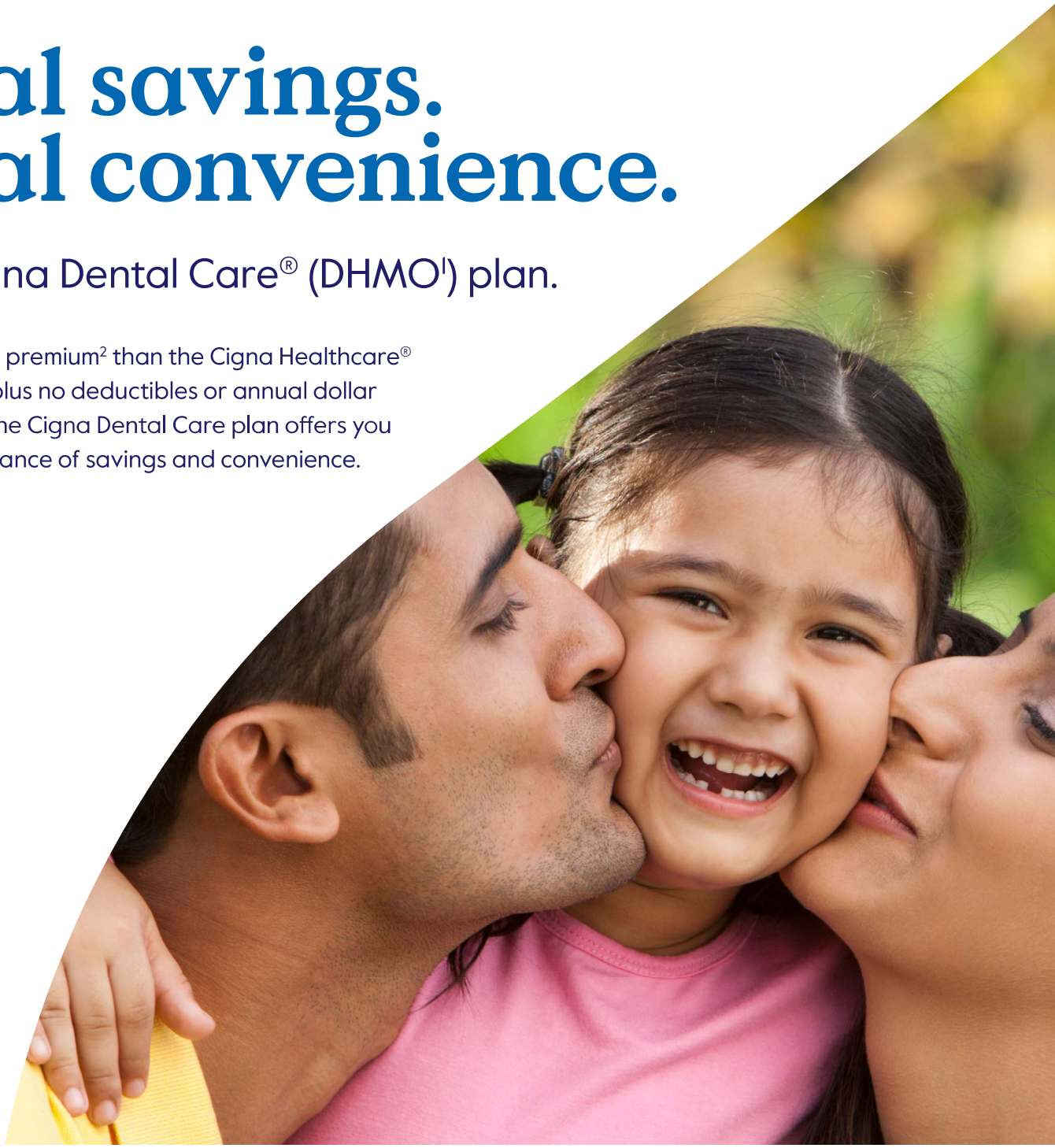
Real savings. Real convenience.

The Cigna Dental Care® (DHMO[1]) plan.

With a lower premium[2] than the Cigna Healthcare® DPPO plan, plus no deductibles or annual dollar maximums, the Cigna Dental Care plan offers you a unique balance of savings and convenience.



Offered by Cigna Health and Life Insurance Company, 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., Cigna Dental Health of Kansas, Inc., Cigna Dental Health of Kentucky, Inc., 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.

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It's easy to use.



It's easy to find a dentist, too – 24/7/365.

$0 deductible

Choosing a dentist.
Finding a dentist nearby is easy with **Cigna.com®**. Use our online directory to:

- Search by location—find dentists near your home, office, or anywhere in between.
- Filter by language—choose providers who speak your preferred language.
- Review credentials—view professional education, years of experience, and more.

Visit Cigna.com today and take the guesswork out of finding the right dental care.

When you select Cigna Dental Care, you gain access to enhanced provider information through the Brighter Score®, a feature that includes:[3]

- Verified patient reviews
- Provider ratings
- Detailed professional profiles

Your chosen dentist will manage your routine care and coordinate any necessary referrals for specialty services
No referral is needed to visit:

- An orthodontist (for adults or children)
- A pediatric dentist for children under age 13.

Even better, the Cigna Dental Care plan offers the flexibility for every enrolled family member to have their own primary network dentist - whether you need a pediatric dentist, a college student away at school, or a spouse who prefers a provider different than yours.

Knowing what you'll owe.
Nobody likes unexpected costs. That's why the Cigna Dental Care plan provides you with a detailed list of covered services with the patient cost share. Your Patient Charge Schedule (PCS) allows you to see ahead of time what your visit may cost. Plus, the Cigna Dental Care plan has no deductible. This means your out-of-pocket costs are limited to what is shown on the PCS, which helps with budgeting and planning for a variety of dental services.

Getting care when you need it, with no calendar year or lifetime dollar maximums.
When your Cigna Dental Care plan becomes effective, your benefits start immediately. There are no waiting periods for any covered services. And, you never need to worry about running out of coverage because the Cigna Dental Care plan has no calendar year or lifetime dollar maximums.

Is your dentist in the Cigna Dental Care Access Plus Network?

Before you enroll, check to see if your dentist is in the Cigna Dental Care Access Plus Network by visiting Cigna.com and selecting "Cigna Dental Care Access Plus Network" in the search tool.

If your dentist is in the network, you can select him or her as your primary dentist and begin seeing them for care immediately.

If your dentist is not in the network, you will need to select another provider to serve as your primary dentist. Once enrolled, you can nominate non-network dentists to join the Cigna Dental Care Access Plus Network by submitting a request on **myCigna.com®**.

Need help locating a dentist in the Cigna Dental Care Access Plus network?

If you prefer, you may call us 24/7/365 at 800.Cigna24, and a Cigna Healthcare® representative will be happy to help you find a primary dentist that meets your needs.

Here's what's covered.

Preventive care is covered at low cost or no extra cost to you when you see a dentist in the Cigna Dental Care network. Some examples include:

- Cleanings
- Fluoride
- Sealants (no age limit)
- Bitewing x-rays
- Full mouth x-rays
- Oral cancer screenings

It's also important to know that only procedures that are medically necessary and listed on your plan's PCS are covered when performed by a network general dentist.

Basic care

Tooth-colored fillings (called resin or composite) and silver-colored fillings (called amalgam).

Major services

Crowns, bridges/dentures (including those placed over implants), root canals, oral surgery, extractions, treatment for periodontal (gum) disease, surgical implants and more.

Orthodontic care

Orthodontic care is available for both adults and children on plans that include this benefit. To confirm if your plan covers orthodontic services, please refer to your plan materials. Dependents age 19 and older are subject to the fee for adult treatment.

Teeth whitening

When you use take-home bleach trays.

Athletic mouth guard

Includes creation and adjustments.

General anesthesia

When medically necessary.

Temporomandibular joint (TMJ)

Diagnosis and treatment, including cone beam x-ray and appliance. Alternate coverage provisions may apply for covered services if noted on your PCS.[4] Review your enrollment materials for more details.

Know what's included in your dental plan.

Every dental plan has its own set of features, so here are some things you should be aware of with the Cigna Dental Care plan.

- In most states, services must go through a primary dentist for coverage to apply. If you see a dentist outside the Cigna Dental Care Access Plus Network, coverage may not be available unless it's an emergency.[5]
- You are responsible for the provider's usual fees for non-covered services.

Some services are not covered under the plan. Examples include:[6]

- Experimental or cosmetic dentistry.
- Treatments or surgery associated with a poor or hopeless diagnosis.
- Treatment that began under a different plan and continues into the new Cigna Healthcare plan coverage period. Includes crowns, bridges, dentures, root canal treatment or implant supported prostheses.[7]

Review your plan documents to see what other exclusions may apply on your specific plan.

No annual maximums





Get added support designed to help you thrive.

Through the Cigna Dental Health Connect® feature you'll have access to proactive and personalized support that helps make taking care of your oral health – and your overall health – easier and more affordable. These programs are included with your plan at no additional cost to you.

The Cigna Dental Oral Health Integration Program®
Offers enhanced dental coverage for customers with specific medical conditions to reduce the impact of dental conditions like gum disease. If you qualify, you will be reimbursed for eligible out-of-pocket costs for certain dental procedures.[8]

Onsite dental care
If offered by your employer, we can bring in-network dental care providers right to where you work, making getting a dental cleaning more convenient than ever.

Safe prescribing measures
We work together with dental providers through monitoring, coaching and safe prescribing protocols, helping to protect you and your family from misuse, addiction and overdose.

You'll also have access to trained professionals 24/7/365 to help answer your questions about dental treatment and clinical symptoms.

Cigna Dental Care is a unique plan that fits your budget and your busy life. Ready to enroll?

Follow your employer's enrollment instructions and be sure to select a primary dentist for yourself and any covered family members. Choosing a provider early helps ensure it to be easy to make an appointment as soon as you need to.

Your Patient Charge Schedule (PCS) and other plan materials will be mailed to your home. If you need to access your ID card information or PCS before they arrive by mail, you can log on to myCigna.com or the myCigna® App and download the materials.



1. The term DHMO ("Dental HMO") 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 plan is not available in all states. Actual costs and savings will vary.
2. Compared to average costs for DPPO. Per Employee Per Month costs are based on Cigna Book of Business average costs as of year-end 2024. Actual costs will vary.
3. Actual features may vary by dentist. These and other dentist directory features are for educational purposes only and should not be the sole basis for decision making. They are not a guarantee of the quality of care that will be provided to individual patients and you should consider all relevant factors when selecting a dentist.
4. Covered services may cost less than alternative services suggested by the dentist. You can receive the dental procedure of your choice. However, if you choose the higher cost procedure, you will be responsible for paying the Patient Charge for the covered procedure plus the difference in cost between the dentist's usual charges for the less costly procedure and higher cost procedure.
5. A benefit is paid for covered out-of-network emergency dental care. Certain states mandate coverage for dental care received out-of-network. 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.
6. This is not a complete list of limitations and exclusions. Actual terms of coverage may vary by state. For a more complete list of both covered and not covered services, including benefits required by your state, refer to the rest of your enrollment materials or call 800.Cigna24 (800.244.6224) if you have questions or need more information.
7. California and Texas residents: Treatment already in progress on the eff ective date of your coverage is not excluded if otherwise covered under your PCS.
8. You must enroll in the program prior to receiving dental services to be eligible for reimbursement. Reimbursement is applied to and subject to any applicable annual benefits maximum. See your plan documents for program details.

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

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