

Welcome to another year with Cigna Healthcare Dental

We're glad you're back.

We want to help you save on your oral health care, while providing you with trusted benefits from your Cigna HealthcareSM Dental plan.

Select the plan that best fits your needs.

Cigna Dental Care[®] (DHMO)

- Your Cigna Dental Care (DHMO)¹ plan is a copayment plan. When you get a dental service, Cigna Healthcare allows your network dentist to charge a certain amount. Then, you pay a fixed portion of that cost, as listed in your Patient Charge Schedule. Your plan pays the rest.
- You'll need to choose a general dentist from the Cigna Dental Care Access Plus network, who can refer you to a specialist, if needed.² Children can remain with a pediatric network dentist up to their 13th birthday.
- Change your Cigna Dental Care Access Plus network general dentist (NGD) anytime. Simply go online to select your NGD or call customer service. Changes made by the 15th of the month will go into effect the first day of the following month. If you need an immediate change, customer service is available to help 24/7.
- There's no annual deductible or calendar year maximum.

Dental PPO (DPPO)

- Your DPPO plan is a coinsurance plan. When you get a dental service, Cigna Healthcare allows your network dentist to charge a certain amount. Then, you pay a percentage of that cost. Your plan pays the rest.
- You can choose any dentist or specialist you want, and you do not need a referral to visit a specialist. You will typically spend less when you visit a Cigna Healthcare network dentist because Cigna Healthcare has negotiated discounted rates with these dentists.
- You'll need to meet a deductible before eligible expenses begin to be covered by your plan.
- There is a calendar year maximum, which is a set maximum amount that your plan will pay for your dental claims during the plan year. Once you reach that amount, your plan will no longer pay a percentage of your costs for the rest of that plan year.



Mark your calendar. Annual enrollment is November 8 through November 22, 2023.



Compare Costs and Benefits

Annual Premium Plan Costs

Coverage level	Cigna Dental Care (DHMO) Costs per year	Dental PPO (DPPO) Basic Plan Costs per year	Dental PPO (DPPO) Plus Plan Costs per year	Savings Opportunity per year with Cigna Dental Care (DHMO)
Employee Only	\$84.00	\$156.00	\$216.00	\$72.00-\$132.00
Employee + Spouse/DP	\$180.00	\$348.00	\$492.00	\$168.00-\$312.00
Employee + Child(ren)	\$168.00	\$300.00	\$444.00	\$132.00-\$276.00
Family	\$312.00	\$576.00	\$816.00	\$264.00-\$504.00

Costs are subject to change.

Plan Coverage*

Plan details*	Cigna Dental Care (DHMO)**	Dental PPO (DPPO) Basic Plan	Dental PPO (DPPO) Plus Plan
Deductible	No deductible	Individual: \$100 Family: \$200	Individual: \$50 Family: \$100
Class I: Preventive and Diagnostic	100% covered by the plan	100% covered by the plan	100% covered by the plan
Class II: Basic Restorative Oral Cancer Screening: \$50 Additional Cleaning: \$45 Sealant per tooth: \$17 Filling: \$18+	*The DHMO sets the cost for services based on a Patient Charge Schedule (PCS). The PCS is a list of fees for each covered service within the plan. Refer to your PCS L1109 for costs.	80% covered by the plan	90% covered by the plan
Class III: Major Restorative		50% covered by the plan	60% covered by the plan
Class IV: Orthodontia	No maximum	Not covered by the plan	60% covered by the plan Lifetime Max: \$2,500
Calendar Year Benefit Maximum	No maximum	\$1,000	\$2,000

***Oklahoma residents:** This exclusion is replaced by the following: War or act of war (whether declared or undeclared) while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer. **Arizona and Pennsylvania residents:** This exclusion does not apply. **Kentucky and North Carolina residents:** Services compensated under no-fault auto insurance policies or uninsured motorist policies are not excluded. **Maryland residents:** Services compensated under group medical plans are not excluded. **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.

**The DHMO sets the cost for services based on a Patient Charge Schedule (PCS). The PCS is a list of fees for each covered service within the plan. Refer to your PCS for the costs.



Finding an In-Network DHMO Dentist

To see if your dentist is in-network or to find a new one:

- Go to **Cigna.com**[®]
- Click on “Find a Doctor, Dentist or Facility” at the top of the page
- Choose “Plans through your employer or school”
- Choose Cigna Dental Care Access Plus
- Enter your search criteria

To select a primary network dentist during enrollment, you’ll need to enter the dental office number, found on the right side of each dentist profile on Cigna.com

Note: The network changes frequently. Once you find a doctor in the directory, call the dental office to confirm they are accepting patients in the Cigna Dental Care Access [Plus] network before making an appointment.



1. “Cigna Healthcare Dental Care” is the 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 (including Dental HMO) plans, and plans with open access features. The Cigna Healthcare Dental Care and Cigna Dental Care (DHMO) plans are not 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.

This information is a summary only and is not a contract. For a complete list of covered and non-covered services, including benefits required by your state, see your plan documents. If there are any differences between the information included here and your official plan documents, the terms of the plan documents will prevail.

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

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