Cigna Dental Oral Health Integration Program®

Improved health starts with oral health.



What is the Cigna Dental Oral Health Integration Program (OHIP)?

OHIP is a Cigna Dental Health Connect® solution – a no additional cost program for people with certain medical conditions that lead to a higher risk of oral health issues. If you qualify and participate in the program, you'll get reimbursed for out-of-pocket costs for preventive dental treatments that combat issues such as gum disease and tooth decay.* Plus, you can get guidance on everything from overcoming dental anxiety to understanding the impact of tobacco.

Who qualifies?

To qualify, you must have a dental plan with Cigna HealthcareSM and have been diagnosed by a doctor for any of the following conditions:

- Heart disease
- Stroke
- Diabetes
- Maternity
- Chronic kidney disease
- Organ transplants
- Radiation for head or neck cancers
- Rheumatoid arthritis
- · Sjogren's syndrome
- Lupus
- Parkinson's disease
- Amyotrophic lateral sclerosis (ALS)
- Huntington's disease
- Opioid misuse and addiction

You do not have to be enrolled in a Cigna Healthcare medical plan to be eligible for this program.

How do I enroll?

Enroll in the Cigna Dental Oral Health Integration Program by going to **myCigna.com® > Coverage > Dental** and filling out the registration form online. Or, call the number on your ID card and ask to be mailed a registration form.

How do I get reimbursed?

Follow these three easy steps:

- I. Go to your dentist and pay the copay or coinsurance for the covered treatment.
- 2. If your dentist is in the Cigna Healthcare network, they'll send us a claim for reimbursement. If your dentist isn't in-network, you might need to submit the claim.**
- 3. We'll review the claim and mail reimbursements for eligible dental services in about 30 days.



What dental services are covered under the Cigna Dental Oral Health Integration Program?:1

Condition

		Heart disease	Stroke	Diabetes	Maternity	Chronic kidney disease	Organ transplants	Radiation for head or neck cancers	Rheumatoid arthritis	Sjogren's syndrome	Lupus	Parkinson's disease	ALS	Huntington's disease	Opioid misuse and addiction
Services	Gum treatment ^{1,2} D4341 D4342 D4910	1	✓	1	1	1	✓	1	✓	✓	1	1	✓	1	✓
	Gum evaluation ^{1,3} D0180				✓										
	Oral evaluation ^{1,3} D0120 D0140 D0150				✓										✓
	Cleaning ^{1,4} D1110				✓										
	Scaling in the presence of inflammation ^{1,4} D4346				1										
	Palliative treatment of dental pain ^{1,5} D9110				✓										
	Fluoride varnish ^{1,6} D1206					✓	✓	✓	✓	✓	✓	1	1	✓	✓
	Fluoride (no varnish) ^{1,6} D1208					✓	✓	✓	✓	1	/	✓	1	✓	✓
	Sealants ⁶ D1351					✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Sealant repair ⁶ D1353					✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Interim application of caries arresting medicament D1354					1	1	✓	✓	✓	1	1	1	✓	√
	Caries preventive medicament application D1355					✓	✓	✓	✓	✓	1	✓	1	✓	1

^{1.} Eliqibility, reimbursement and coverage for eliqible services are subject to plan year maximums. 2. Two additional treatments per year than the plan covers.

Chat with us on myCigna.com or reach out 24/7 at



^{*} You do not have to meet your DPPO or indemnity deductible to receive reimbursement for these services. However, reimbursement will apply to and is subject to your annual benefits maximum for traditional indemnity and DPPO plans as well as plan rules for visits to network dentists and out-of-network dentists.

The Cigna Dental Oral Health Integration Program may not be available under your specific plan. Reimbursement under OHIP is subject to plan terms and conditions, including applicable annual benefit maximums and other exclusions and limitations. For costs and details of coverage, contact your Cigna Healthcare representative or see your plan documents.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group.

^{3.} One additional evaluation. 4. One additional cleaning. 5. Unlimited visits. 6. Open to all ages, but plan limits apply.

^{**}The reimbursement for out-of-network services will also be subject to plan limitations for out-of-network care costs.