT-A-GLANCE

(what you pay when you get care)

	Cigna Dental Basic PPO ¹		Cigna Dental Plus PPO		Cigna DHMO
	In-Network <small>Cigna DPPO Advantage</small>	Out-of-Network	In-Network <small>Cigna DPPO Advantage</small>	Out-of-Network	In-Network Only <small>Dental Access Plus (DCAP)</small>
Calendar Year Maximum	\$1,000		\$2,000		None
Orthodontia Lifetime Maximum	N/A		\$2,500		None
Annual Deductible² - Employee Only - All other coverage categories	\$100 \$200	\$200 \$400	\$50 \$100	\$100 \$200	None
Class I – Preventive/Diagnostic³ (exams, cleaning, etc.)	\$0, no deductible		\$0, no deductible		You incur no charge for routine cleaning, x-rays, oral exams, topical fluoride
Class II – Basic Restorative (fillings, root canals, etc.)	20% after deductible	30% after deductible	10% after deductible	20% after deductible	Set costs for services based on a Patient Charge Schedule (PCS), which is a list of fees for each covered service. Learn more on the SBD Benefits Center website
Class III – Major Restorative (crowns, dentures, bridges, implants)	50% after deductible	60% after deductible	40% after deductible	50% after deductible	
Class IV – Orthodontia Available for children and adults	Orthodontia Not Covered		40% after deductible Up to \$2,500 lifetime maximum (combined in- and out-of-network)	50% after deductible	
Class V: TMJ	50% after deductible	40% after deductible	60% after deductible	50% after deductible	

DHMO PLAN

- The DHMO has no annual deductible or maximums, with lower payroll contributions than the PPO options.
- The DHMO has fixed charges for services, making your out-of-pocket costs more predictable.
- There is no out-of-network coverage under the plan.
- Eligibility for this plan is based on your home zip code. If you log on to enroll and don't see the DHMO as a dental option, that means there aren't enough DHMO dentists in your zip code to support enrollment.
- A general dentist will be assigned to you after you enroll. You can call Cigna or logon to myCigna.com to find the name of your assigned general dentist, or change them, at any time after you receive your Cigna DHMO ID card(s). If you change your general dentist by the 15th of the month, the change will take effect the first of the following month.
- If you enroll in the DHMO, ID cards will be mailed to your home address.

¹ You must use a DPPO Advantage dentist for in-network coverage.

² Does not apply to class 1. In- and out-of-network deductibles and maximums cross-accumulate. If you receive any preventive dental care in a Plan year, your annual dental maximum will increase by \$50 in the following year (up to a maximum of \$150 after three years).

³ Oral Health Integration Program (OHIP) is available to all Cigna Dental Customers under any SBD dental plan (you do not have to have medical coverage with Cigna). Cardiovascular disease, diabetes and maternity, head and neck cancer radiation, cerebrovascular disease (stroke), chronic kidney disease, and organ transplants are the qualifying conditions that make a member eligible for OHIP benefits. OHIP provides 100 percent reimbursement for coinsurance/copays for additional dental procedures that help to promote optimal oral health for patients with the identified medical conditions. A customer with a qualifying condition is auto-enrolled in the OHIP program. A customer may also choose to register if not auto-enrolled. The registration form is found on myCigna.com or by calling Cigna at 1-800-243-3280.